

EVANSVILLE PSYCHIATRIC ASSOCIATES*Complete Outpatient Mental Health Care*2015 Maxwell Avenue
Evansville, Indiana 47711
(812) 422-7974www.evansvillepsychiatric.com**PATIENTS' RIGHTS AND RESPONSIBILITIES STATEMENT /
AUTHORIZATION FOR TREATMENT**

Patient Name: _____ Date: _____

Statement of Patients' Rights:

- All patients have the right and can expect to be treated with dignity and respect.
- All patients have the right and can expect fair treatment. This is regardless of their race, religion, gender, ethnicity, age, abilities/disabilities, sexual identity, or source of payment.
- All patients have the right and can expect their records and personal information kept private and confidential, except in very specific cases of emergency or those required by law:
 1. When the information is absolutely necessary to protect you or someone else from immediate harm.
 2. When child abuse is known or suspected.
 3. When required by a judge's order in legal proceedings for psychiatric emergencies.
 4. To correctional institutions, law enforcement officials if you are involved in a criminal proceeding or for national security or intelligence purposes. Opposing counsel may have some limited access to your treatment records.
 5. When otherwise required by law, such as in government mandated reporting of communicable diseases.
- Only in an emergency or required by law as chronicled above, can your records be released without your permission. (See also *Privacy Practices* and *Authorization for Use and Disclosure of Protected Health Information*.)
- Patients have the right to have information from staff or clinicians in a language they can understand.
- Patients have a right to an easy to understand explanation of their condition and treatment.
- Patients have a right to know about their treatment choices, regardless of cost of coverage.
- Patients have a right to know about their individual insurance and third party service involvement and we require you to contact them about your coverage and visit stipulations. Patients have a right to file complaints, appeals and grievances with the clinic, their individual insurance and managed care companies.
- Patients have the right to information about their clinicians. This information is available both on our website and by pamphlet. Care is provided within the scope of the provider's license, certification and training or within that of the clinician who is supervising the clinician providing services to the patient.
- Patients have a right to know about State and Federal laws that relate to their rights and responsibilities.
- Patients have a right to know of their rights and responsibilities in the treatment process.
- Patients have the right to share in deciding their plan of care and are encouraged to do so.

Statement of Patient Responsibilities:

- Patients have the responsibility to provide their clinicians with the complete information that they need.
- Patients are responsible to honestly inform their clinicians about their progress and when the treatment plan is no longer working for them.
- Patients have the responsibility to follow their medication plan exactly as prescribed. Patients must tell their clinicians about any medication changes, including illegal substances or any medicines given to them by other providers.
- Patients have the responsibility to treat the staff and clinicians of Evansville Psychiatric Associates with dignity and respect.
- Patients are responsible to not make statements or take actions that could harm the lives of the staff and clinicians of Evansville Psychiatric Associates or other patients of this clinic.
- Patients have the responsibility to keep their appointments. Patients are responsible to call the office as soon as possible if they need to cancel or reschedule visits. (See also *Missed Appointment Policy*.)
- Patients have the responsibility to ask their clinicians questions about their care. Patients need to understand their role in that care and are encouraged to be their own best advocate. Patients have the responsibility to ask the staff and clinicians questions and tell the staff when there is something they do not understand.
- Patients have the responsibility to inform the clinic about any problems with paying fees. (See also *Agreement to Pay / Authorization for Insurance Payment*.)
- Patients have the responsibility to follow the plans and instructions given to them concerning their care. Care is to be agreed upon by the patient and clinicians.
- Patients have the ongoing responsibility to keep the staff of Evansville Psychiatric Associates informed immediately of all phone, address, financial or insurance coverage changes.
- Patients have the responsibility to read and sign all documents required of them before our clinicians can provide care. Some of these documents are our own, used for patient identification and treatment decisions while many are required for payment by the patient's insurance or third party administrator, the State of Indiana or the Federal Government.

I have read and understand my Patient Rights and Responsibilities Statement. I hereby authorize my clinicians to evaluate and treat me. I understand that breach of these Rights and Responsibilities may result in termination of treatment services from clinicians in this facility.

Patient Name: (Printed) _____

Signature of Patient / Parent / Guardian / Legal Representative

Date

Witness Signature

Date