

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_



DISTRICT MEDICAL GROUP  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AN HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how the DMG Clinic may use and disclose your medical information to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. This notice also describes your rights concerning your medical information.

**1. HOW WE WILL USE AND DISCLOSE YOUR MEDICAL INFORMATION**

Your medical information may be used and disclosed by your provider, our office staff, and others outside of our office involved in your care and treatment for the purpose of providing health care services to you. Your medical information may also be used and disclosed to pay your health care bills and to support the operation of your provider’s practice.

**Following are examples of the types of uses and disclosures of your medical information that your provider’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.**

**Treatment:** We may use or disclose our medical information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. We may also disclose medical information to other physicians or providers who may be treating you. For example, your medical information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your medical information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician or provider.

**Payment:** We may use or disclose your medical information in order to obtain payment for your health care service provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant medical information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use or disclose your medical information to improve the quality of care provided to clients or to support the business activities of the office. Your medical information may be used to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. We will share your medical information with third party “Business Associates” that perform various activities (for example, billing or transcription services) for our office. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your medical information.

**Family Members, Friends and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care or to someone who helps to pay for your care. We may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

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**Required by the Law:** We may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abused neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your medical information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA regulated products or activities including to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as required.

**Legal Proceedings:** We may disclose medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) a medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Medical information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

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**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of our eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** We may disclose your medical information as authorized to comply with worker's compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

**1. OTHER USES AND DISCLOSURES**

We will ask for your written authorization if we plan to use or disclose your medical information for reasons not covered in this Notice. You have the right to revoke the authorization at any time. If you revoke your authorization we will no longer use or disclose your medical information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

**2. YOUR RIGHTS**

**i. Right to this Notice:** You may request a paper copy of this Notice of Privacy Practices from us at any time.

**ii. Right to request your medical information:** You may request access to the medical information about you that we have in our records. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

**iii. Right to request an amendment to your medical information:** You may request an amendment of your medical information that you believe is incorrect or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**iv. Right to request a restriction of your medical information:** You may request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of the restriction unless it is needed to provide emergency treatment.

You may request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the item or service is paid out of pocket and in full. This restriction does not apply to the use or disclosure of your medical information related to your treatment.

**v. Right to request confidential communications from us by alternative means or at an alternative location.** You may request that we communicate with you in a way that is more confidential. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

In order to exercise any of your rights described above, contact the office manager for the necessary forms.

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**3. CHANGES TO THIS NOTICE**

We Reserve the right to amend the terms of this Notice. If this Notice is amended, the amended terms will apply to all medical information that we maintain at that time. You may request a copy of the revised version by calling the office and requesting that a copy be sent to you in the mail or asking for one at the time of your next appointment.

**4. QUESTIONS OR CONCERNS**

If you have any questions about our privacy practices or any of the information contained in this Notice of Privacy Practices, or wish to register a complaint related to our privacy practices, please send your written complaint to the Privacy Officer at:

District Medical Group  
Office of Corporate Compliance  
2929 E. Thomas Rd.  
Phoenix, AZ 85016

You may also file a written complaint with Secretary of the US Department of Health and Human Services (HHS) at:

Office for Civil Rights  
US Department of Health and Human Services  
90 7th Street, suite 4-100  
San Francisco, CA 94103  
Attn: OCR Regional Manager

You may also file a written complaint to the Arizona Department of Health at:

Arizona Department of Health  
150 North 18<sup>th</sup> Avenue  
Phoenix, AZ 85007  
602-364-4764

We will not make you waive your right to file a complaint with HHS as a condition of receiving care from us, or penalize you for filing a complaint with HHS.

This notice was published and becomes effective on **01/01/2013**.

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## PATIENT RIGHTS

- Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnoses;
- To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- To receive privacy in treatment and care for personal needs;
- To review, upon written request, the patient's own medical record according to Arizona Revised Statutes 12-2293, 12-2294, and 12-2294.01;
- To not have private property misappropriated (taken or stolen) by any employee, volunteer or student at the outpatient treatment center;
- To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
- To participate or refuse to participate in research or experimental treatment;
- To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights;
- To receive a referral to another health care institution if the outpatient treatment center is unable to provide physical health services or behavioral health services for the patient;
- Except in an emergency the patient has the right to consent to or to refuse treatment and may withdraw consent before the treatment is started;
- Except in an emergency the patient will be informed of alternatives to a proposed psychotropic medication or surgical procedure and is informed of associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
- The patient will be informed on the outpatient treatment center's policy on healthcare directives and the clinic's complaint process;
- The patient has the right to consent or to refuse having a photograph taken, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes;
- To be treated with consideration, respect, and dignity;
- To send complaints or claims to members of clinical staff, or to outside entities or other individuals without limitation or retaliation;
- To make fair, timely, and impartial complaints. To receive, upon discharge or transfer, recommendations for treatment; and
- Except as otherwise permitted by law, the patient has the right to provide written consent for the release of information regarding the patient's medical or financial records.

*R9-10-1008 Patient Rights; reviewed 8/26/2020*

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## DMG Patient Handbook of Administrative Policies

### Registration Policy:

All patients or the patient's legal guardian will be provided with a copy of this written policy regarding the clinic's registration procedures, no-show/cancellation policy and procedures, billing policies, termination policy, medication refill policy at the time of registration (prior to their first visit), and the patient or their legal guardian will accept the terms and conditions by signing an acknowledgment of all clinic practices.

### Registration Procedure:

1. Insurance coverage will be verified as a courtesy for patients who have insurance coverage, prior to the first appointment. If any coverage issues are found during insurance verification, DMG Outpatient Clinic will communicate the information to the patient prior to their visit. However, the ultimate responsibility for verifying coverage rests with the patient. Benefit information obtained from the insurance company and/or authorization(s) are not a guarantee of payment to DMG. Any charges not paid by the insurance company will be the financial responsibility of the patient. Any changes in insurance, deductibles, and/or co-pays are the responsibility of the patient. It is not the responsibility of DMG Outpatient Clinic to review the balance of any deductibles, changes in insurance or insurance information, or coordination of benefits. Any charges incurred due to, but not limited to deductibles, loss or change of insurance, or failure to coordinate benefits will be the patient's financial responsibility. If authorization for services is required with the patient's insurance, DMG will retrieve authorization for the initial services. It is the responsibility of the patient to request DMG to obtain additional authorizations after the initial authorization has lapsed and/or all visits authorized have been used. If the patient fails to notify DMG or fails to retrieve authorization for the services and authorization is not obtained, any charges incurred that the insurance company denies due to lack of authorization will be the financial responsibility of the patient.
2. Co-pays, deductibles, or any outstanding amounts on the patient's account are due and payable prior to the patient's appointment and will be collected prior to services being rendered; a follow-up appointment will not be scheduled if there is a balance due, UNLESS the provider determines that the patient is in an emergency situation, in which case, a follow-up appointment will be provided and the patient will be given a 30-day written termination notice. An outstanding balance on the patient's account includes no-show and/or late cancellation fees that have not been collected.
3. New patients will be provided a written statement regarding the clinic's billing policies, termination policy, medication refill policy and no-show/cancellation policy; they will sign this statement to indicate they have read it and acknowledge the clinic's operating practices. The patient may receive complete copies of these policies, at his/her request. It is the patient's responsibility to read the policy.

### No-Show/Cancellation Policy and Procedure:

1. Patients who fail to show for an appointment or do not provide 24 hours' notice may be assessed a no-show fee applicable to the appointment scheduled. No-show fees will only be assessed if allowable under patients' identified insurance carrier. For example, AHCCCS care members and adults eligible for AHCCCS for Families with Children will not be assessed a no-show charge for missed appointments. The following fees may apply: For clinic visit: a fee of \$25. For medication management/ psychiatry: a fee of \$ 60. For therapy appointments: a fee of \$ 70 may be assessed to the patient account. Please contact your DMG Outpatient Clinics for cancelling and rescheduling appointments; a message may be left after hours. Reminder calls through our automated system are a courtesy and may not occur at all times. It is the patient's responsibility to ensure they are present for their scheduled appointment(s) or to provide notice of their cancellation.

No-show/late cancellation fees are not negotiable, except in extenuating circumstances that require approval by the Clinic Manager or designee.

If an appointment is canceled late (without 24 hours-notice) and rescheduled for the same day, this will also result in a no-show fee applicable to the service.

2. If a patient has a third no-show or cancellation (with or without 24 hours' notice), they may be sent a letter terminating care with 30 days' notice. If the third no-show or cancellation occurs immediately following the first no-show, no refills of medication will be given and the patient will have been considered to have waived the notice period, as per the written termination policy. If the third no-show occurs later during their treatment, the provider (at his/her discretion) may provide refills of medication to cover the notice period of 30 days, and may choose to see the patient during that 30 days if necessary due to the presence of an emergency condition.

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### **Billing Policy and Procedure:**

Residual amounts due after insurance adjudication will be billed directly to the patient and are the patient's financial responsibility. Payment is due prior to services being rendered.

1. If a refund is owed to the patient, the refund will be paid within approximately 6-8 weeks of adjudication.
2. DMG Outpatient Clinic bills the patient's insurance company as a courtesy to the patient. The patient's insurance benefits are a contract between the patient and the patient's insurance company. It is the patient's responsibility to verify their mental health benefits. If benefits are exhausted, the patient is liable for all charges incurred. Whatever disagreements the patient has with his/her insurance company including benefit information; it is the patient's responsibility to contact their insurance company to resolve. It is the policy of DMG that DMG collects any amounts as verified through the patient's insurance company, such as co-pays or deductibles. DMG will not make multiple verifications if the patient disagrees with the information obtained from the insurance company. It is the patient's responsibility to contact their insurance company if there are any discrepancies.
3. If there are billing issues, the patient is to contact our customer service department directly at 602-470-5075. Patient billing is handled through the corporate business office. *DMG Outpatient Clinic is not involved in the billing other than accepting any co-pays, deductibles, outstanding balances, or verifying insurance coverage as a courtesy.*
4. For self-paying patients who are filing their own claims with insurance companies with which DMG Outpatient Clinic is not affiliated, the patient will be issued a copy of the encounter form that specifies all criteria needed for insurance companies to process the claim for their member and a receipt of payment.
5. DMG Outpatient Clinic is accepting self-pay patients. All payments for services are due and payable prior to the visit, prior to services being rendered.

### **Administrative Services Listing:**

Fees for administrative services are to be paid in advance and are not billed to your insurance carrier and/or to your patient account. The following fees may be assessed for the following items:

- |  |         |
|--|---------|
| 1. Employee Completed Forms:   | \$60.00 |
| • FMLA Forms   |         |
| • Disability Forms   |         |
| • Adoption Forms   |         |
| • Other forms requiring manual completion  |         |
| 2. All ancillary forms to forms stated above   | \$30.00 |
| 3. Copies of Medical Records (except to treating physicians and health insurance carriers) | \$25.00 |
| a. An additional \$.25 fee may be applied for every page.                                  |         |
| b. This Medical Records fee will not apply to requests exempt under Arizona Statute.       |         |

### **Medical Records:**

1. DMG Outpatient Clinics will make every attempt to obtain medical records on all new patients prior to their first appointment.
2. It is at the provider's discretion to complete the patient evaluation upon the first appointment if Medical Records have not been provided by the patient.
3. In a situation where a more recent psychiatric evaluation or treatment is not disclosed during the phone screening process, we will require receipt of the medical records prior to a second appointment being scheduled.

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## Medication Policy

**Purpose:** To establish guidelines, policies, and procedures for medication/ePrescribing services

**Policy:** The following procedures will be followed by all providers authorized to dispense prescriptions for patients:

- Medication practices vary depending on site location. Medication services may include dispensing of prescriptions, assistance in the administration of medication, and medication samples.
- Our prescribers utilize the Arizona Controlled Substance Prescription Monitoring Program, as mandated by law.
- Psychotropic medications may not be prescribed for more than three (3) months and is at the discretion of the provider.
- Medications that require labs will be ordered by the prescribing provider. It is the patient's sole responsibility to communicate which lab is in network with their insurance. Lab results will be reviewed by the provider when received by the lab site and, if needed, the patient will be contacted by the provider.
- If a physical prescription is needed, it will be the patient's responsibility to obtain it from the clinic within normal business hours.
- After a prescription is ordered by the prescribing provider, it is the patient's responsibility to obtain their medication from their pharmacy of choice. Clinical staff will assist the patient with obtaining an authorization from their health plan if the particular medication is not immediately authorized.
- **Refills:**
  - Patients will allow three to five business days for the medications refill request to process
- **ePrescribing** is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care.
  - All prescriptions, including controlled substances, will be electronically prescribed unless the Electronic Medical Record is not working, in which case the prescriptions will be hand written and physically given to the patient.
- **Controlled Substances** at DMG Outpatient Clinics may be defined as, but not limited to:
  - An anti-anxiety medication used for the treatment of anxiety, panic, insomnia, and off-label use conditions.
  - Psycho-stimulant medications used for the treatment of attention deficit disorders, depression, and off-label use conditions.
- All prescriptions, including controlled substances, will be electronically prescribed unless the Electronic Medical Record is not working, in which case the prescriptions will be hand written and physically given to the patient.
- If you are prescribed a controlled medication as outlined above, you may be required to sign and adhere to the Controlled Substance Agreement, which is used to prevent misunderstanding about prescription medications that have the potential for abuse and dependence.
- **Informed Consent** for medication treatment is a process that involves ongoing communication between the prescribing provider and the patient who will be taking the medication, or his/her legal guardian, and can be best accomplished through the use of both verbal and written processes.
  - Informed Consent for Medication shall be obtained from the patient/legal guardian for each medication prescribed. The patient's medical record will contain the documentation of the informed consent and will be filed in the chart.
  - When two or more medications are listed on the Informed Consent for Medication as being initiated at the same time, the provider may draw all of these together under one signature and date, but will list each medication separately.
- **Medication History** is obtained to provide the physician with information about medication(s) the patient is already taking to minimize the number of adverse drug events.
  - Our prescribers utilize the Arizona Controlled Substance Prescription Monitoring Program, as mandated by law.



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## Complaint or Grievance Procedures:

If you have a concern regarding your care at the clinic today or at any other time you access the care and services of this clinic you have the right to file a grievance or make a complaint to our employees if your care is not satisfactory.

You can freely voice your complaints, recommended changes and/or file a formal grievance without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

DMG staff, providers, managers and directors will promptly and respectfully address patient or patient representative complaints. The staff will attempt to address and correct the area of complaint or will refer the complaint to the proper person to handle it. If the staff are unable to address the issue to your satisfaction a formal grievance can be submitted by the patient or patient representative by writing a letter. DMG will respond to the grievance within 7 days of being received.

You also have the right to make a care complaint to the Arizona Department of Health Services whether you have complained to clinic staff or not. The Arizona Department of Health Services Licensing Division can be reached by phone at (602)364-3030. They have an online complaint process as well which can be accessed at [https://app.azdhs.gov/ls/online\\_complaint/MEDComplaint.aspx](https://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx). The Department of Health is located at 150 N. 18<sup>th</sup> Avenue, Phoenix, AZ 85007.

### Procedimiento de Queja o Agravio

Si usted tiene una preocupación con respecto a su cuidado hoy en la clínica o en cualquier otra vez que tenga acceso al cuidado o servicios de esta clínica usted tiene el derecho de presentar una queja o agravio a nuestros empleados si su cuidado no es satisfactorio.

Usted puede libremente expresar sus quejas, recomendar cambios y/o formalmente presentar un agravio sin ser sujeto a coerción, discriminación, represalias o interrupción de cuidado irrazonable, tratamiento y servicios.

El personal de DMG, proveedores, gerentes y directores rápidamente y respetuosamente abordaran al paciente o representante de quejas del paciente. El personal intentara abordar y corregir el área de queja o remitir la queja a la persona apropiada para manejarlo. Si el personal fue incapaz de abordar esta cuestión a completa satisfacción un agravio formal puede ser presentado por el paciente o su representante.

DMG responderá al agravio dentro de 7 días de haberlo recibido.

Usted también tiene derecho de presentar una queja de cuidado a Arizona Department of Health Services si usted se quejó o no con el personal de clínica. Puede comunicarse a Arizona Department of Health Services Licensing Division por teléfono al (602)364-3030. El departamento de salud está situado en el 150 N. 18th Ave, Phoenix, AZ 85007. Tienen un proceso de quejas via internet en el que usted puede tener acceso en [https://app.azdhs.gov/ls/online\\_complaint/MEDComplaint.aspx](https://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx).

### Termination Policy and Procedure:

1. Patients may terminate treatment at any time.
2. The clinic may terminate treatment for the following reasons:
  - a. The provider determines that the clinic staff does not have the expertise to treat the patient's problems.
  - b. The provider determines that the patient needs a higher level of care and DMG Outpatient doesn't provide the scope of services needed for the patient.
  - c. The patient is failing to adhere to the treatment plan – i.e. misuse of prescribed medication, failure to notify the provider of significant changes in condition, three or more no-shows or cancellations (with or without 24 hours-notice) consecutively for scheduled appointments, or multiple appointment cancellations that result in significant periods without treatment.
  - d. Failure to pay outstanding charges on patient account or failure to pay for services to include no-show fees.
  - e. Inappropriate behavior (e.g., threats, derogatory language, and/or not limited to any disruption to the clinic).
3. If the clinic terminates care, the patient will be provided written notice including the reasons for the termination and referrals for alternative sources of treatment (if, in the opinion of the provider, the patient would benefit from some further treatment). Notice period will be 30 days UNLESS termination is due to non-adherence with the treatment plan or inappropriate behavior, in which case the patient will be considered to have violated the treatment contract and waived the notice period.
4. If a patient's treatment has been terminated for any of the reasons listed above, the patient's record will not be re-opened in the future for any reason or for any other outpatient provider, unless authorized by the Clinic Manager or designee.