

New Patient Information Packet

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Welcome to Comprehensive Psychiatry Group, "CPG". We appreciate you choosing us to help you with your behavioral health needs and are committed to presenting you with the best quality, and cost-effective services. Please take a moment to review this checklist to help orient you to our practice. You have been presented with a number of forms that need your attention and we ask that you make sure to complete them before returning them to the receptionist. If at any time you have a question, please feel free to ask a receptionist for assistance.

The forms in this packet that need your attention are as follows:

- ❑ **ABOUT YOUR TREATMENT AT OUR OFFICE** (FAQ – Frequently Asked Questions) – This form presents an overview of the services offered at our office. It also describes what you can expect of us while you are in treatment as well as what we will expect from you. **This form is for you to keep for future reference.**
- ❑ **PATIENT INFORMATION FORM** (pink) – Asks for basic information about where you live and how we can reach you. **This form gets returned to the receptionist.**
- ❑ **INSURANCE INFORMATION FORM** (blue) – Specifies what insurance carrier(s) you want CPG to bill for the services that you receive at our office. It is important that you notify us anytime you have a change in insurance carrier. Failure to do so will result in you personally being charged for the services rendered. **This form gets returned to the receptionist.**
- ❑ **TREATMENT CONSENT FORM** (white) – This form explains a little more about the services we offer, what you can expect from us, and what we in turn expect from you. In order to receive treatment at CPG you must sign this form. By doing so, you give your permission for treatment at our office, and authorization to bill your insurance company for the services we provide to you. This Treatment Consent can be revoked by the patient or the parent / guardian of a minor child at any point. **The white copy of this form gets returned to the receptionist after you have signed it. (You keep the yellow copy).**
- ❑ **CONSENT TO RELEASE AND REQUEST INFORMATION FORM** (yellow) – This form gives the staff at CPG your permission to either release information about your treatment at our office to another party, or to request information from another party who has previous information about you, that may be helpful in your treatment at CPG. Signing this form is strictly voluntary. We cannot and will not share any information about your treatment at CPG without your written permission with the exception of the three following scenarios:
 - 1) If you are actively suicidal and at risk to harm yourself.
 - 2) If you are actively homicidal and at risk to harm someone else.
 - 3) If you are a minor (under the age of 18), and one of our clinical staff learn of, or suspect that may have been, or are currently being abused emotionally, physically, or sexually.

If one of these three scenarios exists, the clinical staff of CPG is mandated by state law to report the problem to the appropriate parties / authorities. Your personal safety is of the utmost importance to us, and we will do everything in our power to present you with a safe, caring

environment in which you can openly discuss your issues, problems, and concerns. **This form gets returned to the receptionist after you have signed it.**

- PATIENT RIGHTS FORM** (white) – this form explains in detail, what rights you have as a patient at our office, what you can expect from us as well as what we will in return expect from you. **You'll keep the informational part of this form and return the signature page to the receptionist.**

- HIPAA NOTICE OF PRIVACY PRACTICES FORM** (white) – this form explain exactly what your rights are in regards to accessing your medical information and how we can use that same information. You may keep this handout for future reference, and you will be asked to sign a form that becomes a permanent part of your medical record indicating that you were given this notification about Privacy Practices. You will be asked to sign a form entitled NOTICE OF PRIVACY PRACTICES SIGNATURE PAGE. This simply indicates that CPG staff provided you with a copy of the HIPAA Privacy Practices. **You'll keep the informational part of this form and return the signature page to the receptionist.**

- PRESCRIPTION REFILL INFORMATION FORM** (white) – this form explains the policy of giving CPG medical staff a minimum of a 5-day notice BEFORE you run out of your medication. We refill hundreds of prescriptions requests daily and understand the importance of having an ample supply of your medications. Unfortunately, we do not have the luxury of having a doctor in the office every hour of every day that our office is open. Because the physician is the only staff member that can actually write the prescription or give the order for a refill, we ask that you understand it sometimes takes a while to complete your request for a refill. **This form is for you to keep for future reference.**

- PATIENT MEDICATION LIST** (blue) – This form is for you to list all the medications that you are currently on (general and psychiatric), as well as any past psychiatric medications that you had been on in the past. This makes the psychiatrist's task of prescribing medications much easier, less time consuming for the two of you and most importantly, much safer. **This form gets returned to the receptionist after you have signed it.**

- PATIENT MEDICAL HISTORY FORM** – this form provides you with an opportunity to inform our clinical staff about the details of your medical history, any know allergies, nutritional patters, current symptoms, surgeries / hospitalizations, and family medical history. **This form gets returned to the receptionist after you have signed it.**

- PARENT / TEACHER'S QUESTIONNAIRE – (Connor's Forms)** – this form is to be completed by the parents / teachers of the school- aged patient. This is a standardized questionnaire that we use to assess for possible ADD / ADHD (Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder). Please ask for as many copies of the teacher form as needed. Deliver these to your child's teachers and ask them to complete, them and return them to you ASAP. You can then bring the completed questionnaires to the clinician treating your child for further review. **This form gets returned to the receptionist after you have signed it.**

- BDI / CDI** – one of these forms will be in your information packet depending upon your age. All adults are required to complete the "BDI", (Beck Depression Inventory). This is a screening tool to assess for possible depression. All children are required to complete the "CDI", (Child Depression Inventory), for similar reasons. **This form gets returned to the receptionist after you have signed it.**