



## **Patient Handbook**

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Greenbelt, Maryland 20770  
301-245-6300

3460 Olney Laytonsville Road, Suite 212  
Olney, Maryland 20832  
301-969-4060

1003 West 7<sup>th</sup> Street, Suite 200  
Frederick, Maryland 21701  
301-982-3437

Welcome to our practice. We're truly glad you're here. Reaching out for support can take courage, and we want you to know that you've taken an important first step. Our team is committed to creating a safe, compassionate, and respectful space where you can feel heard, understood, and supported. Whether you're seeking guidance, healing, or personal growth, we are honored to walk alongside you in your journey.

## **Non-Discrimination Policy**

The services and facilities of Lifespan Behavioral Health Services PC are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, age, sex, national origin, marital status, disability, sexual orientation, economic situation, religion, or political affiliation with service delivery.

## **Who We Are:**

Lifespan Behavioral Health Services PC (LSBH) is a multidisciplinary team of mental health professionals who have a wide variety of specialties.

## **What You Can Expect At Your First Visit:**

On the day of your first appointment, you would have already registered and completed all necessary forms. You might be asked if you paid any expected fees. If you come into one of our locations in person this might be done by one of the administrators or your provider. If you are being seen via Telehealth, your provider might ask you. You were asked to fill out a form allowing us to charge your credit card on file. If you consented to keeping a credit card on file, you can request your credit card be charged. You can also pay via our website [lsbhtherapy.com](http://lsbhtherapy.com). We accept all major credit cards and checks. If a check needs to be returned, there will be a \$35.00 processing fee assessed to your account.

Treatment begins with an evaluation. You already would have provided your Personal Health Information (PHI) that your provider will read and verify with you, if they have any questions. You will meet with a clinician, either in person or via Telehealth, who will ask you about problems for which you are seeking help. The clinician will determine the services you need and whether LSBH will be able to provide those services. If we are able to serve you, the clinician will use the information you have provided to develop a recommended plan of treatment tailored to meet your individual needs. The clinician doing your evaluation may continue as your provider; or will use their professional judgment to recommend another provider within our organization or outside of our organization for your needs.

## **Appointments**

We strive to offer appointment times that are convenient for you. Depending on your clinician's workflow, your next appointment may be scheduled directly with them, or you may be asked to stop by the front desk before leaving. For Telehealth visits, your provider will typically schedule your follow-up appointment with you during your session.

We understand that delays can happen—for both our clients and our clinicians. If you are running late, please know that our administrative team does not have access to your clinician's real-time schedule and cannot guarantee whether you will still be able to be seen. This decision is made by your clinician. While we do our best to answer calls promptly, our call volume can be high, so we encourage you not to rely solely on calling to notify us of a delay.

To help us continue providing care to all clients, accounts that are more than 120 days past due will have future appointments placed on hold until the balance is resolved. If you need assistance with your account, please reach out—our team is happy to help explore payment options.

## **Discharge Criteria:**

1. If you do not attend (no-show) or cancel late for the scheduled intake evaluation, you will not be eligible to begin therapy at the practice.
2. If you miss (no-shows) or cancel late for two consecutive appointments with your therapist or prescriber, they may proceed with discharge in accordance with their clinical judgment.
3. If you do not adhere to the patient's responsibilities which you will read more about later in the handbook you will be discharged.
4. If you do not adhere to the mandated policies that you acknowledged receipt of which includes: Confidentiality Policies, Intent/Consent to Treat Policies, Use of Seclusion or Restraint Policies, Use of Tobacco Policies, Illegal or Legal Substances Policy, and Prescription Medication Policy brought into the program, a discharge letter will be sent to your address on file alerting you to the fact you were discharged, and your chart will be flagged and made inactive.
5. If you have not participated in an appointment in 1 year.

We also understand life happens and you will need to cancel or reschedule your appointment. We request you contact the office two (2) full business days in advance when rescheduling or canceling to avoid a fee. Our business days are Monday through Friday. If your appointment is on a Monday, you must contact our office on Thursday during business hours to avoid a charge. If you cancel or reschedule less than 48 hours and/or two full business days, you will be charged and will not be able to see your provider until the fee is paid. If there is a holiday, the holiday does not count as a regular business day. The Prescriber Fee is \$95. The Therapist Fee is \$55. If you have Medical Assistance as your primary insurance, you will not be charged.

## **Discharge and/or Transition Procedures:**

Discharge planning starts when you start your treatment with your provider and create your treatment plan and goals. After you set your goals there will be an opportunity to assess your goals with your provider. Once your goals are achieved and /or if your goals are not able to be achieved your provider will either discharge you and/or transition you to a level of care that will aid you in achieving your goals. When you are discharged and/or transitioned, you will be part of the ongoing process in coordination of all phases of the process. If there is an unplanned transition and/or if you choose to discharge yourself, Lifespan Behavioral Health Services PC

(LSBH), will make every effort to contact you off ongoing services if desired. For every patient leaving services, a discharge summary will be made part of your medical record.

### **Contact In-between Appointments:**

We do understand contact in between appointments might be necessary. We offer contact in between appointments via e-mail and/or phone. Contact in between appointments will be an out-of-pocket expense to you. Any contact in between appointments which takes greater than 5 minutes may be charged at the discretion of your provider. The fees for E-mail will be \$25. The fee for a phone call is \$25 for every 10 minutes. 10-minute blocks are not pro-rated. If you have Medical Assistance as your primary insurance, you will not be charged.

### **What Kind of Treatment Might be Recommended?**

**Individual Therapy:** Also known as "psychotherapy" or "talk therapy," individual therapy is a form of treatment in which the patient meets on a one-on-one basis with a trained mental health professional in a safe, non-judgmental environment. It is time-limited, focused, and usually occurs once a week for 45-60 minutes per session. Therapy can address a wide range of mental health issues such as depression, anxiety, and grief, but can also be used for coping with life stressors, such as academic challenges, life/career transitions, relationship challenges and internal struggles regarding your sense of self and identity.

**Family or Couples Therapy:** Family therapy is a form of psychotherapy that seeks to reduce distress and conflict by improving the systems of interactions between family members. This type of treatment is also useful in helping the family adjust to a member who is struggling with a medical issue, addiction, as well as teaching coping strategies with the new reality of a new baby or couple's separation.

**Medications:** Often a person's problem involves chemical imbalances. For example, some types of depression are related to the way brain chemistry affects mood. In such instances, taking a specially prescribed medication may be very helpful.

**Trans-Cranial Magnetic Stimulation (TMS):** TMS is an office-based treatment used for various mental health conditions as an alternative to medications, or to help you reduce the need for medications.

**Urine Drug Screens:** Some patient's conditions are due to the use of drugs and alcohol in whole or in part. Because we treat each patient's struggles in whole or in part to achieve success, you will be asked to submit a random urine drug screen if substances are suspected. If you are prescribed controlled substances and over the age of 16, expect to be asked to submit to a urine drug screen. The charge for a urine drug screen will be \$25. Most commercial insurances will not reimburse for these screens and it is your responsibility at the time of service to pay the \$25 fee. If you have Medical Assistance you will not be responsible to pay, and your insurance will be billed. Refusal to submit to a urine drug screen is your right. We reserve the right to not prescribe controlled substances to you if you refuse. You will be provided a copy of our urine drug screen policy and this handbook, and expected to sign the policy acknowledging consent to obtain a urine drug screen, even if your original presentation does not disclose substances. Refusal to sign the policy does not mean your clinician will not request you to submit to a urine

drug screen. A signed urine drug screen policy must be completed in order to receive a prescription for controlled substances.

Blood Work/ Consultants: Depending on your medications and co-morbidities you will be asked to obtain blood work prior to or during your treatment. You may also be asked to obtain an electrocardiogram or cardiac work up prior to starting treatment, or imaging of your brain to seek consultation with a neurologist, or to obtain a physical exam prior to or during your treatment.

We ask that you complete and sign a Release of Information (ROI) form at the time of your first visit from your primary medical doctor and any medical providers you are seeing or have seen. This includes any hospitalizations, partial programs or intensive outpatient programs you may have attended

Other Means of Treatment: Treatment is not just what you do in the therapist's office. It may be suggested that you undertake outside activities such as reading, journal keeping, attending self-help groups, nutrition, exercise, talking to a dietician, practicing desirable new behaviors, etc.

## **What Kinds of Clinicians Are There?**

Psychiatrist (MD or DO): This is someone who has graduated from medical school and has completed residency training in psychiatry. MD stands for medical doctor. DO stands for Doctor of Osteopathy. Most of our psychiatrists completed post-residency training known as fellowship and are double Board Certified in Child, Adolescent and Adult Psychiatry.

Physician Assistants (PA's): This is someone who has graduated from a master's level approved program who practice medicine on a team with other physicians and health care providers. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own with oversight from an MD or DO.

Psychiatric Mental Health Nurse Practitioner (PMHNP): This is someone who has graduated from a master's level approved program or doctoral level program. They practiced as a registered nurse in various fields before deciding to go on for a higher level of education. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own.

Psychologist (Ph.D. or Psy.D.): Someone who has graduated from a doctoral program in psychology and completed an approved internship.

Therapist/Social Worker (LCSW-C or LCPC): A person who has graduated from a master's level program in social work or counseling and has completed a period of postgraduate supervision.

Therapist/Social Worker (LMSW or LGPC): Same as LCSW-C and LCPC, but has not completed all their post-graduate supervision; works under the supervision of an LCSW-C or LCPC. You do not need to be an LCSW-C or LCPC to be an effective therapist. There are professionals who have worked many years but chose not to go on to obtain their LCSW-C or LCPC.

## **How Do You Get the Most from Your Treatment?**

**Attend Scheduled Appointments:** It is necessary to be present to receive the treatment if you want it to be effective.

**Speak Honestly:** You are not there to please the therapist; you are there to identify your problems and to work on them. Therefore, in order to receive the greatest benefit from treatment you need to be very open and honest in talking about your feelings, thoughts and your behavior, even if you view it as “bad” or “shameful.”

**Risk Trying Things the Clinician Suggests:** Often treatment involves some proposed changes. For example, suggestions could include speaking up and being more assertive, listening more, being less aggressive, getting a physical exam or a blood test, completing homework assignments, etc. Also, therapy usually involves suggested alternatives in how you think about yourself and the world. Change is difficult. By seeking help, you are indicating that some changes might be useful to you. Talk with your therapist if you are having difficulty pushing yourself to replace old behaviors with new ones.

**Medications and Compliance:** Medication might be part of your treatment. It is a collaborative experience in which your clinician will discuss options and you are expected to ask questions. Such questions might be: What side effects can I expect? Will I gain weight? Will there be problems long term to my body? We do our best to prescribe effective and affordable medications. It is up to you to bring your formulary to your appointment or find out if the medication being prescribed is affordable to you by contacting either your insurance company or pharmacy. If you do not want medications, you have the right to reject the recommendation without concern of having your care terminated. If you are non-compliant it is your responsibility to alert your clinician if you are stopping your medication and to let them know why you are stopping. By collaborating with your clinician, your clinician can support you and help you find alternative treatments of your liking. If you do not collaborate with your clinician, your clinician has the right to discharge you for non-compliance.

### **Managed Care:**

Most health insurance coverage today is “managed”. Some of the organizations providing managed care are Magellan, Value Behavioral Health, Optimum Choice, United Behavioral Health, Cigna Behavioral Health, plus many others. These and similar organizations usually require that services to their subscribers be authorized in advance. It is your responsibility to track your authorized visits and to notify your therapist in advance if further authorizations are needed, although we do our best to keep track of them via our billing department. Any services provided to you without authorizations will be your financial responsibility. Managed care organizations require therapists to provide their Utilization Review Committees with reports containing diagnostic, symptomatic, and treatment plan information before authorizing continued benefits.

Some managed care organizations or HMOs have their own network of providers. If our providers are not paneled with your HMO, we will not be able to provide services to you

except on a self-pay basis.

Our self-pay rates are as follows:

Physician: Initial Evaluation \$300; Follow-Up session: \$150

Physician Assistant: Initial Evaluation \$300; Follow-Up session: \$150

Nurse Practitioner: Initial Evaluation \$300; Follow-Up session: \$150

Therapist: Initial Evaluation \$180/ hour session; \$150/ 45-minute session

## **Billing**

A lot of the “behind the scene” work is performed by our partnership with IOU Billing. IOU Billing is based out of New York and is owned by our Practice Manager, Carolyn Reidy. IOU Billing can be reached at 1-800-819-7570 or via their website at [ioubilling.com](http://ioubilling.com).

You can meet our entire team prior to your first visit by visiting our website. [lsbhtherapy.com](http://lsbhtherapy.com).

## **Length of Treatment:**

No one can accurately predict how long it will take to meet your treatment goals. Your insurance benefits may help determine the length of treatment by authorizing a certain number of sessions. Additional sessions may be an out of cost expense to you. It is best to define with your therapist or prescriber focused short term goals and plan a short course of therapy/ treatments targeted to those goals.

## **Access to After- Hour Services and/or Emergencies:**

If you experience an emergency situation in which you or a loved one is/are at risk of harm to self or others, either physically or mentally, you must contact 911 or go to your nearest emergency room. For Prince George’s County residents, you may also contact the Crisis Response System at 301-927-4500. For Montgomery County residents, you may also contact the Crisis Center 24/7 at (240) 777-4000. For Frederick County residents, you may also contact the Mental Health Association-24 Hour Call Center 301-662-2255 or 866-411-6803.

If you are in another area, you can contact the Suicide Prevention Lifeline at 1-800-SUICIDE or 1-800-273-TALK.

Please speak to your provider directly about the best way to reach them after-hours for non emergent situations.

## **Inclement Weather:**

We will post inclement weather on our website, via e-mail blast, via text message blasts and will record a voice message on our phone system to alert you. These decisions are made by management and at times are done at the last moment to avoid disruption of patient care. Please

call our offices the next business day to reschedule your appointment. You will not be assessed a missed appointment fee for inclement weather.

### **Patient Rights and Responsibilities:**

As a patient of Lifespan Behavioral Health Services PC, you have the right to:

- Be treated in a courteous and dignified manner.
- Be met on time for your appointment or told of any time changes as early as possible. •  
Take part in planning your treatment and setting your treatment goals.
- Receive appropriate treatment regardless of your sex, race, age, religion, national origin, disability, or how you choose to pay for care.
- Know your progress in treatment, either through talking with your therapist, or in some cases, reviewing your chart with your therapist.
- Have your questions about your therapy answered.
- Discuss your medication with your doctor. This includes how the medicine works, how it makes you feel, side effects, or any need for medication changes. • Find out in advance how much money you will be charged for treatment. • Know the names and professions of people treating you.
- Have your treatment records and conversations with your therapist held in the utmost privacy and confidentiality provided by law.
- Decide if you do not want to continue with treatment.
- Not be subjected to physical, mental, verbal or sexual abuse.
- Know that parents and legal guardians are responsible for children 16 years and under. All procedures regarding patient rights and confidentiality apply to them.
- Have a response within five (5) working days to any complaint that you may have.
- Refuse to participate in intrusive research or to be photographed by an employee, visitor or other patient.
- Receive an understandable explanation of these rights at any reasonable time.
- File a grievance if you believe that any of these rights have been violated, using the Grievance Procedures you have been given.
- Refuse medication.

As a patient of Lifespan Behavioral Health Services PC, you have the responsibility to:

- Work with your clinician to plan your treatment and decide on the goals of your treatment.
- Work to accomplish your treatment goals. This includes taking medication as prescribed.
- Be honest with your clinician(s) in discussing anything related to your problems.
- Tell your therapist and Psychiatrist how your medication(s) make you feel. Tell them about the side effects
- Let staff know if you need language assisted services in your preferred language.
- Give correct information to the staff about your family income, your employment and your health insurance coverage. Immediately tell the administrative staff whenever there is a change in any of these.
- Pay your fees at the time of your visit. Discuss any problems with your fees with the administrative staff.
- Keep your appointment and be on time since your appointment time is set-aside for you. If you are late, the time available for your session will be shortened. If you are more than 15 minutes late, your therapist or doctor may not be able to see you at all. If you know that you will be delayed or that you will not be able to keep your appointment, please call. You may be charged for any sessions that you miss without giving a 48-hour notice
- Let your clinician know if you are not doing well or if you are feeling worse.
- Talk with your clinician if you are thinking about stopping your treatment. You may be ready to handle things on your own, or you may be facing a difficult spot in treatment and need some additional help dealing with it.
- Treating all LSBH's affiliations, staff, vendors, property and procedures with respect and safety at all times.

### **Requirements for Reporting and/or Follow-up for the Mandated Patient**

Lifespan Behavioral Health Services PC (LSBH) does not mandate treatment nor can LSBH enforce compliance to attend treatment. We believe all treatment should be internally motivated by the patient and for the patient. There are times patients will be mandated to treatment due to their legal circumstances or agreements made by outside agencies / circumstances. If you are mandated to treatment, LSBH is obligated to let the entity enforcing the mandated treatment aware of your compliance, progress, discharge (and reasons why) as well as any other information you agreed to consent with that entity prior to services at LSBH. LSBH will protect your privacy by requesting any consents you signed and will let you know of the disclosure prior to speaking to the entity that mandated treatment.

### **Response to Identification of Potential Risk to the Patient:**

Lifespan Behavioral Health Services PC (LSBH) and their providers have ethical standards that we must adhere to as part of our individual licensing board requirements. Part of those standards is to perform risk assessments on our patients. Your provider might ask if you are

feeling suicidal or engaging in self injurious behavior. Self-injurious behavior is not only engaging in physical harm. It can be through not taking care of your medical conditions such as intently allowing your blood sugar to be high if you are a diabetic or depriving yourself of nourishment that can negatively impact you. Your provider might ask you if you are homicidal or have intent to harm another person/animal or property. You are here and we are here for you to get better, you and your provider are an honest team that works together. If your provider assesses that you might be unsafe, they will discuss with you alternative levels of care to help you. Sometimes this might mean that we request to call your support system to alert them so they can be there for you as you work through your struggle with your provider. Other times it might mean that your provider asks for you to enroll in a program that can help you or voluntarily admit yourself to the hospital. If your provider assesses imminent danger, they can also file an emergency petition. LSBH providers pride themselves on the integrity of the therapeutic relationship and the trust between the patient and the provider; therefore, an emergency petition is rarely done. An emergency petition is a legal document that can be filed by a healthcare provider or law enforcement agent that allows emergency services to take you to an emergency room for assessment, regardless of your consent to treatment or not. As an adult, during your treatment, there might be circumstances that present where you disclose that you were sexually abused as a child/adolescent under the age of 18 years old. Your provider is mandated to report the abuse, even if your abuser is no longer living to the proper authorities if you disclose the name and address of your abuser.

If you are a child, adolescent, compromised adult (such as someone with a intellectual disabilities reliant on others for care) or over the age of 65 (reliant on others for care) and there is disclosure of physical, emotional, sexual, medical or financial abuse, your provider is obligated to report the abuse to the proper authorities.

If your provider assesses that letting you know of the need to report can cause more harm to you, your provider will make a clinical decision to tell you they reported after the report is done and they know of the treatment plan with the proper authority.

### **Seclusion and Restraints:**

Lifespan Behavioral Health Services PC does not participate in seclusions or restraints.

In the event that a patient or visitor becomes disruptive, the Office Manager or his/her designee shall be informed immediately of a visitor or patient who becomes loud and disruptive, makes a threat, or is believed to pose a potential danger to himself or others. Once a concern for a patient or visitor is validated, the Office Manager or his/her designee will alert a therapist/prescriber, preferably known to the individual. LSBH staff will address the situation using a motivational approach. The approach upholds four principles - expressing empathy and avoiding arguing, developing discretion, rolling with resistance, supporting self-efficacy (patient's belief he/she can successfully make a change), and self-care. Another LSBH staff will monitor the situation and when deemed necessary contact the police and/or escort other patients, visitors, or personnel to a safe area.

In the event that a patient becomes violent or other threatening situations arise (such as but are not limited to) assault, threat to harm, hostage situations, or the presence of weapons including firearms or explosives, the police should be notified immediately. The Office Manager or his/her designee shall provide direction to personnel, patients, and visitors, and when possible, evacuate the area.

### **No Surprise Act- Informing Participants of Payment**

LSBH will adhere to the No Surprise Act, which requires the following:

1. A good faith estimate will be given if the participant or responsible party asks for one, or when you schedule an item or service. It will include expected charges for the primary item or service, and any other items or services provided as part of the same scheduled experience.

## **Grievance Procedures**

### **Grievance Procedures Concerning Your Bill:**

#### **STEP 1**

If patients or family members have grievances or complaints concerning their bill, they are first directed to discuss it with their provider. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to their provider, we request you speak to our billing team at IOU Billing 1-800-819-7570

#### **STEP 2**

If discussion with our billing team does not resolve the issue, the patient/family is then directed to voice the grievance to our Practice Manager, Carolyn Reidy. She is the owner and operator of our Billing Company, IOU Billing. She can be reached at 1-800-819-7570 or [carolynreidy@lsbhtherapy.com](mailto:carolynreidy@lsbhtherapy.com). This request must be in writing and should include the patient name, date of complaint, the nature of the complaint and steps that have been taken to resolve the problem.. You have the right to have a written response within fourteen (14) working days of receipt of the request.

#### **STEP 3**

If the above steps do not resolve the problem, the patient or family may appeal to the Medical Director of Lifespan Behavioral Health Services PC, Joshua Sussal MD, using the same written format as previously described. Dr. Sussal will review the problem, meet with the patient, if needed, and prepare a written response within fourteen (14) working days. After Dr. Sussal reviews the case and documents his opinion concerning the situation(s), one copy of the response will be given to the patient or family, with additional copies given to Ms. Reidy and the provider.

### **Grievance Procedures Concerning Non-Clinical Staff:**

#### **STEP 1**

If patients or family members have grievances or complaints concerning their interactions with non-clinical staff also known as “admin”, they must first obtain the name of the person they

have a grievance with and speak to the Office Manager of Lifespan Behavioral Health Services, Tiffany Harris. She can be reached at [tiffanyharris@lsbhtherapy.com](mailto:tiffanyharris@lsbhtherapy.com). If issues cannot be resolved to their satisfaction at this level the next step may be taken.

## **STEP 2**

If discussion with the Office Manager does not resolve the issue, the patient/family may appeal to the Quality Assurance Director of Lifespan Behavioral Health Services, Amy Hedderman. She can be reached at [amyhedderman@lsbhtherapy.com](mailto:amyhedderman@lsbhtherapy.com). This request must be in writing and should include the patient name, date of complaint, the name of the staff member, the nature of the complaint and steps that have been taken to resolve the problem. Patients have the right to a written response within fourteen(14) working days of receipt of the request.

## Grievance Procedures Regarding Treatment

### **STEP 1**

If patients or family members have grievances or complaints concerning their treatment, they are first directed to discuss it with their provider. They have the right to be seen within fourteen (14) working days. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the provider for whatever reason, the next step may be taken.

### **STEP 2**

If the above step does not resolve the problem, for complaints concerning a therapist, the patient or family may appeal to the Clinical Director of Lifespan Behavioral Health Services, Amy Zawatsky. She can be reached at [amyzawatsky@lsbhtherapy.com](mailto:amyzawatsky@lsbhtherapy.com). For complaints involving prescribers, appeals should be made to the Medical Director, Joshua Sussal. He can be reached at [joshuasussal@lsbhtherapy.com](mailto:joshuasussal@lsbhtherapy.com). This request must be in writing and should include the patient name, date of complaint, the name of the staff member, the nature of the complaint and steps that have been taken to resolve the problem. Patients have the right to be or have a written response within fourteen (14) working days of receipt of the request.

### **STEP 3**

Medical Assistance: If the above steps do not resolve the problem, the patient or family may appeal to their Core Service Agency for their county.

<https://bha.health.maryland.gov/Pages/Core-Service-Agencies-Resources.aspx>

Self Pay: If the patient is a self-pay patient, they can inquire guidance through the Maryland Attorney's General Office. Their phone number is: 410-528-1840 and their website is:

<http://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.

Private Insurance: If the patient uses private insurance, they can contact their insurance company.

Receipt Acknowledgement of Lifespan Behavioral Health Service PC patient Handbook and Mandated Policies to Review:

I acknowledge that I have received the LSBH Patient Handbook, Confidentiality Policies, Intent / Consent to Treat Policies, Use of Seclusion or Restraint Policies, Use of Tobacco Policies, Illegal Drugs, Legal Drugs, Prescription Medication and Weapons Policy.

Printed Name of Patient / patient \_\_\_\_\_

Signature of Patient / patient \_\_\_\_\_ Date:

\_\_\_\_\_

Printed Name of Legal Guardian (for minors) \_\_\_\_\_

Signature of Legal Guardian (for minors) \_\_\_\_\_

Date: \_\_\_\_\_