



## Behavioral Health Clinic Office Policy

**Welcome to Boys Town's Behavioral Health Clinic!** The information in this packet is provided to ensure that you have a full understanding of our office policies. Please read carefully, complete the enclosed documentation, and sign where indicated. This first sheet will be yours for future reference. If you need assistance with completing this form, please request assistance from one of our staff members or by contacting 407-588-2190. The information must be complete before you can be seen in our clinic.

Please arrive at least 15 minutes early for your first scheduled appointment to review your completed paperwork.

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**FINANCIAL RESPONSIBILITY AND PAYMENT POLICY** – You are responsible for payment of all charges for mental health services provided, including any co-payments or deductibles. You are also required to provide an insurance card – this is necessary to validate coverage of benefits. You are ultimately responsible for any service provided that is not covered by your policy.

**INSURANCE** – You are responsible for any charges due to your insurance company. Your account with this office is your responsibility. As a courtesy to our clients, we will file insurance. It is your responsibility to notify us of any changes in your insurance plan. Any co-payments, deductibles, or services not covered by insurance are your financial responsibility. Any service denied because of a change in benefits becomes your responsibility.

**OFFICE HOURS** – Office hours are 9:00 a.m. to 5:00 pm, Monday through Friday, or by appointment. To schedule appointments, please contact 407-853-7700

**AFTER HOURS** – In the case of an emergency, call 911 or go to the nearest hospital emergency room. After Clinic office hours, non-emergency messages may be left on the answering machine and will be returned on the next business day.

**CANCELLATION** – Cancellations must be made at least 24 hours prior to your appointment; otherwise, a fee may be assessed. All routine phone calls, including rescheduling appointments and routine questions, will be handled during normal business hours.

**LATE APPOINTMENTS** – You may need to reschedule appointments if you are 15 minutes late.

**TERMINATION** – Termination of services may occur when three appointments are missed without proper cancellation or when treatment recommendations are not accepted or followed.

**FAMILY INVOLVEMENT** – The primary responsibility of each mental health provider is to provide the most effective treatment for each client. Involvement of the family is viewed as essential in maximizing treatment success.

**CLIENT RIGHTS** – Please review the client rights and responsibilities information posted in the reception area. A copy of this information is included in this packet.

**PRIVACY** – Please review Father Flanagan's Boys' Home Notice of Privacy, which describes how treatment information about you may be used and disclosed and how you can get access to your information. A copy of this practice is included in this packet