



QCI Behavioral Health

for a better life...

info@qcihealth.com

Prince George's County: 301-636-6504

Southern Maryland: 240-427-3554

Hagerstown, Maryland: 301-791-2660 (Affiliated Agency)

Policy Receipt

By signing below, I, _____ acknowledge that I have been provided the following documents for review.

1. Notice of privacy practices
2. Patients Rights
3. Grievance Procedures
4. Discharge/Transfer Procedures
5. Emergency Procedures
6. Outpatient Financial Agreement
7. Maryland Department of Health publication *Advance Directive for Mental Health Treatment*

Consent to Treatment

By signing below, 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.

My signature below reflects my understanding and agreement with the statements above.

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.



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By signing below, I, _____ acknowledge that I understand and accept the limits of confidentiality.

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 our monitoring agencies. Your treating staff might record in writing statements that you make, symptoms you describe, medications you are on, and any information deemed pertinent to your treatment. To obtain payment for your services, staff might use and disclose your PHI to the State of Maryland's DHMH, CSA of Prince George's, Charles, Calvert, or St. Mary's County, the State's ASO, Beacon Health/Value Options, Medicaid, Medicare, or to any other agency needed to process our billing claims for your services. The Core Service Agency and the Mental Health Administration periodically audit charts to ensure to ensure QCI is in compliance with State regulations. Your chart may be selected to review.

By signing below, I, _____ agree and consent to the use of my PHI as described above.

By signing below, I, _____ acknowledge, and agree to the terms and information listed above regarding Policy Receipt, Consent to Treatment, Confidentiality, and Use of Information.

Signature of Patient (or person acting on behalf of the patient)

Date

Print Name

Relationship to Patient

01 28 2018