

INFORMED TELEHEALTH CONSENT

1. I understand that I have a right to withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment.
2. I understand that if the provider believes I would be better served by a traditional face-to-face encounter, the provider may, at any time, stop the telehealth visit and schedule a face-to-face visit. Therefore, I understand that technology problems may necessitate an in-person visit.
3. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
4. I understand that the laws that protect the privacy and confidentiality of medical information also applies to telehealth.
5. I understand that I will be responsible for any copayments or coinsurances that apply.

AUTHORIZATION FOR OUTPATIENT TREATMENT

My signature affixed within "Acknowledgment of Receipt of Forms" (pg. 3 of Astra's Patient Registration Forms) acknowledges my request to enroll into treatment for myself, my child, or my ward provided by Astra Behavioral Health, LLC. Further, my signature affirms I have been informed of the treatment and procedures necessary, which will be performed by a psychiatrist, psychiatric nurse practitioner, therapist, and/or assisted by other staff members of Astra Behavioral Health, LLC; and my authorization to receive such treatment and other procedures is hereby granted.

CLIENT PAYMENT PROGRAMS

Astra Behavioral Health Sliding Fee Scale Program - This program is for individuals who are without health insurance coverage and may need assistance to fulfill their financial obligation to Astra Behavioral Health. Please request and complete a Sliding Scale Fee Application, so that we may assist you based on your financial needs.

Astra Behavioral Health Financial Assistance Program - This program is for individuals with health insurance but may require assistance to pay their out-of-pocket expenses in-full on a timely basis. Please contact us early to set up payment arrangements and to possibly avoid your account balance being referred to a collection agency. Please see the payment arrangement schedule below. If you are financially unable to make payment arrangements according to our fee schedule, it is your responsibility to contact our Billing Office to make other financial payment arrangements within 10 days of receiving a statement from us at (270) 506-2730 **OPTION 3**.

FEE AGREEMENT

Fee schedule for services is listed below:

Initial Eval with MD or ARPN: \$195.00	Initial Therapist Visit: \$175.00
15 Minute follow up visit with MD or APRN: \$90.00	30 Minute Therapist Visit: \$75.00
30 Minute follow up visit with MD or APRN: \$125.00	45 Minute Therapy Session: \$100.00
Intensive Outpatient Program: \$150.00/day	60 Minute Therapy Session: \$150.00
Peer Support: \$10.00/unit	Targeted Case Management: \$350.00
Urine Drug Screen: \$50.00	Targeted Case Management CC: \$550.00

For Medicare patients: I certify that the information provided by me in applying for payment under title XV of the Social Security Act is correct. I authorize Astra Behavioral Health, LLC to release to the Social Security Administration, or its carriers, any medical information from my record to assist in the processing of my insurance claims for services rendered. I request that payment be made directly to Astra Behavioral Health, LLC.

CONFIDENTIALITY OF PATIENT RECORDS

Confidentiality of your records maintained by this office is protected by Federal Law and Regulations. Generally, we may not say to a person outside this facility that you are a client here unless:

1. You consent in writing
2. You present a danger to yourself or others
3. Disclosure is required by court order or subpoenas
4. Your treatment is ordered by or is under court supervision
5. There is suspected physical or sexual abuse or neglect of a child or adult
6. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation
7. Insurance must verify treatment before covering charges

(See 42 U.S.C. 290dd-3 and 42 U.S.C 290ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations)

NOTICE OF CLIENT RIGHTS

As a client of Astra Behavioral Health, you have the following rights:

1. To be treated with dignity, respect, and consideration.
2. To not be discriminated against in determining eligibility for treatment.
3. To be informed of the services offered to you and offer consent to receive those services in writing.
To be involved in treatment planning and any case management plans for your care.
4. To be informed of the content of treatment and case management plans.
5. To receive treatment that is based on your individual needs.
6. To give written informed consent to participate in a research study.
7. To have your protected health information be kept confidential as according to legal regulations.
8. To request a written statement of service charges, to be informed of the policy for the assessment and payment of fees.
9. To be informed of the rules of client conduct, including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or discharge.
10. To be informed of information in your record.
11. To receive one free copy of your record.

ACKNOWLEDGMENT OF VIDEO MONITORING PROCEDURES

Astra Behavioral Health, LLC utilizes a video camera as a necessary precaution to treatment. To promote the safety of all patients and staff, there may be times when the patient is being monitored by video camera, however, audio is not recorded. Also, please note the bathroom areas are not monitored. As a patient of Astra Behavioral Health, LLC, you must be aware of these video monitoring procedures.

PATIENT RESPONSIBILITIES

Patients of Astra Behavioral Health, LLC assume certain responsibilities:

1. The patient is responsible for providing information about their health, past illness, hospital stays and all use of medication. The patient is responsible for asking questions when information or instruction provided by a staff member of Astra Behavioral Health, LLC is not fully understood. If the patient feels they are unable to continue with treatment, the patient is responsible for informing their provider.
2. Your health depends not only on care provided by this facility, but also on the decisions one makes in their daily life. The patient is responsible for recognizing the effects of their lifestyle on their health.
3. The patient, and anyone accompanying the patient, is responsible for being considerate of needs of other patients and staff members.
4. The patient is responsible for providing current and correct insurance information and for payment of services received.
5. The patient is responsible for adherence to the Cancellation/No Show policy of Astra Behavioral Health

LATE CANCELLATION/NO SHOW POLICY

In order to provide you with high quality behavioral healthcare, it is important for you to keep your scheduled appointment with your provider, therapist or other behavioral health professional. Valuable time has been reserved for you or your family member. A missed appointment or late cancellation of an appointment results in lost time which could have been given to another person waiting to receive care. Please be courteous and **contact our office at least 48 hours in advance if you are unable to attend an appointment.**

A **No Show** is a scheduled, but missed appointment without prior notice. *In the event of a No Show, a \$50.00 No Show charge will be applied to the card you placed on file at Astra Behavioral Health, LLC.* If the No Show fee charge is not satisfied by the card you've provided for your file, a statement will be mailed out for all outstanding balances.

A **Late Cancellation** is an appointment cancelled *with less than 24 hours of notice.*

A **Late Arrival** is an arrival to a scheduled appointment five (5) minutes, or greater, past the scheduled appointment time. *Please note:* If you arrive for your appointment 15 minutes or more after the scheduled time, Astra Behavioral Health, LLC will consider this a **No Show**. At this time, *a \$50.00 No Show charge will be processed to the card you have placed a file.*

We provide courtesy reminder notifications to help aid in preventing No Shows, Late Arrivals and Late Cancellations. As a patient at Astra, you will receive multiple appointment reminders through either text or email, or both, notifications (whichever you selected on your intake forms). However, it is your responsibility to keep record of your appointment and to arrive on time for appointments you have scheduled with Astra Behavioral Health.

Every No Show visit will be recorded in your patient chart for reference and record. **Two No Shows within a six (6) month period will result in suspension from scheduling further appointments with Astra Behavioral Health, LLC for a period of six (6) months.**

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

Our Duty to Protect Your Privacy

Your health information is personal. ASTRA Behavioral Health, LLC is legally required to protect the privacy of your data. It does so in all aspects of its business. ASTRA Behavioral Health, LLC has policies in place about protecting the privacy of your data. These policies comply with state and federal laws. ASTRA Behavioral Health, LLC uses and gives out your health information only where required by law or where necessary for business.

Where Do I Send Questions or Requests?

To submit questions about your privacy rights or submit a written request.

ASTRA Behavioral Health, LLC
ATTN: Compliance Officer
2000 Ring Road
Elizabethtown, KY 42701

What Type of Information does ASTRA Behavioral Health, LLC Have?

The Department for Community Based Services (DCBS) or Social Security Administration (SSA) for Supplemental Security Income (SSI) approved you for Medicaid. DCBS and SSA send your information to ASTRA Behavioral Health, LLC. Information sent includes:

- Your individual information including name, address, phone number, date of birth, social security number, eligibility program information, Medicaid number.
- Information on other health insurance policies you may have.
- Your medical records (if necessary).
- Your providers claim for your services. Provider claims contain information on your treatment given.

ASTRA Behavioral Health, LLC is Required to:

- Follow the terms of this notice
- Support your privacy rights under the law
- Give you a paper copy of this privacy notices and post it on our website
- Mail out a new notice if our privacy practices change
- Treat your data as confidential by not using or giving out your information without your written permission, except to support normal business or under the allowable circumstances given in this notice
- Tell you what types of information we collect on you
- Release your health information without your permission in the event of an emergency. The release of your data must be in your best interest.
- Follow state laws regarding the release of your data in the instances where state law provides stronger protection of your data than the HIPAA law.

How ASTRA Behavioral Health, LLC May Use or Give Out Your Information

ASTRA Behavioral Health, LLC can use and give out your information without an authorization (special permission from you) for our normal business and where required by law. This document tells you of some of the ways this can occur. All the way ASTRA Behavioral Health, LLC may use and give out your information without your express permission will fall within one of the groups listed below.

Data for Treatment and Payment Purposes

ASTRA Behavioral Health, LLC, and businesses we work with receive/give out your mental health information for:

- The coordination of your treatment with medical professionals and facilities
- The billing and payment of your claims
- The review of your care and use of benefits
- The prior authorization of your requested services

Data exchanged for your treatment and claim payment involves communications between your providers, ASTRA Behavioral Health, LLC, your insurance carriers, and other organizations necessary to receive, review, approve, process, and successfully pay for your mental health care claims.

Data for Health Care Operations

ASTRA Behavioral Health, LLC may use and disclose your information to carry out insurance-related activities related to its operations. Activities may include:

- Submitting claims to other insurance companies
- Conducting or arranging for medical review for certain medical/mental problems you may be experiencing
- Legal services
- Audit services
- Fraud and abuse detection programs
- Business planning, management, and general administration

Case and Utilization Management

ASTRA Behavioral Health, LLC may use your mental health medical information to approve services. We may give out information to others who must make decisions about your care.

Other Allowable Uses of Your Health Information Without Permission (Authorization)

- **Public Health:** We may give your data to public health agencies to prevent or control disease, injury, or disability; reporting child abuse or neglect; and reporting domestic violence. ASTRA Behavioral Health, LLC may also report your data to the Food and Drug Administration (FDA) to notify them of problems with products and reactions to medications.
- **Coroners, Medical Examiners, and Funeral Directors:** ASTRA Behavioral Health, LLC may give your protected health information to coroners, medical examiners and funeral directors if needed.
- **Public Safety:** ASTRA Behavioral Health, LLC may give your data to prevent a serious threat to the health or safety of a particular person or to the public.
- **Security:** ASTRA Behavioral Health, LLC may give your data for military, national security, and prisoner care purposes.
- **Government eligibility:** ASTRA Behavioral Health, LLC will give your data to government entities involved with your health care benefit eligibility.
- **Marketing:** ASTRA Behavioral Health, LLC may use your data to contact you to give your information about relative benefits and services. However, ASTRA Behavioral Health, LLC CANNOT give your information to companies for advertising or solicitation without your permission.
- **Business Associates:** ASTRA Behavioral Health, LLC must share your data with other state, federal and commercial partners it contracts with to perform its normal business. We ask these groups to protect your data through formal agreements.
- **Health Oversight and Quality Assurance:** ASTRA Behavioral Health, LLC may use and give out your data to doctors and nurses to help improve your care. Staff, committees, and outside agencies that monitor Medicaid quality of care may also see your data.
- **Appointment Reminders:** ASTRA Behavioral Health, LLC may use your mental health information to remind you of appointments.
- **Mental Health Promotion and Disease Prevention:** ASTRA Behavioral Health, LLC may use your health information to tell you about disease prevention and mental health care.
- **Individuals Involved with Payment of Your Care:** ASTRA Behavioral Health, LLC may give out your health information to a friend or family member who is helping with your care of with payment for your care if necessary.
- **Lawsuits and Disputes:** ASTRA Behavioral Health, LLC must give your data under a court order.
- **Law Enforcement:** ASTRA Behavioral Health, LLC will give out your data to law enforcement only when allowed by federal or state law or require under a court order.

When ASTRA Behavioral Health, LLC May Not Use or Disclose Your Mental Health Information Without Authorization

Other than for the allowed reasons listed above, ASTRA Behavioral Health, LLC will not use or disclose your data without written permission (authorization) from you. If you do authorize us to use or disclose your data in other way, you may revoke your permission in writing at any time. Once you revoke your permission, ASTRA Behavioral Health, LLC will no longer be able to use or disclose your data for the reasons stated in your original authorization.

YOUR INDIVIDUAL PRIVACY RIGHTS UNDER HIPAA**Right to Request Confidential Communications**

You have the right to ask ASTRA Behavioral Health, LLC to communicate with you at a certain alternative number or location other than your home of record. ASTRA Behavioral Health, LLC will do this only when necessary to protect your safety or health.

Right to Request Restrictions

You have the right to ask that your protected health data not be given out or used. This is called requesting a restriction. ASTRA Behavioral Health, LLC has the right to deny any requests for conducting its required business processes

Right to Withdraw Authorization for Usage and Disclosure

ASTRA Behavioral Health, LLC must have your written permission (authorization) to use or give out your information for reason other than the special exceptions described above. ASTRA Behavioral Health, LLC may ask you to give permission by signing a form called an authorization.

Right to Access

You have the right to look at and get a copy of your personal information maintained by ASTRA Behavioral Health, LLC. This is called a designated record set. ASTRA Behavioral Health, LLC designated record set includes enrollment, claims data and payment records made in your behalf.

- ASTRA Behavioral Health, LLC will provide one (1) copy of records per 12-month period free of charge. You will be charged for additional copies.
- ASTRA Behavioral Health, LLC will respond to requests within 30 days of receipt. (Extra 30 days may be asked for, if necessary, we will let you know if we need extra time).
- ASTRA Behavioral Health, LLC has the right to keep you from having or seeing all or parts of your records for specific reasons related to HIPAA and state law.

Right to Amend

You have the right to ask that information in your records be changed if they are not correct. A response will be given within 60 days of receipt.

Please note: If you wish to change your records, you must contact the provider who wrote the record to request a change. ASTRA Behavioral Health, LLC may deny the request for change if:

- The information was not written or is not kept by ASTRA Behavioral Health, LLC
- The information is information you are not allowed to see and copy.
- The information is already correct and complete.

Right to Paper Copy of Notice

You have the right to receive a paper copy of this notice at any time.

Changes to This Notice of Privacy Practices

ASTRA Behavioral Health, LLC has the right to change this privacy notice at any time. If we do make a change, we will revise this notice and promptly distribute it to all recipients. We are required by law to comply with the current version of this notice until a new version has been mailed out or received at the office.

Complaints

If you believe your privacy rights have been violated and wish to make a complaint, you may file a complaint by calling/emailing:

OMBUDSMAN
Phone: (270) 506-2730 x 138
Fax: (270) 900-0704

Secretary of Health and Human Services, Room 615F
200 Independence Ave. SW
Washington, D.C. 20201

For additional information, call 877-696-6775

United States Office to Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY.

Policy of Non-Retaliation

ASTRA Behavioral Health, LLC cannot take away your mental care benefits or retaliate in any way if you choose to file a privacy complaint or exercise any of your privacy rights.