NORTH AMERICAN MENTAL HEALTH SERVICES

New Patient Information, Policies & Consents

Welcome to North American Mental Health Services (NAMHS)

This guide provides important information about your care, your rights and responsibilities as a patient, our office policies, and the consents, authorizations, and agreements referenced in your Patient Registration & Consent Form.

Please review each section carefully. If you have any questions, our staff will be happy to assist you.

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New Patient Information, Policies & Consents

Section 1: Consent for Treatment

This informed consent is intended to provide you with information about behavioral health services and to obtain your consent to receive these services. Behavioral health services may include therapy, medication management, group services, and other clinically appropriate services recommended by your provider.

Benefits and Risks of Treatment

Behavioral health treatment may help improve emotional well-being, develop healthy coping skills, reduce symptoms, and improve daily functioning and relationships.

However, treatment is not without risks. Some potential risks may include:

- Discussing personal experiences, emotions, or difficult life events may be uncomfortable or emotionally challenging
- Symptoms may temporarily worsen before improvement occurs
- Treatment outcomes vary from person to person and cannot be guaranteed
- Certain medications or treatment approaches may have risks or side effects that will be discussed with you by your provider

Rights and Responsibilities

As a patient, you have the right to:

- Participate in decisions regarding your care
- Ask questions about your treatment and the risks and benefits involved
- Receive information about recommended treatment options
- Refuse or discontinue treatment at any time
- Request a copy of your medical records

You are responsible for providing accurate information about your health and participating in treatment to the best of your ability.

Use of AI-Assisted Documentation

To support accurate clinical documentation, your provider may use real-time AI-assisted transcription technology during appointments.

- No audio or video recordings are created or stored
- Transcriptions are used solely for clinical documentation purposes
- Patient confidentiality remains protected
- The use of this technology complies with HIPAA and applicable California privacy laws

Additional Information

- Participation in treatment is voluntary
- If you are signing on behalf of a patient, you must be legally authorized to provide consent for treatment
- This consent remains in effect for one year from the date it is signed unless otherwise revoked or required by law

Important: Consent Documentation

By initialing the **Consent for Treatment** section on the Patient Registration & Consent Form, you confirm that you have reviewed this information and voluntarily consent to receive behavioral health services from NAMHS.

NORTH AMERICAN MENTAL HEALTH SERVICES

New Patient Information, Policies & Consents

Section 2: Consent for Telehealth Treatment

This informed consent is to provide you with information about telehealth services and to obtain your consent to receive these services. Telehealth is the delivery of healthcare services through telecommunications technology, such as video conferencing.

Benefits and Risks of Telehealth

Telehealth can offer many benefits, including:

- **Convenience:** Telehealth allows you to receive care from your home or another convenient location.
- **Access to care:** Telehealth can help you access care from specialists who may not be available in your area.

However, telehealth is not without risks. Some of the potential risks of telehealth include:

- **Technical difficulties:** Telehealth appointments can be interrupted by technical problems, such as poor internet connection or audio quality.
- **Lack of physical exam:** Telehealth providers may not be able to perform a physical exam, which may limit their ability to diagnose or treat certain conditions.

Rights and Responsibilities

As a patient, you have the right to:

- Choose whether or not to receive telehealth services.
- Ask your provider questions about telehealth and the risks and benefits involved.
- End the telehealth appointment at any time.
- Request a copy of your medical records.
- File a complaint if you believe your privacy has been violated.

You also have the responsibility to:

- Provide your provider with accurate and complete information about your medical history and symptoms.
- Follow your provider's instructions for using telehealth technology.
- Keep your telehealth appointment confidential.
- Be honest and open with your provider.
- Keep your appointments to the best of your ability; treat agency staff with respect.

Your provider has the responsibility to:

- Provide you with information about telehealth and the risks and benefits involved.
- Obtain your consent before providing telehealth services.
- Protect your privacy and the confidentiality of your medical information.
- Provide you with high-quality care that meets the same standards as in-person care.

As a minor, you have the right to:

- Ask questions about telehealth and the risks and benefits involved.
- Refuse to participate in the telehealth appointment at any time.
- Ask for a parent or guardian to be present during the telehealth appointment.

If you are a minor, your parent or guardian must sign this consent form on your behalf. If you are between the ages of 14-18, you may also need to sign this consent form.

Section 2: Consent for Telehealth Treatment *(continued)*

Your parent or guardian also has the right to:

- Choose whether or not you receive telehealth services.
- Ask your provider questions about telehealth and the risks and benefits involved.
- End the telehealth appointment at any time.
- Request a copy of your medical records.
- File a complaint if they believe your privacy has been violated.

Your parent or guardian also has the responsibility to:

- Supervise you during the telehealth appointment.
- Keep your telehealth appointment confidential.

Additional Information

- Telehealth services can only be provided to patients who are residing in the state of California at the time of service.
- Telehealth services are not a substitute for all in-person care. Your provider may recommend that you receive in-person care for certain conditions.

***Important:* Consent Documentation**

By initialing the **Consent for Telehealth Treatment** section on the Patient Registration & Consent Form, you acknowledge that you have reviewed this information, understand the benefits and risks of telehealth services, and voluntarily consent to receive behavioral health services through telehealth from NAMHS when clinically appropriate.

Section 3: Insurance Authorization & Financial Responsibility

This authorization is intended to provide you with information about insurance billing, self-pay services, patient financial responsibilities, and billing policies at North American Mental Health Services (NAMHS). It also explains how billing communications are provided and authorizes NAMHS to bill your insurance on your behalf when applicable.

Insurance Billing

NAMHS participates with a variety of insurance plans and will submit claims for covered services when we participate with your insurance plan or have an active agreement with your insurer. In some cases, NAMHS may also submit claims to insurance plans we are not contracted with as a courtesy, based on the insurance information you provide.

In some instances, you may choose not to bill your insurance and instead receive services as a self-pay patient (meaning no insurance will be billed for your services).

Self-Pay Services

If you choose to receive services as a self-pay patient:

- You are responsible for the full cost of services provided.
- Payment is due at the time services are rendered.

NAMHS will provide you with a Good Faith Estimate of expected charges in accordance with the No Surprises Act.

Patient Responsibilities

As a patient, you are responsible for:

- Keeping your contact information, demographic information, and insurance information current by notifying NAMHS of any changes.
- Maintaining active insurance coverage throughout your care.
- Knowing whether your insurance plan requires a referral from your primary care provider or prior authorization before receiving services.
- Ensuring any required referrals or prior authorizations are obtained before services are provided.
- Paying all patient responsibility amounts, including but not limited to self-pay balances, deductibles, co-payments, co-insurance, missed appointment fees, and any services not covered or determined to be your responsibility by your insurance plan.
- Paying any outstanding balance within 30 days of the statement date to help avoid interruptions in your care.

Insurance Verification

As a courtesy, NAMHS may verify that your insurance coverage is active and will make reasonable efforts to notify you of any known coverage issues before your appointment.

However:

- Maintaining active insurance coverage remains your responsibility.
- Your insurance company makes the final determination regarding coverage, payment, and patient responsibility.
- NAMHS reserves the right to collect estimated patient responsibility amounts before services are provided.
- If you are receiving services as a self-pay patient, payment in full is due at the time of service.

Section 3: Insurance Authorization & Financial Responsibility (continued)

Services Billed Separately

NAMHS bills insurance only for services provided by NAMHS in our clinics or through telehealth.

- Prescription medications are billed separately by your pharmacy.
- Laboratory services are billed separately by the laboratory that performs the testing.
- The NAMHS Billing Department cannot assist with billing questions related to prescriptions or laboratory services.

Billing Communications

By authorizing billing through the Patient Registration & Consent Form, you authorize NAMHS to send billing statements and account-related communications through one or more of the following methods: Mail, Email, Text message, and/or Patient Portal

Important: Authorization Documentation

By initialing the **Insurance Authorization & Financial Responsibility** section on the Patient Registration & Consent Form, you confirm that you have reviewed and understand the information provided in this document and authorize NAMHS to bill your insurance on your behalf, when applicable, and to communicate with you regarding your account using the methods described in this section.

Section 4: Card on File Storage Authorization

This authorization explains how North American Mental Health Services (NAMHS) securely stores your payment information and outlines your responsibilities for maintaining a valid payment method on file.

Secure Storage of Payment Information

NAMHS uses a secure, encrypted third-party payment processing system to maintain payment information for billing purposes.

- Your full credit or debit card information is not stored within the NAMHS Electronic Health Record or billing system.

Your Responsibilities

To help ensure accurate billing and uninterrupted services, you are responsible for:

- Providing current and accurate payment information.
- Promptly notifying NAMHS of any changes to your payment method, card information, or billing address.
- Providing an alternate payment method if your card is declined.

Failure to maintain valid payment information may affect your ability to continue receiving non-emergency services.

Insurance Billing

When applicable, NAMHS will submit claims to your insurance carrier before requesting payment for any remaining patient responsibility, including applicable deductibles, co-payments, or co-insurance.

Whenever practical, NAMHS will make reasonable efforts to notify you of outstanding balances before processing a payment.

Section 4: Card on File Storage Authorization *(continued)*

***Important:* Authorization Documentation**

By initialing the **Card on File Storage Authorization** section on the Patient Registration & Consent Form, you confirm that you have reviewed and understand the information provided in this document and authorize North American Mental Health Services (NAMHS) to securely maintain your payment information as described above.

Section 5: Card on File Use Authorization

This authorization explains when North American Mental Health Services (NAMHS) may automatically charge the credit or debit card you have authorized to keep on file.

Copayments

If you have authorized a card to remain on file, NAMHS will automatically charge your credit or debit card for any copayment your insurance plan determines is your responsibility at the time services are provided.

- You are responsible for knowing your required copayment amount before your appointment and notifying NAMHS of any changes to your insurance coverage or copayment responsibility.

Payment Plans

If you have an outstanding account balance and have entered into an approved payment plan with NAMHS:

- NAMHS will automatically charge the agreed-upon monthly payment amount to your card on file.
- Monthly payment plan charges are in addition to any copayments due at the time of your appointment.
- Automatic monthly payments apply only after a payment plan has been established and agreed upon by you and NAMHS.

Missed Appointment Fees

If applicable under the NAMHS Attendance Policy, NAMHS may automatically charge your card on file for a no-show fee resulting from a no-show or late cancellation. (Less than 24hrs)

Self-Pay Services Payments

If you are receiving services on a self-pay basis, your approved payment method on file may be charged for the cost of services rendered at the time of your appointment.

***Important:* Authorization Documentation**

By initialing the **Card on File Use Authorization** section on the Patient Registration & Consent Form, you confirm that you have reviewed and understand the information provided in this document and authorize North American Mental Health Services (NAMHS) to process automatic charges to your card on file as described above.

Section 6: Controlled Substance & Prescription Refill Agreements

This agreement provides important information about the safe use of controlled substance medications and outlines the responsibilities of both you and your provider if these medications are prescribed as part of your treatment.

Controlled substance medications (i.e., benzodiazepines, sedatives, stimulants, etc.) can be effective in treating a variety of conditions. These medications are intended to improve your health, daily functioning, and quality of life. Because they have the potential for misuse, dependence, and addiction, they are regulated by federal and state law and require careful monitoring.

Benefits and Risks

Controlled substance medications may help improve symptoms and daily functioning when used as prescribed.

However, these medications also carry important risks, including:

- Physical or psychological dependence
- Misuse or addiction
- Side effects and medication interactions
- Serious health risks if taken differently than prescribed or shared with others

Your provider will discuss the potential risks and benefits of these medications with you before prescribing them.

Your Responsibilities

If you are prescribed a controlled substance medication, you agree to:

- Inform your provider of any current or past substance use disorder, as well as any current or past substance use disorder involving an immediate family member
- Inform your provider of all medications you take, any new medical conditions, and any side effects you experience
- Inform your other healthcare providers that you receive controlled substance medications from NAMHS
- Use one pharmacy for your medications whenever possible to improve medication safety and help avoid delays
- Provide medication bottles for review if requested by your provider
- Take medications exactly as prescribed. Do not exceed the prescribed dosage or change your dosage without your provider's approval
- Follow your treatment plan and attend recommended follow-up appointments

Safe Medication Use

To promote safe use of controlled medications:

- Do not request or obtain controlled substance medications from another provider or individual while receiving these medications from NAMHS, except during hospitalization or when specifically authorized by your provider.
- Never share, sell, or allow anyone else to use your medication. Sharing prescription medication is illegal.
- Keep your medications secure and out of the reach of children.
- You are responsible for your medications, including monitoring your remaining supply and requesting refills before you run out.

Section 6: Controlled Substance & Prescription Refill Agreements *(continued)*

Safe Medication Use (continued)

To promote safe use of controlled medications:

- Lost, stolen, misplaced, or early-used medications may not be replaced. If medication is stolen, a copy of a filed police report may be required before replacement is considered.

Monitoring Requirements

To help ensure medications are used safely and appropriately, your provider may require:

- Random urine or blood drug screenings
- Random pill counts

Failure to comply with these monitoring requirements may be considered a positive toxicology result and may result in changes to your treatment plan, including discontinuation of controlled medications or discharge from care.

The presence of unauthorized or illegal substances during drug screening may also result in discontinuation of treatment or discharge from services.

Prescription Refill Policy

This policy is intended to help ensure your medications are refilled in a timely manner while allowing NAMHS adequate time to safely review and process refill requests.

For **non-controlled medications**:

- Contact your pharmacy at least one week before your refill is due and ask the pharmacy to send a refill request to NAMHS.

For **controlled substance medications:**

- Contact the NAMHS clinic at least one week before your refill is due to request a refill.

To help prevent delays:

- Allow both your pharmacy and NAMHS sufficient time to review, approve, and process refill requests before your medication runs out.
- Refill requests submitted with less than one week's notice cannot be guaranteed to be completed before your medication is due.
- Using one pharmacy for all medications helps improve medication safety and may speed the refill process.
- Patients must remain compliant with their treatment plan to be eligible for prescription refills.

Additional Information

- Attempting to alter or tamper with a prescription is a felony.
- Attempting to obtain controlled substance medications under false pretenses is illegal.
- These requirements are intended to promote the safe, effective, and responsible use of controlled substance medications while protecting your health and complying with applicable laws and regulations.

***Important:* Agreement Documentation**

By initialing the **Controlled Substance & Prescription Refill Agreement** section on the Patient Registration & Consent Form, you confirm that you have reviewed this information and agree to comply with the terms of this agreement if prescribed a controlled substance medication.

Section 7: Attendance Policy Agreement

This agreement provides information about NAMHS' attendance expectations and no-show policy. Following these guidelines helps us provide timely, high-quality care while maintaining appointment availability for all patients.

Please note: Therapy and Medication Management attendance are tracked separately under this policy.

What Is Considered a No-Show?

A no-show occurs when:

- You do not cancel or reschedule your appointment at least 24 hours in advance.
- You arrive more than **5 minutes late for a 20 minute psychiatric medication appointment** or more than **10 minutes late for a therapy appointment** and your provider is unable to accommodate the visit.

How to Avoid a No-Show

To help keep your appointments on schedule:

- **Existing Patients:** Arrive at least 15 minutes early for follow-up appointments.
- **New Patients:** Arrive at least 30 minutes early to complete registration paperwork.
- Provide at least 24 hours' notice if you need to cancel or reschedule an appointment.

Consequences of No-Shows

Attendance is monitored over a 6-month period.

1. **First No-Show:** You will receive a verbal warning, and a note will be documented in your medical record.
2. **Second No-Show:** You will receive a written warning.
3. **Third No-Show:** You may be discharged from NAMHS and no longer be scheduled for appointments.

Additional Information

- **New patients:** Failure to complete required registration paperwork before your scheduled appointment may require your appointment to be rescheduled.
- Missing two consecutive recurring appointments may result in removal from recurring scheduling; however, you may continue to schedule future appointments on an individual basis.
- If applicable, a no-show or late cancellation fee may be charged. Any applicable fees will be communicated to you at the time of scheduling.
- If you are discharged due to repeated no-shows, you will receive a Separation from Care letter and, if appropriate, up to 60 days of medication to support continuity of care.

Important: Agreement Documentation

By initialing the Attendance Policy Agreement section on the Patient Registration & Consent Form, you confirm that you have reviewed and understand the information provided in this document and agree to follow NAMHS' attendance expectations and appointment cancellation requirements.

Section 8: Privacy Policy

This notice describes how North American Mental Health Services (NAMHS) may use and disclose your Protected Health Information (PHI) and explains your privacy rights.

What Is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that identifies you and relates to your past, present, or future physical or mental health, the healthcare you receive, or payment for your healthcare. This may include demographic information, medical records, treatment information, and billing information.

How We May Use and Disclose Your PHI

NAMHS may use or disclose your PHI for the following purposes:

- To provide your treatment, obtain payment for services, and support healthcare operations necessary to provide your care.
- To coordinate your care with other healthcare providers
- To bill and receive payment for services provided to you
- For public health activities, such as reporting communicable diseases to the California Department of Public Health
- For research activities, but only after obtaining your written authorization
- For other purposes permitted or required by applicable federal or state law

Your Privacy Rights

You have the right to:

- Request a copy of your PHI.
- Request restrictions on certain uses or disclosures of your PHI
- Request corrections to your PHI.
- Receive an accounting of certain disclosures of your PHI made during the previous six years
- File a complaint with NAMHS or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated

Additional Rights for California Patients

In addition to the rights listed above, California patients have the right to:

- Know the specific purposes for which their PHI is used or disclosed
- Opt out of the sale of their PHI, where applicable
- Request a copy of their PHI in an electronic format
- Access their PHI through an authorized third-party application

How to Contact Us for Questions About Your Privacy

If you have any questions about this notice or your privacy rights, please contact our Privacy Officer at:

North American Mental Health Services
2400 Washington Street, Suite100
Redding, CA 96001

Phone: (530) 232-5770
Fax: (530) 338-3356
Email: compliance@namhs.com

Section 8: Privacy Policy *(continued)*

How to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the California Attorney General's Office.

To file a complaint with NAMHS, please contact our Privacy Officer at the contact information listed above.

To file a complaint with the California Attorney General's Office, please visit their website at https://oag.ca.gov/

NAMHS will not require you to waive your right to file a complaint as a condition of receiving treatment, and we will not retaliate against you for filing a privacy complaint.

Effective date

This Notice of Privacy Practices is effective October 1, 2023. NAMHS reserves the right to revise this notice at any time. If changes are made, a revised notice will be made available to you.

Important: Acknowledgment Documentation

By initialing the **Privacy Practices Acknowledgment** section on the Patient Registration & Consent Form, you confirm that you have received, reviewed, or been offered access to this Notice of Privacy Practices.