

Rights and Responsibilities

You have the right:

- To courteous, kind, competent care.
- To collaborative care with your primary physician, or any of your specialists.
- To ask questions (Questions are good!)
- To an explanation of your treatment plan.
- To learn about your disease and treatment options.
- To be seen within 30 minutes of your appointment (every effort will be made to see you in a timely fashion).
- To have your phone calls returned in a timely manner (We will make every effort to return those calls within one business day).
- To obtain a second opinion.
- To seek treatment elsewhere.
- To know my credentialing, my scope of practice, my training and education.
- To know if I feel I cannot help you..
- To utilize alternative and or adjunctive treatment options (just please let us know).
- To emergency treatment and crisis intervention 24 hours a day (during non office hours please call Crisis Stabilization Unit 941-575-0222, Riverside Behavioral Center 941-627-2474, any Emergency Department or 911.) If you need to be admitted to RBC or CSU, the physician on call will be able to take care of you). (Please take a list of your Medications and allergies with you).

We are not a non-hospital, non- emergency out-patient facility. We do not offer 24 hour care.

- To a reasonable fee for my service.
- To your own thoughts, feelings and behavior. (No physical or verbal abuse will be tolerated, though).
- To not to be judged or shamed if you relapse.
- **To confidentiality and privacy of your diagnosis and care.**

Beacon Clinic reserves the right to refuse treatment for legal or ethical purposes.

_____ (initial)

You are responsible for:

- Notifying us if you cannot make your appointment due to cancellation or no show in a 24 hour period, therefore, a fee will be charged accordingly.
- **Giving us three days notice for any medication refill.**
- Giving us 2 weeks notice for any medication refill of a controlled substance (Xanax, Ativan, Klonopin, Ambien, Sonata, Ritalin, etc). The prescribing of those medications is done only in collaboration with physician.
- To let us know if you have concerns regarding your treatment.
- Being honest. (ie, If you are not taking your medications as directed, please let us know).
- Letting us know all the medications you are taking. (name, dose, time, etc). including over the counter, or herbal supplements. Seeking additional information on your diagnosis, medication and treatment options.
- Help if you feel suicidal (by calling here, CSU: 941-575-0222 or RBC 941-637-2474 9or 911).
- For not giving up (repetitive suicide attempts will not be tolerated)
- Respect the thoughts feelings and behavior of others you encounter in this office, (including maintaining their privacy, and right to confidentiality.)
- Notifying us if you feel you are relapsing, so I can reevaluate and redirect your care.
- Keeping your bill current.
- Providing us with a current accurate address, and way of getting in touch with you.

By signing I agree to have read all of the above statements.

PRINT NAME: _____ DATE: _____

PATIENT SIGNATURE: _____ COPY GIVEN TO PATIENT: _____