

Informed Consent to Treat

Patient Name: _____ Year Born: _____

Parent's Name if patient is under the age of 17: _____

Patient's Legal Guardian's Name, if applicable: _____

Consent to Treatment

I acknowledge that I give my full consent to be evaluated and treated and do hereby seek and consent to take part in QCI's treatment programs. I am aware that I might be asked to discuss personal aspects of my life that might be distressing to me, and I am also aware that I have the right to discuss only those topics that I am comfortable discussing. I agree to work with QCI staff to develop and regularly review a treatment plan. I understand that no promises have been made to me as to the results of treatment.

Confidentiality

QCI is obligated to protect your personal information. QCI staff is not allowed to share or disclose any of your personal information without your consent. However, there are some limits of confidentiality; if you are deemed in danger to yourself or others; QCI staff is obligated to take reasonable steps to help ensure safety. If your records are subpoenaed by a Court or legal authority, QCI might need to comply with the order from the court. Please note, licensed providers are mandated reporters of abuse and neglect to the respective authorities. In the event you are admitted to a hospital or detained by legal authorities, you allow QCI to release information related to helping ensure the continuity of your care. Please note that your treatment team and providers will communicate regarding your care to provide holistic and continuous care. All team members and providers will have access to your records in an effort to further ease of collaboration and increase effectiveness and expediency of treatment.

Use of Information

(Use of Information) In order to best serve your needs, QCI keeps records of your Protected Health Information (PHI). Your records are used to help treat you, obtain payment for your services, and to ensure compliance with monitoring agencies. Your providers will document information deemed pertinent to your treatment. To obtain payment for your services, QCI staff might use and disclose some PHI to the Maryland Department of Health, the Local Behavioral Health Authority, Optum Maryland, Medicaid, Medicare, or to any other agency or insurance company needed to process our billing claims for your services.

QCI Behavioral Health, LLC
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Washington County
201 North Burhans Boulevard
Hagerstown, MD 21740
301-791-2660
Fax 301-791-5032



QCI Behavioral Health
for a better life...

The Local Behavioral Health Authority and the Behavioral Health Administration may periodically audit charts to ensure to ensure QCI is in compliance with State regulations. Your chart may be selected to review.

CARF International, an independent accreditor of health and human services may periodically survey QCI Behavioral Health's services. Your chart may be selected to review.

By signing below, I, acknowledge, and agree to the terms and information listed above.

Signature of Patient

Date

Patient/Parent/Guardian Signature

Date

04 01 2021

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