

LOMA LINDA PSYCHIATRIC MEDICAL GROUP

1007 E. Cooley Dr., Ste. 109, Colton, CA 92324 • (909) 370-4700

Consent, Patient Rights & Office Policies

1. Consent for Psychiatric Evaluation and Treatment

I voluntarily consent to psychiatric evaluation, diagnosis, and treatment — which may include psychotherapy, medication management, laboratory testing, and referrals — provided by clinicians of Loma Linda Psychiatric Medical Group ("LLPMG" or "the Practice"). I understand that:

1. Treatment is planned around specific, mutually agreed goals, and I am expected to take an active role in setting and working toward them.
2. Psychiatric treatment, including medication, carries potential benefits, risks, and side effects, which have been or will be discussed with me before treatment begins; no specific outcome is guaranteed.
3. The treatment process can bring up uncomfortable feelings (anxiety, sadness, anger); this is a normal part of working through difficult material and will be addressed between me and my provider.
4. I may ask questions about my diagnosis, treatment options, and alternatives (including the option of no treatment) at any time, and I may withdraw consent and stop treatment at any time, except where continued care is required by law (e.g., an active involuntary hold).
5. I am at least 18 years of age, or I am the parent/legal guardian consenting on behalf of a minor or dependent, or I am a minor authorized under California law (e.g., Family Code §6924) to consent to my own outpatient mental health treatment.

2. Telepsychiatry (Telemedicine) Informed Consent

This section applies whenever my visit is conducted by phone or video rather than in person, and supplements — without replacing — the general consent above.

2.1 Benefits and Risks

- Telehealth allows care to continue without both parties being in the same location, which is convenient and supports continuity of care.
- Confidentiality risk: sessions happen outside a private office, so others may be able to overhear if I am not in a private, uninterrupted space. I am responsible for choosing a private location and securing my own device.
- Technology risk: connections can fail, and no electronic communication can be guaranteed fully secure, despite the Practice's use of encryption, firewalls, and other safeguards.

- Telehealth is generally not used for patients in an active crisis requiring high levels of support; an emergency response plan is developed in advance for telehealth patients.
- Research generally shows telehealth is comparable in effectiveness to in-person care, though some clinical information (e.g., non-verbal cues) can be harder to assess remotely.

2.2 Fees and Coverage

- The same fee schedule applies to telehealth and in-person visits. Some insurance plans do not cover telehealth sessions — I am responsible for confirming my plan's telehealth coverage before scheduling, and for the full fee if my plan does not cover it.

2.3 Session Interruptions and Emergencies

- If a session is interrupted and I am not in an emergency, I will disconnect and wait; the clinician will attempt to reconnect within approximately two minutes. If I do not hear back, I will contact the office at (909) 370-4700.
- If a session is interrupted and I am having an emergency, I will not wait for a callback — I will call 911 or go to the nearest emergency room, then contact the office afterward.
- Between sessions, non-emergency messages to the office are typically returned within 24 hours (excluding weekends/holidays).

☐ I have read and understood the Telehealth Informed Consent above and consent to receive care via telehealth.

3. Notice of Privacy Practices (HIPAA) Acknowledgment

I acknowledge that I have been given the opportunity to review LLPMG's Notice of Privacy Practices, which describes how my Protected Health Information (PHI) may be used and disclosed and how I can access it. I understand that LLPMG has certain legal duties to safeguard my PHI, and that I have certain rights regarding it, including the right to request restrictions on certain disclosures and to revoke authorizations in writing at any time, subject to legal exceptions.

☐ I acknowledge receipt of the Notice of Privacy Practices.

4. Consumer Notice of Rights and Responsibilities

4.1 Dignity and Respect

- I have the right to be treated with consideration, dignity, and respect, and the responsibility to extend the same to LLPMG's physicians, staff, and other patients.
- I have the right to access my own treatment records and to have their privacy and confidentiality maintained, regardless of my gender, age, sexual orientation, marital status, culture, economic status, education, or religion.

4.2 Knowledge and Information

I have the right — and the responsibility — to understand my care and coverage, including:

- Participating with my provider in treatment planning, and following the agreed treatment plan or discussing changes with my provider.
- Knowing the names and roles of clinicians involved in my care, my clinical condition, the services and procedures recommended, and any continuing care needs after discharge.

- Understanding how my health plan operates, and understanding my medications — what they are for, how to take them, and their possible side effects.

4.3 Continuous Improvement

- I may contact the Practice or my health plan's member services with questions, concerns, or suggestions, and may appeal unfavorable behavioral health decisions through my plan's established appeal or grievance process.

4.4 Accountability and Autonomy

- I have the right to refuse treatment or to decline participation in research, while accepting responsibility for the consequences of that decision.
- I am responsible for providing accurate health information, keeping appointments (or canceling with as much notice as possible), obtaining any required insurance pre-authorization, notifying my plan within 48 hours of a hospitalization or emergency visit, and paying required copayments and deductibles at the time of service.
- These rights extend to anyone I have legally designated to make healthcare decisions on my behalf.

5. Mental Health Disclosure: Confidentiality, Release of Information, and Consent

5.1 Limits of Confidentiality

All communication between me and my provider is confidential, with legal exceptions. My provider is required to disclose information without my authorization when:

- I authorize a release of information in writing.
- My mental condition becomes an issue in a lawsuit.
- I present a danger to myself, consistent with California case law on a provider's duty in such situations.
- I present a danger to a specific, identifiable other person, under *Tarasoff v. Regents of the University of California* (Cal. 1976), which requires providers to take reasonable steps — which may include notifying the potential victim and law enforcement.
- Suspected child or elder/dependent-adult abuse or neglect must be reported under California's mandated-reporting statutes (Welfare & Institutions Code; Penal Code).

If group therapy is used, I agree not to discuss what other participants share outside of session.

5.2 Release of Information

I authorize release of my information to my primary care physician, other treating providers, institutions, and referral sources for diagnosis, treatment, consultation, and professional communication, and for claims, certification, case management, quality improvement, and benefit administration related to my health plan.

5.3 Consent for Treatment

I authorize my provider to carry out psychological exams, treatment, and diagnostic procedures that are or become advisable during my care, understanding that these will be explained to me on request, that they are subject to my agreement, and that no specific outcome is guaranteed.

- ☐ I consent to the terms of this Mental Health Disclosure (confidentiality limits, release of information, and consent for treatment).

5.4 Consent for Child or Dependent Treatment (if applicable)

I am the legal guardian or representative of the patient named below and, on the patient's behalf, authorize LLPMG to provide mental health services, understanding that all policies in this packet apply to the patient.

☐ Not applicable — I am the adult patient.

☐ Applicable — Patient Name: _____ Relationship to Patient: _____

6. Office Policies — Billing, Insurance, and Appointments

6.1 Billing and Insurance

- LLPMG contracts with various private insurance plans and will bill my insurance on my behalf for those plans.
- I am responsible for any deductibles, coinsurance, copayments, and any charges my insurance does not cover; copayments and coinsurance are due at the time of my visit.
- LLPMG will make reasonable efforts to verify my coverage, but I am responsible for notifying the office promptly of any change to my insurance plan or policy.
- Patients without insurance, or unable to provide insurance information, are required to pay for services at the time they are received.
- Payment for any non-covered service is due at the time that service is received.

6.2 Payment, Refunds, and Forms

- Accepted payment methods: cash, checks, and most major credit/debit cards.
- A \$25.00 fee applies to each returned check; after two or more returned checks in a 12-month period, LLPMG may require payment by cash, credit, or debit card going forward.
- Refunds are issued by check to the address on file, or to the applicable health plan/insurer, and may take up to four weeks to process.
- A \$10.00 fee applies to completion of certain forms (e.g., State Disability, DMV Handicapped placard, Doctor's Certificates). LLPMG does not complete forms for health exams, school/sport physicals, or similar exams.

6.3 Missed Appointments and Late Arrivals

- Appointments should be canceled at least 2 working days in advance.
- A missed first appointment without at least 1 working day's notice results in a \$180.00 Missed Appointment fee, due before the appointment can be rescheduled.
- A follow-up appointment canceled with less than 1 working day's notice results in a \$40.00 Late Cancellation fee; a missed follow-up appointment results in a \$90.00 Missed Appointment fee.
- More than one missed appointment without cancellation notice may result in LLPMG requiring a credit card on file to automatically charge future missed-appointment fees.
- Arriving more than 15 minutes late may result in the appointment being rescheduled and treated as a missed appointment under the policy above.

☐ I have read and agree to the Billing, Payment, and Appointment policies above.

7. Emergency Procedures Acknowledgment

I understand that LLPMPG is an outpatient practice available during office hours only. In a crisis, I will call 911 or go to the nearest psychiatric emergency room, or call or text 988 (Suicide & Crisis Lifeline).

8. Patient Signature

By signing below, I confirm that I have read (or had read to me), understood, and had the opportunity to ask questions about every section of this New Patient Packet, and that I voluntarily agree to its terms.

Patient Signature / Date

Printed Name

Parent/Guardian Signature (if minor/dependent) / Date

Printed Name / Relationship

Witness / Staff Signature / Date

Location of Patient at Time of Signing (City, CA)