

**FOUR CORNERS COMMUNITY BEHAVIORAL HEALTH**  
**THE BASICS**

- I. **Confidentiality** Your privacy is very important to us. We may not tell anyone you are receiving services with us unless you give us your written permission. In some instances, however there may be times we have to let someone know. These are those instances:
- When someone is in immediate danger (may harm self or others.)
  - A court subpoena is issued and a special confidential hearing before the court results in a ruling that the need for evidence over rules the importance of confidentiality.
  - If there is reason to believe that there is abuse or neglect of a child or disabled adult.
  - In the case of a medical emergency.
- II. We are required to provide a report to the Health Department if someone has TB or is HIV positive.
- III. **Fees** Discounted fees may be made available in some cases. If you do not have insurance and want to request a discounted fee, ask for the Payment Information form. Clients who are covered by Medicaid will not have a co-payment. If you have medical insurance that accepts our fees, and is company for which we bill, you will be asked to make the required co-payment and your insurance will be billed. You may need to pay the full fee and request reimbursement from your insurance. If it necessary to make payment arrangements please talk to your therapist.
- IV. **Appointments** Please be sure to cancel any appointment you cannot make at least 24 hours in advance so we may give that time to another person.
- V. **Emergencies** A mental health worker is on-call to respond to mental health emergencies 24 hours a day, 7 days a week. If our office is closed, please call 911 and ask them to contact the on-call worker.
- VI. **Advance Directive** In the future, if you become severely mentally ill and can't make treatment decisions for yourself, you have the right to plan ahead and/or select a person to make treatment decisions on your behalf. This is called a Mental Health Advance Directive. If you are interested in knowing more about this, please check yes below or ask your therapist to provide you with more information about Advance Directives.

Yes, I would like to know more about advance directives

Thank you for choosing Four Corners Community Behavioral Health, Inc. for your mental health and substance abuse services. We are committed to providing top quality services in a respectful and responsive manner. If you have any problems or complaints, please let us know.

Jennifer Thomas, LCSW  
Supervisor

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