

Lindsay
Psychological

Consumer Name: _____	Date of Birth: _____
Medicaid Number: _____	Medical Record #: _____

By initialing below, I certify that I have reviewed and/or received a copy of the following documents:

_____ Consumer Rights
_____ Notice of Privacy Practices
_____ Financial Agreement
_____ Service Plan

_____ Consumer or Legally Responsible Person Signature	_____ Relationship to Consumer	_____ Date
_____ Witness Signature		_____ Date

Consumer Name: _____
DOB: _____
Record #: _____

**Lindsay Psychological
Consumer Acknowledgement
24 Hour Behavioral Health Crisis Coverage**

In the event of a behavioral health crisis after business hours please call Debbie Lindsay at 919-810-2890. Crisis calls will be returned within **20** minutes. In the event of a medical emergency please call 911 or have someone take you to your nearest emergency room.

Should your provider not be available after business hours, you will be instructed to call Holly Hill Respond at 919-250-7000; the person/agency with whom there is a written agreement to provide coverage in your provider's absence.

I acknowledge that I have received a copy of my provider's 24 hour/ after-hours behavioral health crisis coverage number/information. I understand that this information indicates how to access support for after-hours behavioral health crises only.

Signature of Consumer /Legally Responsible Person (Relationship)

Date

Signature of Provider

Date

Consumer Name: _____	Date of Birth: _____
Medicaid Number: _____	Medical Record #: _____

Consumer Rights

When you receive services through Lindsay Psychological you have certain rights. This handout will tell you about those rights and what to do if you have problems or questions.

Your rights are guaranteed by law.

Unless you have been declared incompetent by a court, you have the same basic civil rights and remedies as other citizens, including the right to buy or sell property, sign a contract, register and vote, sue others who have wronged you, and marry or get a divorce. You also have other rights guaranteed by North Carolina General Statutes 122C, Article 3, including the right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, and exploitation. It is the responsibility of the person\program that you are receiving services from to provide you or your legally responsible person a written summary of your rights within your first three visits to the agency (or your first 72 hours if you are in a 24-hour facility).

You have the right to a treatment plan.

A written treatment plan, based on your individual needs, must be implemented within 15 calendar days of admission. You have the right to treatment in the most normal, age-appropriate and least restrictive environment possible. You have the right to take part in the development and periodic review of this plan. You are entitled to review your treatment plan and to understand how to obtain a copy of it from your therapist or the Medical Records Department. Your treatment plan will include testing and evaluation of your child. You will sign off on the treatment plan at the time of the clinical intake process.

You have the right to be informed about medications.

You have the right to have medication administered in accordance with accepted medical standards and upon the order of a physician. When medication is needed, you have the right to receive it in the lowest possible therapeutic dose. You cannot be treated with experimental drugs or procedures without your written permission and without being informed of the risks, benefits and alternatives. You may refuse to take medication; however, you will be informed of the risks of doing this. Medication cannot be used for punishment, discipline or staff convenience. This practice does not prescribed medications. You will be referred to your pediatrician or psychiatrist for follow up with medications if needed.

You have the right to refuse treatment.

Before you agree to your plan, you will be informed of the benefits or risk involved in the services you will receive. You have the right to consent to treatment and may withdraw your consent at any time. You have the right to refuse treatment as described in the statute without threat or termination of services except as outlined in the statute. If you have asked to receive services, you always have a right to agree to or refuse any specific treatment. The only time you can be treated without your consent is in an emergency situation, or when it has been court-ordered, or if you are a minor and your parents have given permission. A minor may seek and receive periodic services from a physician without parental consent for the prevention, diagnosis and treatment of (1) venereal disease and other diseases reportable under G.S. 130A-135, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4)

emotional disturbance. The clinician will meet with the parent to discuss what testing and evaluation is recommended. The parent/guardian will be informed of the process and tests that will be administered. If they decide they do not want treatment at that time, the consult will be cancelled.

You have the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.

You have the right to confidentiality.

The confidentiality of your care and treatment is protected by law. Except as allowed by law and agency regulations, your records and other information about you will not be released without your written permission. Circumstances under which we may be required to share information with another about the services you receive include:

- **If you give permission**, we may share information with any person that you name.
 - **Your next of kin** may be informed that you are a consumer, if it is in your best interest. With your permission, your next of kin, a family member with a legitimate role in your service, or another person whom you name may be given other information about your care.
 - **A consumer advocate** may review your record when assigned to work on your behalf.
 - **The court may order** us to release your records.
 - **Our attorney** may need to see your file because of legal proceedings.
 - **Request from the funding source, or an audit**
 - **Additionally: Another facility or HIPAA Covered Entity** may need to receive your files when your care is transferred.
 - If you become imprisoned we may share your file with **prison officials**.
 - In an **emergency** another professional who is treating you may receive your records.
 - A **physician or other professional** who referred you to our facility may receive your files.
 - If we believe that you are a danger to yourself or to others, or if we believe that you are likely to commit a crime, we may share information with **law enforcement**.
- Special rules may apply** if you have a legal guardian appointed, are a minor, or are receiving treatment for substance abuse.

You have the right to see your own records except under certain circumstances, specified by law. You have the right to have those circumstances explained to you.

Review the agency Notice of Privacy Practices for further information.

You have the right to be informed of the rules.

You have the right to be informed of the rules that you are expected to follow in a particular facility or practice and possible penalties for violation of the rules. This information will be provided when you enter the program. You have the right to be free from un-warranted suspension or expulsion from programs and services. If you are discharged from a facility or practice, you are entitled to a copy of your discharge plan. This does not apply to this practice.

You have the right to know your treatment costs.

Fees for services should be discussed with you at your first visit. If this does not occur, please let us know. Although it is your responsibility to make arrangements to pay your bill, you will never be denied services because of inability to pay. The cost of services is located on the website for Lindsay Psychological. We will bill for Medicaid, Health choice and Blue Cross/Blue shield insurances.

You have the right to privacy.

You have the right to be free from any unwarranted search of your person or property. At the time of admission to a 24-hour facility, staff may search you and your belongings to prevent dangerous or illegal substances from being brought into the facility. The facility itself may be searched if dangerous or illegal substances are reasonably believed to be present, and staff may search consumers who are minors.

Should search and seizure apply to a program from which you are receiving treatment, the specific procedures will be explained when you enter the program.

You have the right not to be abused.

At the time of admission to a specific program, you will be informed of the types of interventions that are approved for use by that program. The program cannot administer any potentially painful procedure or stimulus to reduce the frequency or intensity of a behavior, and at no time is corporal punishment allowed. Employees must protect consumers from harm and report any form of abuse, neglect or exploitation.

In an emergency situation, if your behavior is dangerous to yourself or others, or property, or if we determine – based on very strict rules – that it is necessary for your care, **an authorized facility** may use **restrictive interventions** such as restraint, seclusion or isolation time-out. A number of special safeguards must be in place when these interventions are used, and you or your guardian have a right to request that a designated person be notified. The gravity of some emergencies may require law enforcement assistance or initiation of **involuntary commitment** procedures. Strict compliance with regulations is also necessary when interventions such as withdrawing or delaying access to possessions, taking away items, halting scheduled activities, or overcorrection are used. Facilities using **protective devices** to provide support or enhance safety must comply with certain very strict safeguards. These interventions and devices may never be used as retaliation, for the convenience of staff, or in a manner that causes harm or undue discomfort.

You have a special right if you have intellectual disabilities.

If your primary need is related to the fact that you have intellectual disabilities and are placed in a residential facility, you are entitled to assistance in finding another place to live if your original placement can no longer serve you. This right exists unless you have broken the rules you agreed to follow or if we offer another place that can meet your needs and you refuse that offer. The facility must give you, your legal guardian and Alliance Behavioral Healthcare 60 days advance notice if it intends to discharge you. This right does not apply if you live in a privately-operated ICF-MR facility.

You have the right to make instructions for your treatment in advance.

In the event that you become incapacitated and unable to make decisions about your treatment, you may prepare a document which outlines your intentions for your treatment, and a person to make decisions based upon your instructions.

You have the right to make a complaint.

If you are dissatisfied with a Mental Health, Intellectual Developmental Disabilities or Substance Abuse service delivered through Lindsay Psychological or a Network Provider through Alliance Behavioral Healthcare, you have the right to state a complaint or file a

grievance at any time. Before stating a written complaint, we urge you to first discuss the matter with staff of the program providing the service and allow them an opportunity to help resolve it. If this is unsuccessful, we encourage you to contact Alliance Behavioral Healthcare at 1-800- 510-9132.

You Have Certain Appeal Rights

If you have Medicaid, you have the right to request an appeal hearing if you are denied a requested service, or if current services are reduced, suspended or terminated.

If you have questions or problems contact:

Lindsay Psychological

8396 Six Forks Road
Suite 104
Raleigh, NC 27615
919-810-2890

Disability Rights NC

This statewide agency is designated under federal and state law to protect and advocate for the rights of persons who have disabilities.

Disability Rights NC
3724 National Drive
Suite 100
Raleigh, NC 27612
Toll Free: 877-235-4210 Local: 919-856-2195
TTY: 888-268-5535
Fax: 919-856-2244
www.disabilityrightsn.org

Minor Signature (required for SA)

Date

Signature of consumer /legally responsible person

Relationship

Date

Lindsay Psychological

Consumer Name: Medical Record number: Medicaid Number:	1. Complete at screening or admission 2. Update as necessary
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I, _____ (consumer/parent/legally responsible person), give my consent for Lindsay Psychological to provide assessment, treatment and/or other services for the above named consumer. I reserve the right to withdraw consent at any time. I also reserve the right to refuse, at any time, any services offered to me.

If treatment is refused, the qualified professional shall determine whether treatment in some other modality is possible. If all modalities are refused, the voluntarily admitted consumer may be discharged.

A minor may seek and receive periodic services from a physician without parental consent for the prevention, diagnosis and treatment of (1) venereal disease and other diseases reportable under G.S. 130A-135, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4) emotional disturbance.

In a medical or health emergency, I authorize the agency to administer first aid as needed and to contact:

_____	_____	_____
Name	Relationship	Telephone Number

_____	_____	_____
Name	Relationship	Telephone Number

Additionally, in an emergency, a voluntarily admitted consumer may be administered treatment or medication, despite the consumer or the legally responsible person's refusal, even if the consumer's refusal is expressed in a valid advanced written instruction.

I choose the following hospital, medical doctor, and dentist to provide services to me:

_____	_____	_____
Hospital Preference	Address	Phone Number

_____	_____	_____
Medical Doctor	Address	Phone Number

_____	_____	_____
Dentist	Address	Phone Number

If the above medical doctor or dentist cannot be reached, I give my permission to be seen and treated by a licensed physician or dentist or I may be taken to the nearest emergency room by ambulance if necessary. I will not hold this provider/agency accountable for these expenses.

_____	_____	_____
Consumer or Legally Responsible Person Signature	Relationship to Consumer	Date

_____	_____
Witness Signature	Date