

Welcome to Rose Street Mental Health Care, LLP

In order to better serve our patients, we have developed the following guidelines. Please do not hesitate to ask your therapist or a member of our staff if you have any questions.

Confidentiality and Records

Information you disclose during the course of seeing a mental health professional will be kept in the strictest of confidence. Such information will not be shared with others without your permission. Under Texas law, there are exceptions: if you or another is at risk of serious harm, if there is suspicion of child abuse, in legal actions against children or between parents and children, and for non-payment of fees. A record may be shared with other professionals at RSMHC, LLP without a release if those professionals become a part of the patient’s treatment process. If you would like another professional to obtain a copy of your record, a written release of information must be signed. Any fees for records must be paid by the requesting party in advance or receipt of records. There will be a charge for completion of forms or reports for someone other than your insurance carrier. Please check with the office staff if you have any questions about fees for your records or forms.

Cancellations and Missed Appointment

If you need to reschedule your appointment we ask you to contact our office within 24 hours prior to your appointment. Whenever possible please contact the office directly and speak with a member of the staff to ensure your appointment has been cancelled. An appointment which is missed without notification is considered to be a “No Show”. Notification to your referring physician or agency will be made if you miss your appointment without contacting our office. **If you miss two consecutive scheduled appointments we will assume you no longer desire services and all future appointments will be cancelled.** If you desire to return to treatment, you will need to discuss this directly with your doctor or therapist before an appointment can be scheduled.

Insurance and Billing Information

We are required to have copies of insurance cards and current Medicaid eligibility. If a patient fails to have proof of insurance at the time of appointment, the appointment may have to be rescheduled. **Payment is expected at the time of service.** The person bringing the patient to the appointment is responsible for the payment of the bill. If someone other than the responsible party brings the patient, copays and/or patient portions will continue to be due at the time of service. **We do accept Visa, Mastercard, Discover, personal checks, and cash.** There will be a \$25 charge for any returned checks. If an overpayment is made to RSMHC, LLP by the patient/guarantor, a refund check will be issued upon completion of treatment once all services have been paid by you and your insurance carrier if applicable. Due to confidentiality concerns we are unable to talk to any person besides the guarantor and/or patient regarding their bill. If you wish to allow someone else to be able to discuss your treatment you will need to fill out a release. Unpaid account balances that are outstanding for more than 90 days may be referred to a collection agency, small claims court, or other legal means for collection. The patient is responsible for any collection, court or attorney fees from such referral. If any questions arise from the bills you receive from our office please do not hesitate to contact our billing office.

Prescriptions

Requests for prescriptions are to be called in 24 to 48 hours ahead of time Monday through Friday for approval. We will contact you if we have questions regarding your refill. There will be a \$5 charge for a reissue of expired triplicate prescriptions, (i.e. Ritalin, Adderall, or Concerta).

I have received and read this document and give my consent for evaluation and treatment. I understand that there are both potential benefits and risks to treatment and I can discuss these with a clinician at any time. I authorize the release of medical information for processing my insurance claim and assign payment of benefits by my insurance company to RSMHC, LLP. I understand that I need to notify RSMHC, LLP staff of changes to address, phone number, or insurance information. In the event that a clinician cannot be reached, local emergency rooms are available to provide emergency services.

Emergency Contact Name and Phone Number: _____

Patient Name

Social Security Number

Date

Signature of Responsible Party

Relationship to the Patient