Behavioral Health Care Associates

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Schaumburg, IL 60194

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(847) 895-4540

Specialists in Psychiatry, Substance Abuse and Counseling

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Welcome to Behavioral Health Care Associates

Thank you for selecting Behavioral Health Care Associates (BHCA) for your medical and psychological needs. We are pleased to be of service to you, to assist you to reach your personal and psychological goals. The following consent for treatment and policies are an important component of your successful treatment.

Initials: _____ ***Consent for Treatment and Release of Information:***

I give consent for treatment of **(patient's name)** _________________________________ by any clinician associated with Behavioral Health Care Associates and also to release information to my primary care doctor or other referral sources, policy holder's insurance payer, and/or managed care company for continuity of care and billing purposes. This consent shall remain valid for up to two years from the date of my last treatment unless revoked in writing. Additional parties to which information may be released include my emergency contact and other persons listed below:

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Emergency Contact Name　　　　Relationship　　　　Phone Number

____

Other Authorized Party Name　　　　Relationship　　　　Phone Number

____

Other Authorized Party Name　　　　Relationship　　　　Phone Number

Initials: _____ ***Policies:***

Communication between you and your therapist or doctor is necessary for successful treatment. It is important to be an active participant in your counseling and what you have to say is important to us. We hope you will use this time to express your views about your counseling experience.

Commitment to you and your well-being is of utmost concern to us at BHCA. Your commitment to yourself and your healing must be a top priority to you. This includes consistency with keeping your appointments. Your time is of value and your clinician's time is equally, so therefore, **24 hour notice is required to avoid a late cancelation/no show charge, of up to the full charge of your visit.** ***This charge is not billable to your insurance or managed care payer.*** We will be dedicated to your treatment while you are a client of BHCA.

Responsibility is necessary in all facets of our lives; this is also true in counseling/treatment. If you have selected an HMO, PPO or Medicare, **your co-payment and deductible is due from you at the time of service** unless prior arrangements have been made. BHCA will not bill a secondary insurance company for your primary insurance's co-payment. If your primary insurance has a deductible and/or co-insurance, we will bill the secondary insurance as a courtesy for you. We accept cash, checks, Discover, MasterCard, and Visa. It is your responsibility to understand your insurance policy. As a courtesy, BHCA will submit your claims to your disclosed health insurance. If your insurance requires that pre-authorization or a referral is obtained for services, you must check with our office, your primary care provider, and/or your insurance company as applicable in advance to ensure that the pre-authorization or referral is in place prior to the services being rendered. If you choose to receive services without a pre-authorization or referral secured, you agree to be responsible for full payment for services at the self-pay rate independent of your HMO or insurance. Should your insurance policy terminate (with or without notice to BHCA), your policy's annual/lifetime maximum for psychiatric/substance abuse benefits is reached, you obtain new health insurance without prior notice to our billing department, or your insurance fails to cover your visit balances in full for any reason not necessarily limited to those explicitly listed here, **you agree to pay the full payment for services at the self-pay rate independent of your HMO or insurance carrier**.

It is **your responsibility** to schedule your appointment prior to your medications running out, keeping in mind that schedules may fill up well in advance of your requested appointment date. Your physician and certified nurse practitioner reserve the right to charge a $35 fee for administrative costs if your prescription needs to be refilled prior to your visit. ***This charge is not billable to your insurance or managed care payer.*** **Please review our prescription policy.** Telephone calls outside of your appointment time may be subject to an additional charge at the discretion of the clinician for which you agree to be responsible for the payment made in full prior to the call. ***This charge is not billable to your insurance or managed care payer.***

Children and Adolescents of Divorced Parents: It is the responsibility of the parent who *initially* brings the child/adolescent to BHCA to provide all proper insurance information at the time of service. BHCA is unable to withhold any information related to insurance claims and processing from the insurance policy holder. BHCA requires the policy holder's authorization to bill for services rendered at BHCA regardless of who brings the child. The parent who brings the child will be responsible for all co-payments, deductibles, co-insurance balances, non-covered services, medical records fees, prescription refill fees, or any telephone fees regardless of your divorce decree. It will be your responsibility to work out the financial arrangements on your own with your ex-spouse.

Release of Medical Records: All medical records requested with the proper mental health/substance abuse consent form to release records will be processed within a reasonable and legal time frame with reservations provided by Illinois State law. All copies of medical records will be charged at the maximum as allowed by Illinois State Law. Copies of these charges are available from our business office. ***This charge is not billable to your insurance or managed care payer.***

I understand and agree to adhere to the above policies of BHCA. I hereby authorize release of pertinent medical information to my insurance carriers. I realize that I am responsible for balances resulting from any non-covered services. I realize that I bear the full responsibility for payment of all services rendered to me by Behavioral Health Care Associates and its clinicians. I will not declare bankruptcy on my debt to BHCA. A service charge of 1.5% per month / 18% APR will be added to all overdue accounts. The client/patient is also liable for all legal and collections fees. If my current insurance prohibits direct payment to Behavioral Health Care Associates to satisfy my claim balances, I agree to be fully responsible for all unpaid balances on my account.

We do NOT accept worker's compensation insurance/claims. If your condition is related to an incurred work injury and you wish to be treated, you must self pay in cash or by credit card in advance of treatment. If you use your mental health insurance coverage, Behavioral Health Care Associates, Ltd (BHCA) cannot be held responsible for any financial liabilities resulting from an existing worker's compensation claim. By signing below, you acknowledge and agree to take full responsibility for balances if you are found to have an existing worker's compensation claim related to your treatment and release BHCA of any financial encumbrances as result of your claim. Additionally, you acknowledge and agree that balances are patient responsibility if your insurance fails to pay for your visit. Please note that our clinic may derive financial benefit from lab and other therapeutic services and research that we provide.

Initials: _____ **Notice of Privacy Practices**

I have been offered and/or received a written copy of BHCA's Notice of Privacy Practices. This notice provides in detail the uses and disclosures of my protected health information that may be used by this practice, my individual rights, how I may exercise these rights, and BHCA's legal duties with respect to my protected health information.

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Signature of Patient (If 12 Years or Older) Date

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Signature of Parent/Guardian (Only If Patient Is a Minor, Under Guardianship, or Otherwise Applicable) Date

***By signing above, you agree to all of the statements and policies contained within this entire document. ***