



Informed Consent to Treatment Form

At my own discretion, I am requesting treatment at the CHI St. Joseph Children's Health. I know that my treatment may consist of psychiatric care, psychotherapy, or dental treatment for my child which may include both preventive and restorative care.

I will be educated to the benefits and risks of the treatment I receive. I have been informed of the alternatives to treatment including the option to not treat. All potential side effects or reactions that may result from any used or prescribed medication have been explained.

I have the right to ask questions regarding my treatment and expect that my questions will be answered to my full satisfaction. If I decide to withdraw from treatment, I have the right to have a referral to another practitioner for alternative treatment.

Finally, I understand and will expect that all papers and documents concerning my treatment at the CHI St. Joseph Children's Health Behavioral Health Center will be kept confidential. No information concerning my treatment can be released without my specific written authorization except as required by law or in a situation deemed potentially life-threatening.

By law, licensed providers are mandated or permitted to report or warn others of information that, based on their reasonable professional judgment, constitutes a threat of serious harm to self or others, or indicates child or elder abuse or neglect. You have my authorization and consent, without reservation, to release any such information about me or the patient for whom I serve as personal representative (parent or guardian) without the need for further written approval.

Broken Appointment Policy

Because of limited flexibility of our Provider's schedules, once an appointment is reserved for you or your child, it is important that you make every effort to keep it. We make every effort to confirm you appointment 24-48 hours in advance as a courtesy to ensure that you or your child has the opportunity to be seen in our center.

If you need to cancel or change a scheduled appointment, we ask that you notify us at least 24 hours in advance.

A broken appointment is considered to be any of the following:

1. Arriving more than 10 minutes late for your scheduled appointment.
2. Failing to cancel an appointment at least 24 hours in advance.
3. Not showing up for a scheduled appointment.

Should you arrive more than 10 minutes late for a scheduled appointment, there is no guarantee you or your child will be seen that day, though we will make every effort to do so if the schedule allows.

A verbal notice will be given for the first and second broken appointments and documented in the family's record. Should a third appointment be broken, the Program Manager will need to discuss with you the best course for moving forward with scheduling appointments before any future appointments can be made.

We will allow for multiple appointments to be scheduled out at one time, but we will not schedule any more than three appointments out. If you break more than 2 appointments, we will only schedule one appointment at a time.

Patient Financial Responsibility

Our primary goal is to allow all children to have access to our services regardless of the cost of treatment. CHI St. Joseph Children's Health is committed to working with all families accessing our services and programs to assure continued access to quality health care services at affordable rates. In our office, we strive to maximize your insurance benefits and, if uninsured, provide a generous sliding scale discount program if qualified. Our case managers are available to assist families in identifying the most appropriate benefits and payment options to meet the unique needs of each individual and family.

Address Changes

- Patients are responsible for assuring that CHI St. Joseph Children's Health has accurate mailing address information on-file. Please contact our office to inform CHI St. Joseph Children's Health of any changes to your address, telephone number or other contact information. This information is essential as we work to support your health and well-being.

Co-payments, Deductibles and Co-Insurance

- Co-payments are collected at the time of check-in.
- Co-insurance and deductible payments are invoiced after the claim has been processed by your insurance company. The statement will be mailed to the address on file. Payment should be sent upon receipt.
- At the time of the in-person visit, CHI St. Joseph Children's Health is able to accept check or major credit card. For payment for services that are invoiced—a statement is/was mailed to the patient/responsible party, CHI St. Joseph Children's Health accepts checks or major credit cards.
- Past Due accounts may hinder your ability to have future appointments scheduled.

Insurance

- It is important for you to be an informed consumer, who understands the specifications of your insurance policy and benefits. CHI St. Joseph Children's Health can assist you with gaining a better understanding of your insurance policy and benefits through our Family Wellness Case Management program which is available to all individuals and families enrolled in our programs.
- While CHI St. Joseph Children's Health is happy to assist and advocate on your behalf, your health insurance policy is a contract between you and your Health Insurance Company or employer. Please note: it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits on outpatient charges regardless of whether or not our physicians participate.

Self-Pay and Uninsured Patients

- Self-pay patients should be prepared to pay at the time of each visit.
- CHI St. Joseph Children's Health is proud to offer a generous sliding-fee discount program for families who are uninsured. The St. Joseph Access Plan offers discounts for medical services based upon the patient's household income. Applications for the discount plan may be completed in conjunction with a CHI St. Joseph Children's Health Family Wellness Case Manager and must be updated annually. The discount applies to services and programs offered by CHI St. Joseph Children's Health only. If you are

interested in the St. Joseph Access Plan, an application may be completed at any time and is encouraged in advance of service.

Notice of Privacy Practice

I acknowledge that I or my representative was provided/offered a copy of CHI St. Joseph Children's Health Notice of Privacy Practices

I authorize the following parties to have access to my/my child's medical records, discuss appointment information over the phone, pick up prescriptions, or bring myself / my child to the office for care with CHI St. Joseph Children's Health. The person bringing your child will need to present photo identification at time of service.

If the patient is being seen in our Behavioral Health center and the patient is 14 years or older, parents / guardians will NOT be given information unless the individual(s) are identified below by the patient.

Name of Person _____ Relationship _____ Phone _____

Name of Person _____ Relationship _____ Phone _____

Name of Person _____ Relationship _____ Phone _____

IF ONLY PARENTS/SELF ARE ALLOWED TO BRING CHILD IN OR DISCUSS PATIENTS RECORDS, PLEASE INDICATE 'NONE' HERE AND INITIAL _____

PLEASE NOTE:

- IF BEING SEEN IN THE DENTAL CENTER PATIENTS UP TO THE AGE OF 18 REQUIRE A PATENT/GUARDIAN SIGNATURE.
- IF BEING SEEN IN THE BEHAVIORAL HEALTH CENTER INDIVIDUALS MAY SIGN FOR THEMSELVES STARTING AT AGE 14, UNDER AGE 14 REQUIRE A PATENT/GUARDIAN SIGNATURE.

Patient name (please print): _____

Patient Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

CHI St. Joseph Children's Health Witness: _____ Date: _____