



BHFS Medical & Behavioral Services

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Consent to Treat

This is a brief outline of both your rights and responsibilities while you receive services at BHFS Medical & Behavioral Services. It will help you better understand the need for cooperation between yourself, your doctor, therapist, and/or other care provider. You have certain rights that must be respected. The health care providers/therapist/staff also have rights and it is only through a mutual understanding of both sets of needs that you can receive the most effective health care. We promote that understanding through the following information.

As a client, you have the right:

- To receive prompt evaluation, care, and treatment regardless of your race, gender, sexual orientation, ethnicity, disability, religion, age and to be treated with dignity and addressed in a respectful and age-appropriate manner.
- To receive medical and/or psychiatric treatment that is within the accepted standards of medical practice and to an explanation of the risks, effects, and benefits of all medications and treatment provided.
- To refuse specific medications or treatment procedures to the extent permitted by law.
- To participate in the planning of your care, including discharge planning and follow up care.
- To have your records kept confidential to the extent permitted by law and to know where and to whom your records have been disclosed. I understand that BHFS Medical & Behavioral Services participates in a Health Information Exchange (HIE). HIE is an electronic method used to share medical information about your care with other healthcare providers who have an established treatment relationship with you. We may use or disclose your information with other providers, and we may access your information from other providers through HIE.

As a client, you have the responsibility:

- To take time to read, understand and sign our forms necessary for treatment.
- To give complete and accurate information to the professional staff
- To discuss and ask questions regarding any aspects of treatment, which are unclear.
- To keep scheduled appointments, cancel only when absolutely necessary, and try to give at least 24 hours' notice.
- To understand that the health care services I receive at BHFS Medical & Behavioral Services has a financial cost, and it is my responsibility to make sure my insurance and payment information I provide is accurate and up to date. **I accept financial responsibility for any and all services I receive at BHFS Medical & Behavioral Services.**
- To respect other clients and staff and their right to privacy and dignity. Support the efforts of staff to keep the facilities clean and attractive.

BHFS Medical & Behavioral Services has the following rights and responsibilities:

- If we have a reasonable cause to know or suspect that a child is subjected to abuse or neglect, we will report this to the appropriate authorities.
- If we have a reasonable cause to believe that an at-risk adult has been mistreated, self-neglected or financially exploited and is at imminent risk, we will report this to the appropriate authorities.
- If you are involved in a court proceeding and a request has been made for your information regarding medical history to be released, we will not release your records without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party.
- We are required by law to maintain the privacy of PHI.
- We reserve the right to change our policies at any given time.

I certify that I have read and fully understand the above statements and consent fully and voluntarily.

Patient(s) Printed Name: _____

Signature (parent/guardian if patient is a minor): _____

Relationship to patient: _____

Date: _____