CAROLINA BEHAVIORAL CARE
POLICIES AND PROCEDURES

Thank you for choosing Carolina Behavioral Care. We are committed to providing the highest quality of care. Please review our policies and procedures and let us know if you have any questions or concerns.

Appointments: Your appointment time is reserved especially for you. Please make every effort to keep your scheduled appointment. Appointments that are not canceled 24 hours prior to the appointment may be charged a fee of $35.00 for a missed appointment. A computerized calling service will call you two days prior your appointment to remind you of your scheduled time, however, you should not rely solely on this method for keeping informed of your appointments. Several missed appointments or last minute cancellations may result in you being terminated by the clinic.

Financial Policy: Payment or co-payment is due at the time of service. We participate with most major insurance companies and our agreement with them requires that we collect your co-payment. Services received that are excluded or not covered by your insurance company are your financial responsibility. For your convenience we accept cash, check and most credit cards. It is your obligation to inform CBC of any changes to your insurance coverage.

Minor Patients: To ensure the best evaluation possible, it is necessary for the parent/guardian to be present for all appointments. Medications will not be prescribed for minor patients unless they are accompanied by a parent/guardian. A minor patient may seek and receive periodic services from a physician without parental consent in accordance with G.S. § 90-21.5 and reportable under G.S. 130A-135. At age 18, a patient must sign a release to allow a parent, guardian, or any other person or agency access to the patient's medical records.

Treatment Plan and Review of Records: For the best care possible, medications and therapy may be recommended for you. It is necessary for you to follow your provider's advice if both therapy and medications are indicated. Failure to comply may result in you being terminated by the clinic. Refer to the Patient Bill of Rights for more information about obtaining a copy of your treatment plan or accessing your records.

Confidentiality: The confidentiality and privacy of all communication between a client and their provider are protected by state and federal laws and can only be released with your permission. An exception would be if protective actions are needed because of harm or abuse of another individual or self.

Urine Drug Testing: All Patients will be asked to submit a urine sample to screen for medication adherence, complicating substance use, and potentially harmful medication interactions at the initial visit and as clinically indicated thereafter. If you refuse to submit to this testing your provider may discontinue the use of controlled substances or high risk medications.

Clinical Research: CBC participates in clinical research to help improve the lives of our patients. We may contact patients who may benefit from upcoming studies. We may also use patient information that cannot be identified with a specific patient(s) from our electronic health record for general research purposes; often to measure outcomes that may be generalized to improve the care of our patients as well as the general population.

I have read, understood and agree to these policies.

Patient/Guardian Signature and Date: _____

Patient Name: _____

INSURANCE AUTHORIZATION

I hereby authorize Carolina Behavioral Care to furnish information to insurance and/or Medicare and Medicaid concerning my illness and treatment. I understand that I am responsible for all fees regardless of insurance coverage. I further authorize insurance benefits to be paid directly to the providers of Carolina Behavioral Care.

Patient/Guardian Signature and Date: _____

Patient Name: _____

PATIENT BILL OF RIGHTS

I have received a copy of the Carolina Behavioral Care Patient Bill of Rights.

Patient/Guardian Signature and Date: _____

Patient Name: _____

CONSENT FOR TREATMENT

I hereby authorize treatment by the physicians/providers of Carolina Behavioral Care. I understand I have the right to refuse treatment or revoke consent at any time without consequence as outlined in G.S. §122-57. The cost of treatment has been made available to me upon request. I understand and allow CBC to obtain my external medication history electronically via SureScripts which is done at no charge to me. I understand this helps ensure my CBC provider has the most current list of medications I take. I grant permission for any Carolina Behavioral Care staff person to seek emergency medical care from a hospital or physician on my behalf in the event Carolina Behavioral Care believes I am in need of emergency treatment. I will not hold this provider/agency accountable for these expenses. I understand that a minor patient may seek and receive periodic services from a physician without parental consent in accordance with G.S. § 90-21.5 and reportable under G.S. 130A-135. I may refer to the Patient Bill of Rights for more information about consent to or refusal of treatment.

Patient/Guardian Signature and Date: _____

Patient Name: _____