THRIVE
Behavioral Health

7320 East Fletcher Ave, Tampa Florida 33637 or 1650 West End Blvd Suite 100
St. Louis Park, MN 55416.
Tel: 813-498-9378 Tel: 612-477-5139 Fax: 813-441-8534
Email: Admin@thrivebhs.com
Website: www.thrivebhs.com

HIPPA Disclosure Form

Acknowledgement of Receipt of Notice of Privacy Practices

This acknowledgement of notice and consent authorizes Thrive Behavioral Health Services (Thrive BHS) to use health information about you for treatment, payment and health care purposes. You may review our current notice prior to signing this acknowledgement and consent at www.thrivebhs.com .

If you would like to receive a personal copy of the Privacy Notice, please print out from the website or request one at the time of your appointment.

I hereby acknowledge that I have read/received (upon request) a copy of this medical practice's Notice of Privacy Practices and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Date: _____

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Consent to Treat Form

1. I_____ give permission to the Thrive BHS to give me Medical/Psychiatric treatment.

2. I allow Thrive BHS to file for insurance benefits to pay for the care I receive.

I understand that:

- Thrive BHS will have to send my Medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay, or I do not have insurance.

3. I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all Medical/Psychiatric treatments with my clinician.

Patient's Signature:_____ Date: _____

Parent or Guardian Signature:_____ Date: _____

Print Name:_____ Date: _____

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Thrive BHS Late, No-show and Cancellation Policy:

Cancellation/No-Show Policy:

Thrive BHS fully understands that there will be times when you will miss your appointment due to emergencies, or obligations related to work or family. However, when you do not call to cancel your appointment, you are preventing another patient from getting what could be much needed treatment. Conversely, a situation may arise when another patient may fail to cancel their appointment and we cannot schedule you to be seen. Therefore, if an appointment is not cancelled 24 hours in advance, it will be considered a no-show and will require the patient to pay $100.00 (one hundred dollars). The patient will not be allowed to schedule another appointment until they have satisfied the no-show fee of the $100.00 (one hundred dollars). No exceptions to the rule.

Late Policy:

Thrive BHS will make every effort for the provider to be on time to see the patients. However, when a patient is late for their appointment, this impacts the patient flow for the rest of the day. In addition, rushing or "squeezing in" an appointment shortchanges the patient and contributes to decreased quality of care increasing potential for errors. Please understand that the scheduled visit time includes check-in time. If you arrive 10minutes late for your visit, you may be asked to reschedule your appointment for a later date.

****** By signing below, I have read, and I agree with the above policy. ******

.....

Print Name

.....

Signature

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Consent for Alternate Communication of Protected Health Information

I am hereby giving consent for Thrive BHS use and disclose my protected health information (PHI) in an alternate way to expedite my treatment, payment & healthcare services. I do understand that this way of communication will only be applied if I have given permission and checked the box indicated below as to who and how the information may be communicated to. I will hold Thrive BHS and all of it's employees harmless as this information is not guaranteed to be secure and may be disclosed inappropriately during transmission. I am also assuming all responsibility for the security of any and all information that is sent by me (the patient) to my Health care provider using this or any other alternate communication listed below.

With my consent, Thrive BHS May:

1. Fax health information to my home #.....
2. Fax health information to my work # .....
3. Leave detailed messages on my voicemail at home #.....
4. Call my cell phone and leave a detailed message at #.....
5. Email me using a secure email at:
6. Leave a detailed message with a family member/caregiver: Name(s):

    a. .....

    b. .....

I understand that I may revoke my consent for the use of this alternate communication in writing using the revocation notice of this form, except to the extent that the practice has already made disclosures in reliance upon my prior consent.

.....
Signature of Patient or Legal Guardian

.....
Patient's Date of Birth

.....
Print Patient's Name

.....
Today's Date

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Controlled Substance Policy:

Dear Thrive BHS Patients, we sincerely appreciate you choosing us to be your health care provider. We intend to provide you with the best care possible. There are times when patients will not agree with the healthcare provider's treatment plan. This is usually due to the healthcare provider not prescribing controlled medications as may be requested by the patient. Controlled Substances/Medications include Valium, Ativan, Xanax, Klonopin (for anxiety), Oxycontin, Tramadol, Oxycodone (for pain) and Ritalin, Adderall, etc. (for ADHD). Although these medications may be effective for some patients, they also carry a risk of addiction and tolerance. Tolerance occurs when a medication becomes less effective the longer a patient takes it. An example is when a patient is prescribed Valium for anxiety over an extended period and after a while has recurrence of the anxiety due to having developed a tolerance.

Communication is a major part of patient-provider relationships and plays an integral part in providing excellent patient care. Therefore, below is our policy regarding prescribing controlled substances:

1. Pain Medications of any kind will **NOT** be prescribed by our office.

2. Benzodiazepines medications, including Valium, could be prescribed at the lowest dose possible and they are not a guarantee.

3. We may provide ADHD medications due to inability to focus and if your work performance is being affected with proof of employment. If you are in school, you will need to provide proof of current enrollment.

4. All controlled substances will only be prescribed electronically. Be aware that Lost or Stolen controlled medications will **NOT** be replaced. All prescribed medications must be safeguarded from loss, theft, or unintentional use by others, including children and adolescents.

My signature below indicates that I have been given the opportunity to ask questions and all my questions and /or concerns regarding Thrive BHS controlled substance policy have been adequately answered.

Patient Name: ..... Date:

Patient Signature: ..... Date:

Provider Name: ..... Date:

Provider Signature: ..... Date: