

Palmetto Behavioral Health Solutions

Patient Responsibilities

PLEASE READ

Following Instructions

It is important to follow the plan of care that you and your provider have developed. You should feel free however, to express any concerns you may have about your ability to follow the plan. We will make every effort to adapt the plan to your needs. If the change is not clinically appropriate, we will explain why. We will also explain the consequences if you are unable to follow through with the plan of care.

Ask Questions

If there is anything at all regarding your treatment that you do not understand, please ask questions.

Provide Complete and Accurate Information

You will be asked to complete a new registration and consent for treatment once per year. If you have any changes during the year, please let us know. It is imperative that we have the most current information on file for you. While you are in treatment, your information and/or condition may change. We must be made aware of these changes in order to provide you the best possible care.

Be Respectful

Show respect to Staff and other clients as well as the property of our clinic and other clients at all times.

Financial Policy

Please make sure you have read and understand our financial policy as it pertains to your patient liability.

Prescription Policy

We require a 72 hour (3 business days) notice for prescriptions to be picked up or called in to the pharmacy. If you will be running out of medication before you are able to be seen for an appointment, you must give our office a 72 hour notice. Your physician is likely not scheduled in this office every day of the week. Therefore we require this notice to ensure that there is adequate time for the prescription to be written or called in to your pharmacy.

When calling for your prescription, you must provide your name, the specific name of the medicine, the dosage, and a number for you to be reached should there be a problem in filling the request. If to be called in, you must provide the name and number of the pharmacy.

We DO NOT call to inform you when this request has been completed. When we receive the message, it is immediately given to the provider.

Reminder Calls

We make every attempt to deliver reminder calls prior to your appointment. They are made 2 days before the appointment. The reminder call will be made to the telephone number you have given us as your primary number.

Please understand these reminder calls are made as a courtesy to you. However, you are responsible for attending your appointments. You are equally responsible for giving a 24-hour notice should you have to cancel your appointment.

Scheduling Appointments

When scheduling appointments upon check out, please let us know if you already have appointments scheduled in our system. We will do our best to accommodate your scheduling needs. However, please be aware that your provider may not have office hours everyday of the week.

Also, when you are calling to cancel and/or reschedule an appointment, please let us know if you have other appointments already scheduled that day. Otherwise, you may incur duplicate appointments which may result in a charge for missed appointments.

Phoning our Office

To reach our office, please call 745-5153. Our fax number is 747-8080.

By signing below I acknowledge my understanding of the above patient information and my responsibilities as a patient.

PRINT PATIENT NAME

Patient/Responsible Party Signature

Witness

Date