



PATIENT REGISTRATION

417 Reigert's Lane, Annville, PA 17003
Tel: 717-867-8335 Fax: 717-867-0340

Please complete all information requested

Date of First Appointment: _____

Patient Name: _____

Nickname (optional): _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: M F

Primary Contact Number: _____ Alternate Contact Number: _____

(Please check the boxes next to the phone numbers we may use to leave a voice mail and/or answering machine message.)

Email Address: _____

**** Please review Quittie Glen General Office Policy and Patient Responsibilities item #11.**

Patient Occupation: _____ Marital Status: Single Married Separated Divorced

If patient is under 18 years of age, please complete the following:

Mother's Name: _____ Primary Contact Number: _____

Father's Name: _____ Primary Contact Number: _____

Patient's School: _____ Grade: _____

Do both parents if separated or divorced give consent for their child 13 years or younger to receive treatment? Yes No.

N.B. Please see the Consent for Treatment form for instructions for separated or divorced parents.

If the person initiating treatment for this patient is NOT the mother or father, please check here:

Name: _____ What is your relationship to the patient? _____

Do you have legal custody to consent for medical treatment? Yes No ***(Documentation will need to be provided at the first appointment.)***

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Primary Insurance: _____ Policy Holder: _____ DOB: _____

Identification Number: _____ Relationship: Self Spouse Dependent Other

Please list the phone numbers located on the back of your insurance card:

For Providers: _____ Mental Health: _____

Prescription Plan: _____

Preferred pharmacy for prescriptions to be called in: Pharmacy: _____ Phone Number: _____

The name of the person/organization that referred you to this office? _____

****Please complete a release of information if you want your records to be sent to another office or for the provider to request records for file. This form is located on the home page at www.quittieglen.com.**



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Providers:
John A. Biever, MD
Elizabeth A. Montagnese, MD

CONSENT FOR TREATMENT

For adults and adolescents fourteen years of age and older:

I, _____, consent to receive psychotherapy, psychological or other professional services from (provider's name), _____ at Quittie Glen. (Note: Please complete a separate form for each provider being seen, if more than one.)

For child patients:

I, (parent's or guardian's name), _____, consent for my child (child's name), _____ to receive psychotherapy, psychological or other professional services from (provider's name), _____ at Quittie Glen. (Note: Please complete a separate form for each provider being seen, if more than one.)

N. B. If the child's parents are separated or divorced, and maintain shared legal custody of the child, both parents must complete a Consent for Treatment form prior to initiation of treatment.

For parents or guardians of adolescent patients fourteen years of age or older:

I, (parent's or guardian's name), _____, give my assent* for my child (child's name), _____ to receive psychotherapy, psychological or other professional services from (provider's name), _____ at Quittie Glen. (Please complete a separate form for each provider being seen, if more than one.)

*While adolescents aged fourteen years or older may by law give their own consent to treatment regardless of parental approval, we appreciate knowing that the relevant parent or guardian approves of the treatment.

I understand that communications with me (or my child) will become part of a clinical record of treatment, referred to as Protected Health Information (PHI). My PHI will be kept secure in the office per HIPAA procedures. I understand that all information disclosed by me (or my child) in therapy or during a psychiatric/psychological evaluation is maintained in strict confidence, and that no information pertaining to my (or my child's) therapy or evaluation will be released to others without my consent, with the following exceptions: (1) I allow my clinician (or my child's clinician) to release information and I have signed a "Release of Information" form; (2) My clinician determines that I (or my child) am a danger to myself or others; (3) My clinician receives information that suggests that a child, an elderly person, or a disabled individual has been abused or is at substantial risk of being abused and may require protection; or (4) My clinician is ordered by a judge to disclose information about me. (over)

Psychiatric, Psychological, Counseling & Therapy Communication as Privileged

I understand that information that I (or my child) provide in therapy is legally termed “privileged communication,” meaning that it is my (or my child’s) right as a client to have a confidential relationship with a therapist. However, I understand that in very rare circumstances, a court may order the disclosure of my (or my child’s) private information.

Psychiatric, Psychological, Counseling & Therapy Communication with children:

I understand that my child needs to understand and trust that their communications during therapy will remain strictly confidential, in order to be able to disclose important feelings as freely as possible. I agree to allow my child to have privacy in his or her relationship with the therapist. It is my expectation that I will be made aware of my child’s general progress in therapy, but I understand that I will not be routinely informed of specific details of what is discussed in therapy. However, I do expect that the therapist will inform me of any serious health or safety issues of which my child may be at risk, with the understanding that this determination will be made by my therapist.

In case of an emergency:

Quittie Glen is an outpatient facility. The psychiatrists at Quittie Glen are accessible for urgent calls from their established patients. Non-psychiatric therapists at Quittie Glen provide phone instructions for urgent and emergent situations for their patients. Please call your doctor’s or therapist’s regular line and follow the prompts in place for urgent calls. Please use this procedure for truly urgent needs that cannot wait. Routine questions and concerns should be handled through your doctor’s or therapist’s regular line. Quittie Glen psychiatrists arrange for coverage with each other during planned absences. If you access the urgent line, you will receive a call back from the covering psychiatrist if your doctor is not available.

PLEASE NOTE: If the situation is an emergency and time is of the essence, call your county’s Crisis Intervention Team (surrounding county’s numbers are listed on the website) or call 911.

My signature below indicates that I have read, been advised of, and understand the above information and that I give informed consent for me (or my child) to receive services at Quittie Glen under these conditions. I also acknowledge that I have read and understand the HIPAA Pennsylvania Notice of Patient Privacy.

Patient Name (Please print)

Date

Patient Signature

For Children:

Parent or Legal Guardian’s Name (Please print)

Date

Parent or Legal Guardian’s Signature



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General Office Policy and Patient Responsibilities

Thank you for choosing Quittie Glen. It is our belief that establishing a written policy is mutually beneficial to all parties. It is our goal to avoid any miscommunication or concerns regarding office policies and financial matters so that we may focus our energies on providing excellent care to our patients. If you have any questions regarding any of the policies mentioned below, please feel free to speak with your provider or our office manager.

1. PAYMENT OF SERVICES: Payment in full is expected at the time services are rendered even when you will be submitting a claim for reimbursement. If the patient is a minor, the parent/legal guardian will be responsible for making arrangements for payment of services. Prior balances on your account must be paid in full within 60 days unless other arrangements are made **in advance** with the provider or office manager. In the case of services provided to patients under the age of 18, the parent, legal guardian or other court appointed representative who initiates the services for the minor will be responsible for payment at the time of service and/or missed appointments. We accept cash, check, money orders, and credit cards. There is a 1.5% service fee on any outstanding balance 30 days past.

2. MISSED OR LATE CANCELLED APPOINTMENTS: Please call our office during regular business hours to schedule, cancel or change appointments. You will be charged the full fee for any appointments missed or not cancelled/rescheduled within a full 24 hour notice. **You are welcome to request a reminder call for upcoming appointments from your provider.** Insurance companies will not reimburse for missed appointment fees. This fee is due and payable before your next appointment.

In the event you must cancel and cannot reach the office personnel, please leave a message on the office voice mail system which will date and time your call. **We do not routinely give reminder calls (see above). It is your responsibility to remember your appointment. You are welcome to call the office during regular business hours to confirm your appointment date and time.** We will make every effort to be in touch. However, it is **not** the responsibility of the staff to return a call back in time to avoid a missed appointment.

3. INSURANCE AND CLAIMS FILING: Quittie Glen Providers are considered fee for service. Services are covered by many insurance providers as an out of network benefit for mental health. Therapy is also often covered by employee benefit plans. Please contact your insurance company if you have any questions about what your reimbursement/co-pay/or deductible will be for "out of network" services.

We will provide you with a statement that includes all of the necessary diagnostic and procedure coding so that you may submit this expense to your insurance/benefit plan for reimbursement. An **Out of Network Worksheet** can be found on our website home page to better assist you if you wish to call your insurance company to find out more about your specific coverage.

4. PRESCRIPTION REQUESTS: Prescription request may take up to three (3) business days to be completed. Some medications can be called to the pharmacy. Please have available the pharmacy phone number. Controlled substances **MUST** be picked up during normal business hours. **Please refrain from using the providers' urgent line for prescription request unless the provider has state to do so.**

Prior Authorizations for medication are sometimes necessary. While we are willing to assist in this, it sometimes takes several days to complete this process. It may be necessary to purchase some medications while awaiting prior authorization and apply to your insurance company for reimbursement. Companies have their own guidelines about how often these prior authorizations are required. (over)

5. AFTER HOURS, URGENT CALLS AND CROSS COVERAGE: The psychiatrists at Quittie Glen are accessible for urgent calls from their established patients. Please call your doctor's regular line and following the prompts in place for urgent calls. Please use this procedure for truly urgent needs that cannot wait. Routine questions and concerns should be handled through your doctor's regular line. Quittie Glen psychiatrists arrange for coverage with by each other during planned absences. If you access the urgent line, you will receive a call back from the covering psychiatrist if your doctor is not available.

If the situation is an emergency and time is of the essence, always consider the option of calling your counties crisis intervention team (numbers can be found on our website or dial 911).

6. SERVICES PROVIDED TO MINORS: Quittie Glen clinicians provide comprehensive care to minors with parental permission. Quittie Glen clinicians will not provide care to minors unless both parents are in agreement with seeking care or the presenting parent or guardian provides legal documentation indicating that they have sole decision-making powers for medical care. Every effort is made to include parents and guardians in the treatment process. Confidentiality does apply to minors, and providers make every effort to respect and hold firm to this principle. Mental Health Law requires that minors 14 years of age and older must consent to release of their mental health records. There are times when, at the discretion of the clinician, immediate safety to patients or others necessitates that information regarding minors be shared with parents or guardians.

7. INCLEMENT WEATHER POLICY: The office does not follow the weather policies of any local school or community agencies. In the event of severe weather, please call the office to determine if the office is open. Generally, providers will call you if there is a need to cancel due to weather or a general message will be updated on the office phone line. The providers at Quittie Glen do not want anyone to travel in unsafe conditions to keep their appointments.

8. PATIENT RECORD, FORMS AND FINANCIAL STATEMENT FEES: The providers at Quittie Glen are happy to fill out forms needed for various purposes such as insurance claims, school forms, etc. There is not an extra charge for this service if done during your scheduled appointment time. If it is necessary to complete forms outside of the scheduled appointment time, there is an additional charge based upon the time involved. There is an extra charge of \$15.00 for additional billing statements other than the receipt you receive at the end of your session.

9. LEGAL APPEARANCES AND TESTIMONY: Should your provider be subpoenaed or requested to meet with an attorney, the provider will bill for the reports, court appearances, travel, or any other costs associated with the court appearances, phone calls or in person meetings with legal personnel. Each provider has their own individual fee schedule for these services.

10. COORDINATION OF CARE AND MEDICATION MANAGEMENT: The providers at Quittie Glen firmly believe in the importance of coordinated mental health care. The psychiatrists and therapists meet weekly to ensure this coordination to provide the highest quality of care. For this reason, therapy services and psychiatric services are coordinated primarily through Quittie Glen providers unless other arrangements have been made directly with your Quittie Glen provider.

11. EMAIL AND OTHER ELECTRONICALLY TRANSFERRED INFORMATION: If you prefer to contact your Quittie Glen provider via email, please note that while this may be a preferred method, it is not secured. Sensitive patient information is not securely protected when using this means of communication. Additionally, this manner of communication can often result in misunderstanding and be counter-productive to the therapeutic process. If you wish to use email to communicate with your provider, you will be required to document that you understand the risks involved. Email is best used for logistical purposes regarding scheduling or changing an appointment. Patient records will not be transmitted by this method.

By signing below I have read, understand and agree to the general policies and patient responsibilities established by Quittie Glen and providers.

Name: _____

Signature: _____

Date: _____

Relationship: _____



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Quittie Glen Patient Bill of Rights

The Patient's Bill of Rights

Every patient has the following basic rights:

1. The patient has the right to be treated with respect and dignity.
2. The patient must have the assurance that all patient information, including the content of therapy sessions and the written record of treatment, is considered confidential, and may not be shared with anyone without the patient's written permission, except in situations where disclosure is required by law or court order. These exceptional situations include 1) when the therapist believes the patient presents an imminent danger to self or others; 2) when there is reasonable suspicion of child or elder abuse or neglect; 3) when the patient is an impaired driver; and 4) when a judge orders the release of the patient's record or the testimony of the therapist as part of a legal proceeding. In these specific situations, the therapist will do what he or she can, within the limits of the law, to prevent the patient from harming self or others, and to ensure that the patient receives proper care.
3. The patient has the right to a complete and easily understood explanation of his or her condition and treatment.
4. The patient has the right to participate in decisions involving his or her treatment.
5. The patient has the right to be informed of the consequences of refusing treatment or not complying with prescribed treatment.
6. The patient has the right to participate or not to participate in scientific research.
7. The patient has the right to file a grievance should a dispute arise over treatment or claims.
8. The patient has the right to know all about the terms of therapy, such as its cost, method of payment, appointment times, privacy issues, and cancellation policies.
9. The patient has the right to have any therapy procedure or method explained to them before it is used.
10. The patient has the right to end therapy at any time. After the first one or two meetings, the therapist will assess whether he or she can help the patient meet the therapeutic goals. If the therapist believes that the patient's treatment needs would be better met by another mental health provider with particular skills or experience, the therapist will recommend another provider. If at any point during treatment, the therapist determines that he or she is not being effective in helping the patient reach therapeutic goals, he or she will discuss this with the patient, and if appropriate, terminate the treatment. In such a case, the therapist will make a recommendation for another provider who may be able to help the patient address therapeutic goals.

I have read and understand the above stated Rights and Responsibilities.

Name

Date



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LATE CANCELLATION/MISSED APPOINTMENT POLICY

Our late cancellation/missed appointment policy is intentionally somewhat at variance with that of other medical practices, in order to meet certain features quite unique to effective mental health treatment. We ask that you read it and consider it carefully to reduce the chance of misunderstandings that may hinder your progress in therapy.

We reserve a therapeutic appointment for each person(s) scheduling an appointment. Our income is based entirely on the hours we see patients. For every late cancellation or missed appointment, we would incur a loss of income for that time and would be unable to offer that time to someone who may be waiting, possibly in crisis. **The established appointment then is a social as well as an individual contract. Therefore, we expect that the appointment will be kept and reimbursed at the full rate, unless cancellation is made at least 24 hours in advance.**

Regardless of cause, your therapist requires a 24-hour notice on a cancellation in order to release you from your responsibility for that time scheduled. All messages left on voice mail are date and timed stamped. **You or the responsible party will be billed for late cancellations and missed appointments.** Please note that insurance companies do not reimburse for cancelled appointments.

If the initial evaluation appointment is missed or not cancelled within the 24 hour policy, you will be responsible for payment prior to another appointment being scheduled.

Please note that we do not call to remind patients of their upcoming appointment unless these arrangements have been agreed upon directly with your therapist. You are welcome to call the office during normal business hours to confirm an upcoming appointment. We will make every effort to be in touch. However, it is not the responsibility of the staff to return a call back in time to avoid a missed appointment.

If you have circumstances that may make it difficult for you to keep your appointments, please discuss this with your therapist.

Ultimately, your dedication to keeping your appointment is the single greatest driving force toward your recovery and wellness. Accepting this responsibility is therefore an indispensable part of your healing effort.

I/we agree to the above terms of the late cancellation/missed appointment policy of Quittie Glen clinicians and will make prompt payment on any charge I/we incur for a late cancellation or missed appointment. I fully understand the therapeutic and economic necessity of this policy.

Print Name

Date

Signature

PENNSYLVANIA NOTICE OF PATIENT PRIVACY

Notice of Policies and Practices of Quittie Glen to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MENTAL, PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Quittie Glen clinicians and support staff may *use* or *disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
- *Treatment* is when Quittie Glen provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your Quittie Glen therapist consults with another health care provider, such as your family physician or another therapist.
- *Payment* is when Quittie Glen discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of Quittie Glen. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Quittie Glen, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Quittie Glen, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosure Requiring Authorization

Quittie Glen clinicians and support staff may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is requested for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. A separate authorization is also required before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your provider has made about your conversations during a private, group, joint, or family counseling session, which, when these exist, are kept separate from the rest of your clinical record. These notes are given a greater degree of protection than other PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided such revocation is in writing. You may not revoke an authorization to the extent that (1) Quittie Glen has relied on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Quittie Glen and the mental health providers may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Quittie Glen or a provider has reasonable cause, on the basis of his/her professional judgment, to suspect abuse of children with whom the provider comes into contact in his/her professional capacity, or who are treated by another Quittie Glen provider, the provider is required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If Quittie Glen or a provider has reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), the provider may report such to the local agency which provides protective services.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services you received at Quittie Glen, or the records thereof, such information is privileged under state law, and Quittie Glen will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you present or express a serious threat or intent to kill or seriously injure an identified or readily identifiable person or group of people, and your provider determines that you are likely to carry out the threat, the provider must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- **Worker's Compensation:** If you file a worker's compensation claim, the provider will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

IV. Patient's Rights and Quittie Glen's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Quittie Glen clinicians and support staff is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at Quittie Glen. Upon your request you may have your information sent to another address.)
- *Right to Inspect and Copy*- You have the right to inspect or obtain a copy (or both) your PHI. However your therapist may deny your access to PHI under certain circumstances. In some cases, you may have this decision reviewed. Your therapist will discuss with you the detail of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist(s) may deny your request and you will need to discuss this with your therapist(s).
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your therapist(s) will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this Notice from Quittie Glen upon request, even if you have agreed to receive the Notice electronically.

Quittie Glen's Duties:

- Quittie Glen clinicians and support staff is required by law to maintain the privacy of PHI and to provide you with a Notice of its legal duties and privacy practices with respect to PHI.
- Quittie Glen reserves the right to change the privacy policies and practices described in this Notice. Unless Quittie Glen notifies you of such changes, however, it is required to abide by the terms currently in effect.
- If Quittie Glen revises its policies and procedures, it will provide clients with a revised notice.

V. Amendments to Privacy Notice

- If there is a breach of your confidentiality, then Quittie Glen must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless Quittie Glen can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.
- If you are self-pay, then you may restrict the information sent to insurance companies.
- Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned on this Privacy Notice.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision Quittie Glen makes about access to your records, or have other concerns about your privacy rights, you may contact Chris A. Day, Executive Operations Manager, at 717-867-8335 ext. 201.

If you believe that your privacy rights have been violated and wish to file a complaint with Quittie Glen, you may send your written complaint to Quittie Glen, Executive Operations Manager, 417 Reigert's Lane, Annville, PA 17003. (over)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The privacy officer listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Quittie Glen will not retaliate against you for exercising your right to file a complaint.

VII. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect September 3, 2015.

Restrictions to this policy: None.

Quittie Glen reserves the right to change the terms of this notice and to make the new notice provision effective for all PHI that it maintains. In such case, Quittie Glen will provide notice to active patients.

Signature of Patient or Authorized Patient Representative

Date



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ELECTRONIC PAYMENT AUTHORIZATION

All therapists accept checks, money orders and cash. Some therapists at Quittie Glen will accept Visa, MasterCard, Discover, and Debit. If you wish to make payment by credit card please complete the information below. By signing below you are authorizing the therapist who provided the services to process your credit card for payment.

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Please check those numbers at which we may leave a message.

Cardholder Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

By checking this box I am giving my consent to have only billing statements emailed to the above listed email address

Home Number: _____ Mobile Number _____

Please check those numbers at which we may leave a message.

Credit/Debit Card Information:

Credit Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____ (back of card)

Zip Code of the billing address of card being used: _____

Cardholder Signature

Date