DMC BEHAVIORAL HEALTH

DMC Behavioral Health Services
(603) 845-5934

Patient's First & Last Name (Print): _____ Date of Birth: _____

Appointment Date &Time: _____

Provider: _____

Welcome to Behavioral Health Services at DMC Primary Care

We are very pleased that you have decided to take this important step toward improving your health and well-being. Our Behavioral Health staff consists of experienced professionals in counseling and medication management. Your primary care provider has referred you to us, which allows us to contact you and schedule your first appointment. Please review what you can expect from us, and what we will expect from you:

What DMC Behavioral Health Provides

- **Intake and Assessment**: Conducted by a licensed behavioral health clinician upon receipt and screening of a referral from your PCP. In certain situations, patients may be deemed too acute for treatment in this setting. Those identified as too acute will be referred to a higher level of care.
- **Appointments**: Typically scheduled approximately once every 3 weeks, for a defined period of time, based on the brief intervention model of care used in our department.
- **Medication Services**: Provided by a licensed prescriber when appropriate.
- **Confidential Treatment**: Behavioral Health notes are part of your confidential DMC electronic medical record.
- **Front Office Support**: Available Monday through Thursday from 8:00 AM – 6:00 PM, and Friday from 8:00 AM – 4:00 PM. Most calls are returned on the same day.

Responsibilities of All Patients in Treatment

- Sign and adhere to the Department Code of Conduct.
- Sign all required forms prior to starting care (welcome letter, parental consent, as applicable, statement of understanding).
- Arrive on time for all appointments.
- Be prepared to make your co-payment at the time of service.
- Be advised that if you do not attend your appointment or cancel your appointment less than two business days' notice, you will be charged a **$50 no-show fee**.
- Allow up to 3 business days for a medication refill to be processed. Prescribers are not available on Fridays or weekends, so plan refills accordingly.
- Verify your insurance coverage for scheduled services.
- Understand that repeated cancellations of any kind indicate a lack of commitment to care and may result in discharge from treatment.

DMC Behavioral Health – Patient Agreement

DMC Behavioral Health is committed to providing high-quality, respectful, and inclusive care in a safe environment. In return, we ask that patients understand and follow the expectations outlined below.

Financial Responsibility

- Co-payments and Balances: Failure to pay required co-payments may result in suspension of services until financial obligations are met.
- Past Due Balances: If you have an outstanding balance for behavioral health services, payment must be made before another appointment can be scheduled.

Appointment Policies

- **Confirmation & Cancellations**: All appointments are confirmed by telephone. To cancel or reschedule, please call our office at 603-845-5934 at least 2 business days in advance.
- **Late Cancellations & No-Shows**: If you cancel with less than 2 business days' notice, or fail to attend your scheduled appointment, a $50 fee will be charged to your account. This fee is not covered by insurance and must be paid before your next visit.
- **Repeated Missed Appointments**: If you miss two (2) appointments within one month or three (3) within three months without proper notice, your behavioral health case will be closed.
- If you are referred for a medication evaluation and miss your initial intake appointment without notice, we will be unable to reschedule.

Emergency & Urgent Care

- **Level of Care Provided**: Services provided in behavioral health by DMC are considered "level 1" which means they are non-intensive outpatient services for routine, non-emergency care.
- **Business Hours**: Telephones are monitored only during regular business hours. The office is closed evenings and weekends.
- **If You Are in Crisis**: Call 911 or go to the nearest hospital emergency department. All New Hampshire hospitals provide behavioral health crisis assessments. Depending on the situation, this may result in short-term hospitalization or referral to intensive crisis services.
- **Higher Level of Care**: If your needs are urgent or require intensive treatment (e.g., active suicidal thoughts, chronic severe mental illness, or complex case management needs), you will be referred to the local Community Mental Health Center in your area.

Confidentiality

Your privacy is important to us. Everything discussed in your sessions is confidential except in situations where:

- There is imminent risk of serious harm to yourself or others.
- There is suspected abuse or neglect of a child or vulnerable adult.

In such cases, we are legally obligated to ensure your safety, which may include creating a safety plan with you and your support system and/or contacting emergency services or protective agencies.

Behavioral health notes will become part of your DMC Primary Care electronic health record. At your appointment, you will be asked whether you consent to release information to others involved in your care.

Patient or Legal Guardian's Signature: _____ Date: _____

DMC BEHAVIORAL HEALTH

PATIENT CODE OF CONDUCT

Patient Name (First and Last): _____ **Date of Birth**: _____

DMC Primary Care is committed to providing quality primary care for the entire family. Our patients can expect a safe, respectful, and inclusive environment in all our practices. In return, we have certain expectations of our patients. Our Patient Code of Conduct outlines some of these expectations.
We expect our patients to speak and behave in a respectful manner at all times. If an issue should arise that results in a patient becoming dissatisfied, there are protocols in place to express dissatisfaction. DMC staff will listen, and whenever possible, work to resolve any problems.

Words or actions that are disrespectful, racist, discriminatory, hostile, or harassing are not acceptable and could be cause for discharge from our practice. Examples of these include:

1. Offensive comments about others' race, accent, religion, gender, sexual orientation, or other personal traits
2. Refusal to see a clinician or other staff member based on these personal traits
3. Physical or verbal threats or assaults
4. Possession of a weapon while on the premises
5. Sexual or vulgar words or actions
6. Disrupting another patient's care or experience

In the event of discharge from the Department, patients will be notified and provided 30 days to secure a new treatment provider. During this transition period, one scheduled telehealth appointment may be offered. Please note that in-office visits will not be available during this time.

Behavioral Health does not provide acute care. If an emergency arises, patients should call 911 or go to the nearest Emergency Department.

Patient Acknowledgment
By signing below, I acknowledge that I will adhere to this Code of Conduct, which has been established to ensure a safe, secure, and calm environment where all patients can receive appropriate treatment.

_____ _____
Signature of Patient/Legal Representative: Date

_____ _____
Print Name of Legal Representative (if applicable) Relationship to Patient

DMC BEHAVIORAL HEALTH

Behavioral Health Services
14-A Tsienneto Road, Suite 301
Derry, NH 03038

Consent for Behavioral Health Services (Minor)

As the parent or legal guardian with the authority to consent on behalf of the minor child named below, I hereby give my consent for the minor to receive counseling, psychotherapy, psychological assessment, and/or psychiatric care from the professional staff at DMC Primary Care Behavioral Health Department.

The assigned mental health provider will:

- Explain the proposed plan of care in general terms, and
- Communicate with me as needed regarding progress, concerns, recommendations, or any other issues related to the minor's care in compliance with HIPPA.

This consent will remain valid until the minor reaches the age of 18, unless revoked earlier in writing by the parent or legal guardian.

If you have any questions about this form or the proposed treatment, please contact the Behavioral Health Department at **603-845-5934**.

Minor's Name: _____
Date of Birth: _____

Parent/Legal Guardian Name: _____
Signature of Parent/Legal Guardian: _____
Date: _____

Provider/Witness (Office Use Only): _____
Date: _____

DMC PRIMARY CARE
Derry Medical Center

Insurance Coverage/Self-Pay Waiver

I acknowledge that I wish to receive medical services from DMC Primary Care. If it is determined that this service is denied for ANY reason such as but not limited to;

1. **Out of network provider**
2. **No insurance coverage at time of service**
3. **DMC (PCP) is not listed with my insurance**
4. **Non-Covered Services are performed**

I understand that it will be my responsibility to contact my insurance and rectify any issues as stated above or to contact DMC Primary care with accurate insurance information.

For Self-Pay:

☐ I do not have active insurance and choose to be **self-pay** for this visit

(I understand that I will be billed for any additional services)

☐ I have active insurance, and choose to be **self-pay** for this visit

☐ I am aware my insurance is **not accepted** by DMC, and chose to be **self- pay** for this visit

Patient Name:_____

Patient Date of Birth:_____

Date of Service:_____

Signature of Patient/Legal Guardian:_____

Witness (Office Use ONLY):_____ Date:_____