

CLIENT
NAME:

DATE OF
BIRTH:

INITIALS BELOW INDICATE CONSENT TO TREATMENT

Request and Authorization for Treatment/Function: I authorize and request Ridgeview staff to provide appropriate treatment/functions necessary for my welfare for Outpatient services. I authorize and request Ridgeview staff to provide appropriate treatment/functions necessary for my welfare for outpatient services. I further understand that my Emergency Contact will only be contacted in true emergency for my welfare and sa fety.

Declaration of Mental Health: I have been educated and given information about how to develop a Declaration of Mental Health Treatment Plan. Do you have: (check all that apply)

Medical Advance Directive Power of Attorney for Healthcare Power of Attorney for Mental Health

Patient Rights: I have received a copy of the "Patient Rights" pamphlet, which includes the complaint and grievance process, and have had an opportunity to ask questions about those rights. I also understand I have access to a Ridgeview advocate if I feel my rights have been violated.

Release of Records/Information to Insurance Companies or their Representatives: I authorize and request Ridgeview to release treatment and/or administrative records which may be required or requested by my insurance carrier, Managed Care Organization (MCO), or other participating paying providers.

Authorization to Pay Insurance Benefits: I hereby authorize and direct my insurance company to pay directly to Ridgeview any and all benefits up to the amount of my bill.

Financial Agreement: Ridgeview accepts payment from private and government insurance programs. Your insurance company will be billed the full fee for each service. I/We accept responsibility for any and all charges that are not covered by Medicare, private insurance, or any third-party payor. I accept responsibility for any charges applied to deductibles considered non-covered. In consideration of all services rendered by Ridgeview, I jointly promise to pay all charges incurred. If insurance fails to make payment when due, Ridgeview may at any time and without notice and demand the entire unpaid balance to be immediately due and payable. I understand that failure to adhere to this financial agreement could result in this account being transferred to an outside collection agency and/or attorney. If collection is instituted, I understand that Ridgeview will report this dept to the appropriate credit reporting agencies and agree to pay all costs, expenses, and reasonable attorney fees owing to Ridgeview.

Release of Records/Information to Other Health Care Practitioners: In the event of a medical or psychiatric emergency, I hereby authorize and request Ridgeview to release essential information to another health care practitioner to expedite care.

Infection Testing: In the event any person is exposed to blood or other body fluid fluids through a needle stick injury, cut, or mucous membrane contact, I consent to the appropriate tests for the presence of infection, including testing for the presence of infection, testing for the presence of Hepatitis B & C virus and the Human Immunodeficiency virus (HIV). I understand that in the event this test is performed, I will be informed of the results and all such results will be treated as confidential.

Appointment Reminder: I authorize Ridgeview to notify me by telephone or text to inform or leave me a message about appointments.

HIPPA Privacy Notice: By signing this form, I acknowledge I have received a copy of Ridgeview's HIPPA Notice of Privacy Practices.

Consent to Participate in Telehealth: I understand that Ridgeview provides a variety of services via tele-video to meet the needs of the people they serve in a timelier manner. I have had the opportunity to ask questions and understand that participation in this treatment medium is by choice.

Authorization to Participate in Tennessee Outcomes Measures System (TOMS/NOMS/MISIP): I have been informed about the NOMS survey and agree to participate. I can skip questions without retaliation; however, the more questions answered, the clearer the clinical picture.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT): I/We understand and have been informed/educated about my child's access to EPSDT.



PATIENT NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review this carefully. If you have questions, please contact the Ridgeview Director of Compliance at 865-482-1076.

WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **Treatment.** We may use or disclose your PHI to give you psychiatric / medical treatment or services and to manage and coordinate your psychiatric / medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. With your written permission, we may release your health care information, including psychotherapy notes and substance use information to outside providers, such as your primary care physician, your family or others involved in your care.
- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment or pay for certain medications.

- **Health Care Operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. Patients age sixteen and older have the right to privacy of their protected healthcare information and must give consent for its release.
- **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. We may use and disclose a limited data set that does **not** contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person

who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We are required to notify you if any of your personal information is accidentally shared. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These requirements include:
 - In response to a court order, subpoena, warrant, summons or similar process
 - To identify or locate a suspect or fugitive, material witness or missing person
 - Information about the victim of a crime, if the victim agrees
 - Information regarding a death that is believed to be the result of criminal conduct
 - Any criminal conduct at on Ridgeview premises
 - In emergency circumstances, to report a crime, including the location of the crime or the victims, and the description and/or location of the individual who committed the crime.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and *Opt Out*

- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to

agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare providers not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

Your Written Authorization if Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes and or substance use information
- Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice.. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to

another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.

- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.
- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice.
- **Changes to This Notice.** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future.
- **Other Disclosures may be made with your written permission.** You may revoke that permission in writing at any time. If you revoke that permission, information will no longer be released. However, we are unable to take back any information released prior to the revocation of that permission. We are required by law to retain records of the care you are provided.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W.,

Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information.
You will not be penalized for filing a complaint.

Revised: June 2018

VALUES



Ridgeview is committed to providing high quality behavioral health services through prevention, treatment of mental illness and substance abuse, and support to improve the overall health, well-being, recovery, and hope of the people we serve.

Additional Rights under TennCare: You have the right to change plans, appeal decisions, and/ or disenroll from TennCare at any time

Other advocacy services that you may contact:

Mental Health Association of East Tennessee - 865-584-9125

National Alliance for the Mentally Ill- 865-602-7807

Disability Law and Advocacy center of Tennessee - 865-689-9020

Tennessee Mental Health Consumer Association -865-584-3638



HOPE | HEALING | RECOVERY

Complaints / grievances

Please notify staff immediately of any quality or safety concerns. Other resources include:

Ridgeview Quality Director - 865-482-1076

Tennessee Department of Mental Health and Consumer Affairs - 1-800-560-5767

Joint commission - 1-800-994-6601

TennCare Partner Advocacy - 1-800-758-1638

RIDGEVIEW BEHAVIORAL HEALTH SERVICES

240 W. Tyrone Road, Oak Ridge, TN 37830
865.482.1076

www.ridgeview.com
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No person is, on the ground of race, color, religion, gender, gender expression, national origin, age, sexual orientation, or disability, excluded from participation in, or denied benefits of, or be other subjected to discrimination in any program or activity of Ridgeview Behavioral Health Services.

PATIENT RIGHTS AND RESPONSIBILITIES



Patient Rights and Responsibilities

Ridgeview adheres to a "No Wrong Door" approach in order to identify and remove all possible barriers to care and services. Our outreach is a system-based approach and, as a result of advocacy and referral, individual needs are addressed either by our direct services or by a collaborating provider within the human services community.

Your Responsibilities

In order for the staff to be an effective partner in your recovery we request that you:

- ❖ Give accurate information and discuss any risks in caring for you
- ❖ Participate in all aspects for your treatment, including creating and following the treatment plan, and development of your discharge plan
- ❖ Take medications as prescribed and inform your Ridgeview provider about all the medication you're taking, any side effects you're having, or any problems obtaining your medications
- ❖ Call if your symptoms worsen or you need crisis services
- ❖ Respect the Ridgeview guidelines and the rights and property of other patients and the staff
- ❖ Bring your ID to every visit
- ❖ Call should you be unable to come for an appointment or need to request change an appointment time
- ❖ Notify the staff of any concerns immediately

WELCOME TO RIDGEVIEW

Ridgeview is committed to providing quality behavioral services through prevention, the treatment of mental illness and substance abuse, and support to improve overall health and well being of those we serve. **Hope, Healing and Recovery** are three essential principles of our mission.

As a client of Ridgeview, you are guaranteed the following rights by the federal government, the state of Tennessee, and the Joint Commission for the Accreditation of Healthcare Organizations. We ask that you notify staff immediately of any questions or concerns that you may have. Should you need further assistance, please call our compliance line at 865-276-3896.

Thank you for choosing Ridgeview - Brian D Buuck, CEO

As a person receiving mental health services, you have the right to know what rights and responsibilities you have and you have the right to recommend changes in these.

You have the right to:

- ❖ Be treated with dignity and respect and without discrimination based on race, color, birthplace, language, age, gender, sex, religion, ethnicity, disability or ability to pay
- ❖ Be protected from abuse, neglect, and exploitation
- ❖ Receive services in the least restrictive setting
- ❖ Have competent, professional staff
- ❖ Have others of your choice participate in your treatment
- ❖ Know the treatment options and services that might be of benefit you
- ❖ Refuse treatment or therapeutic activities (except in the event of an emergency or a court order) and be informed of the possible results of refusing
- ❖ Be informed of the risks, benefits and possible side effects of medications and treatment procedures
- ❖ You have the right to have an interpreter or have a patient advocate if needed
- ❖ Not to perform work or service that is assigned to the staff
- ❖ Participate in your plan of care, decisions about treatment services, and discharge planning except in the case of an emergency or court order
- ❖ Refuse to participate in research, experimental medications, or treatment
- ❖ Refuse the use of audio/visual recordings
- ❖ Have your pain assessed and managed appropriately
- ❖ Be notified of your rights regarding discharge and to appeal discharge and administrative decisions

- ❖ Complete a Declaration for Mental Health, an advanced Directive for Healthcare and/to durable power of attorney in order to make your wishes known should you become ill
- ❖ Know the cost for services, the source of reimbursement, any limitation on services or duration of services, and any copays
- ❖ Refuse to participate in surveys or outcome measures
- ❖ Privacy, security, and confidentiality of your medical record including any substance use information, unless you have given your written consent or in an emergency or if there is a court order
- ❖ Inspect and receive a copy of your medical record at your own expense unless to do so would be harmful to you
- ❖ You have a right to request a correction to your medical record if you feel that mistakes exist or place a written statement regarding the error in the record
- ❖ Voice a complaint or grievance about the quality or safety of your care, treatment, or services you receive without any retaliation

Inpatient Rights-in addition to those listed above, you have the right to:

- ❖ Be interviewed and examined in as private space as possible
- ❖ Have person of same gender present when being examined
- ❖ Access to common areas and telephone within the unit guidelines
- ❖ Have visitors and send and receive mail within the unit guidelines
- ❖ Be free of seclusion and restraint except as a last resort in an emergency situation
- ❖ Refuse to participate in cultural, education, religious, vocational, recreational, etc., activities offered
- ❖ Privacy within the unit guidelines
- ❖ Inpatient rights may be limited only based on the therapeutic and safety needs of each patient and the inpatient community. Rights are restored as soon as it is safe and therapeutic to do so. The inpatient unit guidelines are imposed to provide safety. Please see the inpatient handbook for further information.