



Patient Rights and Responsibilities

As a patient at Kramer Psychiatric Services, you have the right to privacy and confidentiality regarding your health care. Thank you for giving us the opportunity to best serve your needs and allowing us to provide your mental health services.

As a patient, you have the following rights:

- 1) **The Right to Privacy and Confidentiality:** All records and communication regarding your health information will be kept secure and confidential in compliance with state and federal laws. Under state and federal law, there may times when confidentiality may have to be broken and health information disclosed to certain parties. This includes cases in which someone is a danger to themselves or others, is involved in domestic violence, or there is suspicion of abuse or neglect. We may also be mandated to report your health information by court order or when it is necessary to prevent or lessen an imminent threat to the health or safety of a person or the public. With your authorization, we may also disclose your health information to an insurance company for payment of services. This may include submitting diagnoses which describe mental health disorders that you may meet the criteria for under the DSM-V/ICD10. This information may be accessed via paper claims or electronic claims that are submitted directly to your insurance company or stored in an electronic system that other insurance companies may access when we apply for a certain insurance panel. If you do not wish to release this information, you must then pay cash for services rendered.
- 2) **The Right to Medical Records:** You may request a copy of your medical records pertaining to your treatment. A reasonable copy fee may be applied.
- 3) **The Right to Account Information:** You may request an accounting of certain disclosures that are made of your health information. A reasonable fee may be applied.
- 4) **The Right to Clear Instructions and Up-to-date Information:** We will make it a priority to clearly explain your diagnosis, prognosis, treatment options, the risks and benefits of treatment, the nature and purpose of certain tests and procedures, prescribed therapy and/or medications, the need for follow-up visits, the need for other mental health or medical professionals as referrals, and any additional measures to achieve desired outcomes for you.
- 5) **The Right to Accept or Refuse Treatment Recommendations.**
- 6) **The Right to Seek Additional Professional Opinions.**
- 7) **The Right to a Safe Environment.**
- 8) **The Right to Professionalism and Courtesy.**
- 9) **The Right to Continuation of care -** Please note that we will refer you to another practicing mental health provider, mental health clinic/hospital, or emergency service(s) in the event that a provider at Kramer Psychiatric Services is not available or able to treat you.

As a patient, you have the following responsibilities:

- 1) Contact your treatment provider for any serious situation that arises regarding your mental health.
- 2) Provide correct and complete information about your health.
- 3) Follow the treatment plan to achieve your treatment goals.
- 4) Advise your treatment provider of any changes in your health condition.
- 5) Be respectful of the rights of other patients and building/office personnel.
- 6) Arrive for your scheduled appointment on time and notify the office if you are unable to make your appointment.
- 7) Meet the financial obligations for your care.

***** By signing below, you acknowledge that you have read, understood, and agreed with the above policies and information. *****

Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____