



## **Patient Rights**

1. **Access to Care.** You will be provided with impartial access to treatment and services within this practice's capacity and availability and in keeping with applicable laws and regulations. This is true regardless of race, creed, sex, national origin, religion, disability or handicap, or source of payment for care or services.

2. **Respect and Dignity.** You have the right to considerate, respectful care and services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness.

3. **Privacy and Confidentiality.** You have the right, within the law, to personal and informational privacy.

This includes the right to:

- Be interviewed and examined in surroundings that ensure reasonable privacy
- Expect that any discussion or consultation regarding care will be conducted discreetly
- Expect all written communications pertaining to care to be treated as confidential
- Expect medical records to be read only by individuals directly involved in care, quality assurance activities, or the processing of insurance claims. No other persons will have access without your written authorization.

4. **Personal Safety.** You have the right to expect reasonable safety regarding the practice's procedures and environment.

5. **Identity.** You have the right to know the identity and professional status of any person providing services and which physician or other practitioner is primarily responsible for your care.

6. **Information.** You have the right to obtain complete and current information concerning your diagnosis (to the degree known), your treatment, and any known prognosis. This information should be communicated in terms that you understand.

7. **Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem.

8. **Consent.** You have the right to information that enables you, in collaboration with the physician, to make treatment decisions. Consent discussions will include an explanation of the condition, the risks, and benefits of treatment, as well as the consequences of no treatment. Except in the case of incapacity or life-threatening emergency, you will not be subjected to any procedure unless you provide voluntary, written consent.

· You will be informed if the practice proposes to engage in research or experimental projects affecting its care or services. If it is your decision not to take part, you will continue to receive the most effective care the practice otherwise provides.

9. **Consultation.** You have the right to accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this practice may be terminated upon reasonable notice.

***We do offer tele psych follow-up appointments when enough notice is given. A licensed clinician can and will facilitate your appointment with you over the phone or through video. The charge for this time would be the same as if you had come into the office.***

10. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed statements of all billed services provided by Riverview Community Mental Health Center.

11. **Rules and Regulations.** You will be informed of the practice's rules and regulations concerning your conduct as a patient at this facility. You are further entitled to information about the initiation, review, and resolution of patient complaints. ***You have the right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please inform the office immediately and discuss the situation.***



### **Health Insurance Portability and Accountability Act**

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). One component of HIPAA was to streamline the process to exchange information and to make health information more readily accessible to patients. The HIPAA Privacy Rule went into effect in April 2003 and created a federal standard for protecting the privacy of health information. The Privacy Rule also requires DOH to comply with Florida laws that provide greater protection to patients.

The Privacy Rule generally prohibits the use and disclosure of health information without written permission from the patient. The Privacy Rule also gives patients' rights to access their medical and billing records, request amendments to those records, and obtain an accounting of disclosure of protected health information. The Department's Notice of Privacy Practices further describes the use and disclosure of patient medical information and how patients may obtain access to their information. If you believe your privacy rights have been violated by a DOH employee, you may file a complaint with the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The session content and all relevant materials to the client's treatment will be confidential unless the client requests in writing (release of Information form) to have all or portions of such content released to specifically named person(s). Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts their self in a manner which there is substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has reasonable suspicion that a client or other name victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. If the provider has reasonable suspicions as stated above in the case of an elderly person who may be subject to abuse.
5. If records are court ordered.

### **Self-pay Patients**

The estimate below is the range of costs for new patients. Until we complete an initial evaluation, and begin care, we will not have a clear picture of your specific diagnosis, issues, and needs. We typically see therapy patients for 25 sessions for a total cost of \$3850.00. But in some/many cases a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate. We typically see medication management patients for a total cost of \$1900. But in some/many cases a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

### **Continuing Patient Explanation**

The estimate below is the range of costs/cost that we think is likely for your care over the time covered by this estimate. However, depending on how treatment progresses, more or fewer sessions or appointments may be needed. Contact: If you have questions about this estimate, please contact our billing department at 305-279-2276.

### **Details of the Estimate**

The following is a detailed list of expected charges for psychological services scheduled:

\_\_\_\_\_ to \_\_\_\_\_. The estimated costs are valid for 12 months from the date of this Good Faith Estimate.



<b>Service</b>	<b><u>Diagnosis Code</u></b> <i>ICD-10 (once determined during appointment)</i>	<b><u>Service code</u></b>	<b><u>Quantity</u></b> <i>(# of sessions/ units. Give number/ range)</i>	<b><u>Cost per unit</u></b>	<b><u>Expected cost</u></b>
<b><i>Psychiatric Diagnostic Evaluation</i></b>		90792	1	\$250.00	\$250.00
<b><i>Follow up medication management</i></b>		99214	12	\$150.00	\$150.00
<b><i>Psychotherapy Session</i></b>		90837	24	\$150.00	\$150.00

**Disclaimer**

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to [us/me] when [we/I] did the estimate. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

You may contact the billing department at the contact listed above to let them know the billed charges are at least \$400 higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to: [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

- **This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.**
- **Keep a copy of this Good Faith Estimate (GFE) in a safe place. If at any time during your treatment the above expected charges do not match with your payments, you have the right to dispute it at any time.**