

## **TriCircle Inc. (TCI)**

### **Informed Consent**

#### Description of Our Services

TriCircle Inc. is committed to providing quality, individualized treatment to individuals struggling with substance addiction and other mental health diagnoses. Our services are designed to bridge the gap between inpatient and/or intensive outpatient programs and traditional outpatient therapy, offering individual and group therapy with greater frequency weekly and providing increased structure and support during a critical phase in our patients' recovery efforts

Each week, patients will be able to attend two group therapy sessions facilitated by our licensed clinical staff. Additionally, weekly to every other week individual session will be offered with that staff member -based on need- to develop individualized treatment plans and explore those issues that may require additional, intensive focus. Groups will be from 60 minutes to possibly 90 minutes each, depending on the size of the group which will be capped at 10 participants. Individual session typically last 50-minutes. The overall length of your treatment with us will be highly individualized and based on your needs.

While we do not provide psychotropic medications at our program, your primary therapist will work with area prescribers to see that medication evaluation and management needs are met.

#### Policies and Fees

You are expected to attend all scheduled groups and appointments. If you are unable to make an appointment or scheduled service, we expect a 24-hour notice ahead of that time. Failure to show up without any notice or reasonable explanation may result in your being charged for the entire session fee or even discharge, based on the discretion of your therapist. If you have private insurance with a co-pay or a deductible, payment is expected at the time of service. In the case of unmet deductibles, you will be charged at the contracted rate we have established with your insurance company. If you choose not to have your insurance billed, you will be charged our standard out-of-pocket fees. These fees can be paid by cash, check or debit/credit card. Returned check fees will be \$20.00.

#### Electronic Communication Policy:

To communicate directly with us, please call our main number and leave a message if no one answers. We check our messages daily. Please do not use email for urgent

messages as there may be a delay in checking it. We will not communicate any clinical information via email or text as it is not confidential.

### Your Rights as a Patient

You have the right to ethical treatment and to be afforded respect and human dignity.

You have the right to ask any question about your treatment and expect-if available-a sufficient answer from us in a timely fashion.

You have the right to refuse treatment from us or end treatment with us at any time. If you are under legal commitment to attend treatment with us, that will have to be negotiated with the court that referred you. TCI cannot be responsible for any consequences associated with your decision.

You have the right to review your treatment record at any time. You will be asked to sign a Release of Information Form, naming yourself as the recipient in order to obtain the requested record. Under the **Health Information Privacy and Portability Act (HIPPA)**, the only circumstance under which a healthcare provider may deny patients access to their medical records is when it is deemed that to do so would cause the patients some harm, as in the unlikely case of a severe mental illness.

You have the right to have your treatment remain confidential during and following your treatment at TCI. We may not release any information about your treatment or any information that might reasonably identify you as a patient without your expressed, written consent. In rare, urgent cases, your verbal consent may be allowed when a written **Release of Information Form** cannot be made available to you. This verbal consent will be recorded in your health record. There are some exceptions allowed under the statutes that allow us to release information about you without your consent, only on a need-to-know basis. These include:

1. In cases of medical emergency when we must speak to ambulance or emergency room staff in your behalf;
2. When, during the course of treatment, we discover that a minor, elderly person or an individual with a severe handicap is being neglected, abused, or, in the case of the latter two, exploited, under state laws that supersede HIPPA and other federal statutes, we must make a report to the Department of Children and Families in the case of minor children, and the Department of Social Services in the cases of elderly and the handicapped;
3. If we have reasonable belief that you are at **imminent risk** for causing severe harm or death to yourself or another person, then we will take whatever steps we deem necessary to insure your safety and the safety of others, including notifying the police;

4. If we have sufficient evidence that you are gravely disabled by your illness or condition and pose a health and safety risk to yourself and/or others, we have the right notify the nearest emergency room to have you further evaluated and, if needed, hospitalized;
5. Under State of Connecticut Statutes, medical records may be released to the authorities if court-ordered by a judge in that jurisdiction. We will inform you ahead of time of that order and of our procedures in meeting that obligation.

I understand my rights and obligations as a patient of TCI and have had them satisfactorily explained to me:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_