



HBI Patient Guide

Welcome to HUMAN BEHAVIOR INSTITUTE Clinical Services

Whether you're a first-time or returning patient, we would like you to fully-engage in your experience at HBI. We prepared this material to guide you on your journey. It is important that you read this Patient Guide and understand the value of your informed decision to participate in your treatment.

HUMAN BEHAVIOR INSTITUTE (HBI) (est. 1990) is a privately-owned full-service behavioral health agency that offers a multidisciplinary treatment approach to address the behavioral, mental, substance use, and co-occurring problems that affect individuals, families, and the community.

HBI's Multidisciplinary Clinical Team includes:

MD/DO Psychiatrists ♦ Clinical Psychologists ♦ Psychiatric Nurse Practitioners
Clinical Social Workers ♦ Marriage and Family Therapists ♦ Certified Professional Counselors
Alcohol & Drug Counselors ♦ Case Managers ♦ Psychosocial Rehab Workers

ALL UNDER ONE ROOF!

To schedule your next visit, call [702.248.8866](tel:702.248.8866)

Monday – Friday • 9:00 am to 6:00 pm

Excluding Holidays

Emergency/Crisis, call [1.800.441.4483](tel:1.800.441.4483) Option 7

HBI Mobile Response Team 24/7

If you experience a life-threatening emergency,

call 911 or go to your nearest hospital.



HUMAN BEHAVIOR INSTITUTE

During your first visit, your therapist will perform an initial evaluation and ask you specific questions regarding your symptoms, how long it has been troubling you, your psychosocial, psychiatric, and medical history, including any medication you are currently taking. Your therapist will summarize what you talked about, and recommend a course of action. If more time is needed, a follow-up session will be scheduled to obtain more information. Based on your initial evaluation, you and your therapist will come up with a treatment plan, schedule future appointments, or refer you to another therapist. Your treatment plan should specify your goals, services you will be receiving, and the expected length of time to achieve your goals. At times, you may be assigned a “homework” to supplement your treatment.

Understand that therapy is a confidential relationship between you and your therapist, regardless of the therapist’s discipline and beliefs. As the client, you are responsible for deciding the ultimate course of action, and whether you feel comfortable with the treatment plan offered to you by your therapist. Ask your therapist about their treatment philosophy and the expectations they have of you during treatment.

Your treatment plan can include your participation in one or more of the following services, depending on your treatment goals:

- ✓ individual psychotherapy
- ✓ family sessions
- ✓ group sessions
- ✓ medication evaluation & management
- ✓ case management
- ✓ and other specialized services

Treatment compliance and commitment are vital in accomplishing your goals. It is what drives your success and you are on the driver’s seat! This includes scheduling and keeping your appointments, letting your therapist know of any changes in your conditions, adverse side-effects of any of your prescribed medications, and following other recommended procedures, including seeing your primary care doctor and getting laboratory screening.

Every therapeutic experience is unique and results differ from person to person. While we expect that therapy is helpful, there is no guarantee.

Scheduling your appointments is easy. Simply call during our regular business hours at 702-248-8866 and enter the extension# of the department you want to reach:

- 239 – Children & Adolescent (Suite A)
- 609 – Adults (Suite H)
- 255 – Medical Assistant for Medication Management (Suite G)
- 200 – Main Office/Other Services

Length of sessions vary depending on the type of treatment program. Psychotherapy sessions (individual and/or with family) last about 45-50 minutes, and could be scheduled weekly, bi-weekly, or monthly, based on your treatment plan. Specialized groups are usually scheduled for 1-3 hours, depending on the program.

Your physical and mental health are equally important. It is a fact that your medical or physical health can affect your behavioral health and vice-versa. If you have not had a physical check-up within the past year, we urge you to see your primary care doctor. Make sure to inform your therapist about your medical conditions and all the medications you take. Care coordination will increase your success in meeting your physical and mental healthcare needs.

Non-Emergency Routine Calls to your therapist during business hours may be handled on a case-per-case basis. If you need to speak with your therapist outside of your scheduled session, you may leave a detailed message with our front office staff. Give your name, return telephone number and a clear description of your problem or question. This courtesy allows uninterrupted care for other patients. We will do our best to return your call as soon as possible.

No-Show & Cancellation Policy. As a courtesy, we will call to remind you 2 days prior to your next appointment. If you cannot keep your appointment, please let us know at least 24 hours in advance. This courtesy will allow us to serve other patients who need our immediate assistance. If you fail to cancel your appointment within the required time, you could be billed in full for the missed appointment. Same-day cancellations are considered as no-shows. **Excessive no-shows and cancelled appointments may result in termination of treatment.** Please read your signed copy of the No-show and Cancellation Policy.

Grievance Policy. Please read the Patient's Rights and Responsibilities Statements included in your Patient Packet. If you believe that the actions or decisions of HBI or its staff violate your rights as a patient, you may contact the **HBI Member Services at 702-248-8866 ext. 202** to discuss your concerns. If you believe that HBI has not addressed your grievance, you may also contact your insurance plan's member advocate on your insurance ID, or the Division of Public and Behavioral Health 4150 Technology Way, Carson City, NV 89706; Phone: 775-684-4200; Fax: 775-687-7570; Email: dpbh@health.nv.gov. You have the right to freedom from retaliation or other adverse consequences because of filing a grievance.

You have the right to terminate treatment at any time. If you are not happy with your therapist, please speak with HBI Member Services so we may make the appropriate changes, or refer you to another provider.

Your financial responsibility for services rendered is stated in the Financial Responsibility Agreement included in your Patient Packet. Payment is required at the time of service. We accept cash, checks, money order, Visa, MasterCard, Amex or Discover. Checks are payable to Human Behavior Institute. A \$25.00 fee will be charged for an NSF returned check.

As a courtesy, we can bill your insurance plan for your visit. If the insurance plan partially or fully denies payment for any reason, you, the patient or legal guardian is responsible for the total unpaid balance. Payment of applicable charges for missed appointment is the responsibility of the patient/guardian.

We understand that economic hardships may affect access to care and we are willing to make payment arrangements prior to continued service. Please speak with our Business Office Manager about how we can help in this case.

HBI's Confidentiality Policy explains how we protect your privacy and maintain confidentiality of your Protected Health Information (PHI) pursuant to HIPAA, federal and state regulations. Unless permitted by law in certain situations, we will not share or release your information to other parties without your written consent. Be sure to read the **Notice to Patients re: Protecting the Privacy of Your Health Information** on page 4 and understand how HBI may use or disclose your PHI with or without your authorization in certain circumstances.

To maintain patient confidentiality, HBI personnel will neither acknowledge nor deny that a person is receiving treatment at HBI. For us to talk to anyone, other than those you have already consented in the Patient Registration form, you must properly fill-out and sign a **Release of Information Authorization** form for each person you permit HBI to contact or reply to on behalf of the patient, including an emergency contact person, other relatives, or a non-custodial parent.

Release of Medical Records. HBI does not release any records without the written consent of the patient/legal guardian. To release records:

- There must be a properly completed and signed **Release of Information Authorization** form on file that specifies (1) who will release the information; (2) who will receive the information; (3) the purpose for which the information will be used; (4) what specific information will be released; and (5) when the consent will expire. The authorized representative signing for the client must present proof of legal authority. It must be signed in front of a notary or witnessed by an HBI official representative.
- HBI may accept forms from other providers to release information if it is properly executed as above.
- **HBI requires up to 30 days before releasing a record.**
- Only the HBI Clinical Director has the authority to release records. Records are given to the Clinical Director for review prior to any release.
- If access to records by a patient may cause significant harm (to the patient or others), records will *only* be released to a qualified mental health professional selected by the patient.
- In the event of a subpoena from an opposing party, HBI's policy is to inform the patient and ask for consent HBI will not release any information to anyone without the patient's authorization.
- In custody situations the custodial patient/legal guardian must sign a release of information form for HBI to release records.

HBI complies with the provisions set forth in the NAC 629, 42 C.F.R. Part 2, 45 C.F.R. Part 160, 162 and 164 and all other applicable laws on confidentiality, recordkeeping, and services provided by the HBI.

NOTICE TO PATIENTS: PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL, AND SUBSTANCE USE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

HBI may *use or disclose your protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when HBI provides, coordinates, or manages your health care with your family physician, another health care provider and mental health clinician.
 - *Payment* is when HBI obtains reimbursement, eligibility, coverage, or authorization for your healthcare
 - *Health Care Operations* are activities that relate to the performance and operation of HBI. Examples of health care operations are quality assessment, administrative services, and case management.
- “*Use*” applies only to activities within HBI business office and clinicians and network providers
- “*Disclosure*” applies to activities outside HBI, such as releasing information about you.

II. Uses and Disclosures Requiring Authorization

HBI may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. When HBI is asked for information for purposes outside of treatment, payment, and health care operations, HBI will obtain an authorization from you before releasing this information. HBI will also need to obtain an authorization before releasing your PHI, which includes psychotherapy notes. “*Psychotherapy notes*” are notes HBI clinicians have made about conversations during a private, group, joint, or family counseling session, the HBI Clinician must keep these notes separate from the rest of your medical record.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) HBI has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

HBI may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If HBI has reasonable cause to believe that a child has been abused or neglected, HBI must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If HBI has reasonable cause to believe that an older person has been abused, neglected, exploited, or isolated, HBI must make a report to the local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff's office, or other appropriate agency within 24 hours after becoming aware of this information.
- **Health Oversight:** If HBI receives a request from the Nevada Board of Psychological Examiners with respect to an inquiry or complaint about professional conduct, HBI must make available any record relevant to such inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and HBI will not release this information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** HBI may disclose confidential information from your records if HBI believes such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm.
- **Worker's Compensation:** If you file a worker's compensation claim, then HBI must submit to your employer's insurer or a third-party administrator, a report on services rendered.

Per 42 C.F.R. Part 2 relating to Substance Use Disorder Patient Records, the following additional disclosures apply:

- **Department of Veterans Affairs.** These regulations do not apply to information on substance use disorder patients maintained in connection with the Department of Veterans Affairs' provision of hospital care, nursing home care, domiciliary care, and medical services under Title 38, U.S.C. Those records are governed by 38 U.S.C. 7332 and regulations issued under that authority by the Secretary of Veterans Affairs.
- **Armed Forces.** The regulations in this part apply to any information obtained by any component of the Armed Forces during a period when the patient was subject to the Uniform Code of Military Justice except:
 - i) Any interchange of that information within the Armed Forces; and
 - ii) Any interchange of that information between the Armed Forces and those components of the Department of Veterans Affairs furnishing health care to veterans.
- **Communication within a part 2 program or between a part 2 program and an entity having direct administrative control over that part 2 program.** The restrictions on disclosure in the regulations in this part do not apply to communications of information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are:
 - i) Within a part 2 program; or
 - ii) Between a part 2 program and an entity that has direct administrative control over the program.
- **Qualified service organizations.** The restrictions on disclosure in the regulations in this part do not apply to communications between a part 2 program and a qualified service organization of information needed by the qualified service organization to provide services to the program.

- **Crimes on part 2 program premises or against part 2 program personnel.** The restrictions on disclosure and use in the regulations in this part do not apply to communications from part 2 program personnel to law enforcement agencies or officials which:
 - i) Are directly related to a patient's commission of a crime on the premises of the part 2 program or against part 2 program personnel or to a threat to commit such a crime; and
 - ii) Are limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

42 C.F.R. PART 2 - Confidentiality of Substance Use Disorder Patient Records. Part 2 program regulations cover any information (including information on referral and intake) about patients receiving diagnosis, treatment, or referral for treatment for a substance use disorder created by a part 2 program. Coverage includes, but is not limited to, those treatment or rehabilitation programs, employee assistance programs, programs within general hospitals, school-based programs, and private practitioners who hold themselves out as providing, and provide substance use disorder diagnosis, treatment, or referral for treatment. However, the regulations in this part would not apply, for example, to emergency room personnel who refer a patient to the intensive care unit for an apparent overdose, unless the primary function of such personnel is the provision of substance use disorder diagnosis, treatment, or referral for treatment and they are identified as providing such services or the emergency room has promoted itself to the community as a provider of such services.

IV. Patient's Rights

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, HBI is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and Locations** – (For example, you may not want a family member to know that you are seeing an HBI clinician. Upon your request, HBI will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. HBI may deny your access to PHI under certain circumstances, you may have this decision reviewed. You may file an appeal with the HBI.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. HBI may deny your request. On your request, HBI personnel will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, HBI will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from HBI upon request, even if you have agreed to receive the notice electronically.

V. HBI Clinician Duties

- HBI is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- HBI reserve the right to change the privacy policies and practices described in this notice. Unless HBI notifies you of such changes, however, HBI is required to abide by the terms currently in effect.
- If HBI revises policies and procedures, HBI will provide you with the information.

VI. Complaints

If you are concerned that HBI has violated your privacy rights, or you disagree with a decision HBI has made about access to your records, you may contact the **HBI Compliance Officer at 702-248-8866 ext. 202**. Such complaints may also be addressed in writing or by telephone with your insurance plan's member advocate on

VII. Acknowledgement

Your signed consent on the Patient Registration form indicates that you have received a copy of HBI's Notice of Privacy Practices pursuant to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) OF 1996.

PATIENT'S RIGHTS & RESPONSIBILITIES STATEMENT

As a program participant for mental health treatment, including alcohol or drug use, and co-occurring disorders, you should know your rights and responsibilities including, but not limited to, the following:

Patient's Rights:

1. You have the right to be provided treatment appropriate to your needs.
2. If you are transferred to another treatment provider, you have the right to be explained the need for such transfer and of the alternatives available, unless such transfer is made due to a medical emergency.
3. You have the right to be informed of all program services, which may be of benefit to your treatment.
4. You have the right to have your clinical records forwarded to the receiving program if you are transferred to another treatment program.
5. You have the right to be informed of the name of the person responsible for coordination of your treatment and of the professional qualifications of staff involved in your treatment.
6. You have the right to be informed of our diagnosis, treatment plan and prognosis.
7. You have the right to be given sufficient information to consent to any treatment you are provided, including a description of any significant medical risks, the name of the person responsible for treatment, an estimated cost of treatment, and a description of the alternatives to treatment.
8. You have the right to be informed if the facility proposes to perform experiments that affect your own treatment, and the right to refuse to participate in such experiments.
9. You have the right to examine your bill for treatment and to receive an explanation of the bill.
10. You have the right to be informed of the program's rules for your conduct at the facility.
11. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
12. You have the right to receive respectful and considerate care.
13. You have the right to receive continuous care; to be informed of your appointments for treatment, the names of program staff available for treatment, and of any need for continuing care.
14. You have the right to have any reasonable request for services and reasonably satisfied by the program, considering its ability to do so.
15. You have the right to safe, healthful, and comfortable accommodations.
16. You have the right to confidential treatment. This means that, other than exceptions defined by law, such as those in which public safety takes priority, without your explicit consent to do so, the program may release no information about you, including confirmation or denial that you are a patient.
17. Waiver of any civil or other right protected by law cannot be required as a condition of program services.
18. You have the right to freedom from emotional, physical, intellectual, or sexual harassment or abuse.
19. You have the right to attend religious activities of your choice, including visitation from a spiritual counselor, to the extent that such activities do not conflict with program activities. The program shall make a reasonable accommodation to your chosen religious activities. Attendance at and participation in any religious activity is to be only on a voluntary basis.
20. You have the right to grieve actions and decisions of facility staff, which you believe, are inappropriate, including but not limited to actions and decisions, which you believe violate your rights as a patient. You have the right to freedom from retaliation or other adverse consequences as the product of filing a grievance. You may contact the **HBI Program Director at 702-248-8866 ext. 202** to discuss your concerns.

21. You have the right to file a complaint with the State of Nevada if the facility's grievance procedure does not resolve your complaint to your satisfaction, and the right to freedom from retribution or other adverse consequences because of filing a complaint. Such complaints may be addressed in writing or by telephone to the Division of Public and Behavioral Health - 4150 Technology Way, Carson City, NV 89706; Phone: 775-684-4200; Fax: 775-687-7570; Email: dpbh@health.nv.gov.
22. You have the right to be informed of your rights as a patient. Consumer Rights and Responsibilities are posted in the facility in a place where they are immediately available to you, and you are to be informed of these rights and given a copy of this document before beginning treatment.

Patient's Responsibilities:

23. You have the responsibility to read your own insurance certificate or evidence of coverage or other materials outlined in your behavioral health care coverage, including requirements about accessing mental health and addictions care. If you do not understand the information, you should ask questions either to your insurance company or the HBI front office staff to help you understand covered benefits, limitations, and authorization procedures.
24. You have the responsibility of bringing your ID card or Medicaid card to every appointment and show a photo ID if requested by the clinician's office.
25. If you have chosen to have one, you must provide a copy of your Durable Power of Attorney and/or Advance Directive for your patient chart.
26. You have the responsibility of knowing the name of your doctor or mental health provider and how to reach their office.
27. You have the responsibility to provide, to the extent possible, clinical, and psychosocial information to HBI and network providers, to render a proper clinical evaluation and treatment plan. This includes information about your current problems, past illnesses, hospitalizations, medications, and other information important to your health care.
28. You have the responsibility to actively participate in and follow through with your treatment plan to achieve goals that are mutually agreed upon when therapy is initiated.
29. You have the responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
30. You have the responsibility to cancel appointments within the policy established by HBI and network providers.
31. If applicable, you have the responsibility to pay insurance co-payments at the time of service. Medicaid plans are not charged a co-pay or deductible.

Acknowledgement

Your signed consent on the Patient Registration form indicates that you have received a copy of the Patient's Rights and Responsibility Statement.

Accountability, innovation, creativity, diversity, and measurable outcomes are hallmarks of our behavioral healthcare programs.



HUMAN BEHAVIOR INSTITUTE
Full Service Behavioral Health

2740 South Jones Blvd., Las Vegas, NV 89146 • Phone (702) 248-8866

This Patient Guide, patient forms, and more information about Human Behavior Institute's Programs and Services are also available online at <https://www.hbinetwork.com>.