



PATIENT AGREEMENT AND POLICIES

Co-Payments and Billing

During the initial screening process, staff will assist you in determining insurance coverage, pre-authorization, co-payment amounts, deductibles and if there are any other clinical fees that you may be responsible for. Additionally screening staff will be able to provide you with information about our sliding scale program, which is available to individuals who do not currently have health insurance who meet income eligibility requirements. Payment is required at the time of service. If payments are in arrears, treatment services may be suspended until such payment is made and the balance due is up-to-date.

Consent to Treatment

I consent to treatment by Tri-County Community Action Agency (TCCAA) staff according to Health Center policies and my rights as a patient. I understand that I am receiving care at an integrated practice and that my medical, substance use and behavioral healthcare is documented in the same record. Therefore, the information in my record is available to be shared between providers as clinically appropriate. I give TCCAA permission to release my (or my dependent's) personal health information to third parties in order to process requests for payment and to release my personal health information to other providers, in accordance with HIPAA policies in order to coordinate my health care. I understand that I have the right to receive a list of entities that my PHI has been released to. I have received a copy of TCCAA's Notice of Privacy Practices in accordance with HIPAA law. I assign directly to Tri-County Community Action Agency all benefits payable to me under my insurance policies and health benefit plans. I acknowledge financial responsibility for all services rendered to me or my dependent.

Health Center Attendance Policy

Attendance is strictly enforced in the Health Center as keeping scheduled appointments is important for your healthcare and we strive to ensure all patients are seen in a timely fashion. In the event that a patient is unable to keep a scheduled appointment, at least 24 hours advance notice is needed to cancel or reschedule the appointment. Appointments may be made, cancelled, or rescheduled with the Health Center at (401) 519-1940 between the hours of 8:00AM-8:00PM Monday through Thursday or 8:00AM-5:00PM on Friday.

A missed appointment is considered one in which a patient fails to attend the appointment or fails to provide 24 hour notice to cancel the appointment. Patients will receive a reminder of the Health Center Attendance Policy after the first missed appointment. Patients will be notified following the second missed appointment that services will end if one more appointment is missed. A patient will be discharged from the Health Center following the third absence in a 12 month period. The individual is considered ineligible to receive health services at TCCAA for 90 days following the termination. The patient has a right to appeal the decision. Information on how to appeal is available at the front desk of the Health Center. **Please be aware that our Health Center has a 15 minute late policy for appointments. In the event you are late for your appointment, staff will reschedule for another time. You are given the option to sit and wait for an appointment slot to open up.**

Dental Department Attendance Policy

Dental patients whom fail to keep two appointments within the calendar year, will have all pending dental appointments cancelled. They will be notified that they will not be allowed to schedule any future appointments until they have written a letter to the Dental Director stating why they missed the appointments, why they feel they should be given another appointment and that they understand that the failure to keep any future appointments will result in their being placed on a "same day" appointment only status. Once the appointment threshold has been reached. Emergent care will be provided regardless of missed appointments.

For Behavioral Health Patients

I acknowledge that it is my choice to participate in treatment (or to have my child participate) and that treatment is voluntary. I realize that the outcome of therapy depends upon my personal investment in the therapy process. If I decide to terminate treatment I will discuss termination before ending treatment.

Due to the ongoing nature of Behavioral Health, a patient's record may be closed if there has not been any contact with the behavioral health provider in the 30 days. Patients will be mailed notification of the provider's intention to terminate services. If the patient wishes to continue treatment an appointment must be scheduled and kept within 10 days or behavioral health services will be terminated. **Being a Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and**
November 21st, 2018

Hospitals licensed facility, we are required to report any incidents that take place on Tri-County Health Center grounds.

By signing below, you are stating that you have received an informational handout describing your rights, responsibilities, privacy and confidentiality, you consent to treatment, and you agree to follow TCCAA policies.

Signature of Patient (or Patient's Representative)

Date

Printed name of Patient or Patient's Representative

Relationship to Patient

Witness Signature

Date

November 21st, 2018