

COMPASSIONATE MENTAL HEALTH NURSING INC.
Address: 5050 Palo Verde St, Suite 103I, Montclair, CA 91763
Phone: (714) 262-4778 | Fax: (863) 228-8446

Consent for Treatment, Privacy Practices, and Office Policies Agreement

1. Consent for Treatment

I voluntarily consent to receive mental health services, including psychiatric evaluations, medication management, and other services provided by Compassionate Mental Health Nursing Inc. These services may be provided in-office or via telemedicine (video or phone). I understand that:

- I can withdraw consent at any time, though this may affect continued treatment.
- Telemedicine services are conducted using HIPAA-compliant platforms to protect confidentiality.
- I may decline specific interventions or ask questions about any part of my treatment.

2. Telemedicine Services

If I choose telemedicine, I acknowledge that:

- The technology used meets privacy and security standards under California law and HIPAA.
- While safeguards are in place, there are potential risks, including data breaches or technical failures.
- I must be physically located in California during telemedicine sessions.

3. Confidentiality & Limits

My personal health information is confidential and protected by law. It may be shared only:

- With my written consent.
- In medical emergencies.
- To report suspected abuse (child, elder, dependent adult).
- If I pose serious harm to myself or others.
- As required by court order or legal subpoena.

4. Notice of Privacy Practices (HIPAA)

By signing this form, I acknowledge that I have been offered access to or received a copy of the HIPAA Notice of Privacy Practices, available at:

<https://cmhnursing.com/notice-of-privacy-practices>

This notice explains:

- How my medical information may be used and disclosed.
- My rights to access, correct, and request limits on the use of my health information.

5. Consent for Communication

I consent to receive appointment reminders and healthcare-related communications from Compassionate Mental Health Nursing Inc. I understand that message and data rates may apply. I acknowledge that I may revoke this consent at any time in writing.

Please select your preferred communication method(s):

- Email
- SMS Text Message
- Voice Message (Phone Call)
- None – I do not wish to receive appointment reminders or communications.

6. Billing & Insurance

I understand that I am responsible for charges not covered by insurance. I agree to provide accurate and current insurance information within 24 hours of scheduling. Failure to submit insurance details in a timely manner may result in cancellation or rescheduling of my appointment.

Copays and balances are due at the time of the appointment and must be paid in full prior to the start of the appointment. Any outstanding balances must be paid before scheduling or attending future appointments. Payments can be paid through:

- Square: <https://square.link/u/fr9EDWgQ>
- Zelle: info@cmhnursing.com

7. Cancellation and No-Show Policy

- Appointments should be canceled or rescheduled with at least 24 hours' notice. Late cancellations or missed appointments may be subject to a fee.
- Repeated late cancellations or no-shows may result in discharge from the practice.

8. Scheduled Medications (Benzodiazepines, Stimulants, and Other Controlled Substances)

- No Early Refills and Lost Medication
 - Prescriptions for benzodiazepines, stimulants, or other controlled substances will not be replaced with an early refill if lost or misplaced.
 - Patients are encouraged to manage their medications responsibly.
 - In urgent situations, patients must seek assistance at an emergency room.
- California CURES Database Monitoring
 - We regularly review CURES to monitor prescription history
 - If the database indicates duplicate or similar prescriptions from another provider without prior disclosure, we will contact the patient to discuss the findings.
 - If the issue cannot be resolved, the patient may be referred to another provider.
- Urine Drug Screen (UDS):
 - Random urine drug screens may be required to monitor the use of controlled substances.
 - Any discrepancies in UDS results will prompt a discussion to reassess the treatment plan.
 - Non-compliance with a requested UDS may result in delayed refills or referral to an emergency room for further care.

9. General Practice Policies

- We reserve the right to decline treatment if it is clinically inappropriate or outside the provider's scope of practice.
- We do not prescribe stand-alone Benzodiazepines or Tranquilizers.
- We do not prescribe Benzodiazepines and Stimulants together.
- We require consent to retrieve prescription history from external sources for safe and effective treatment.
- We do not handle disability documentation or paperwork.

Patient Acknowledgment

I acknowledge that I have read and fully understood the information contained in the **Consent for Treatment, Privacy Practices, and Office Policies Agreement**. I consent to receive services under these terms.

Name: _____

Signature: _____

Relationship to patient: _____

Date: _____