

*Thank you for selecting Pine Rest for your behavioral health needs. We look forward to serving you.*

**Pine Rest's Mission:** We are called to express the healing ministry of Jesus Christ by providing behavioral health services with professional excellence, Christian integrity and compassion.

**Confidentiality:** Pine Rest is careful to follow all HIPAA and privacy laws and policies.

- No patient information is released without your written permission except for a situation in which you or another person is in immediate danger.
- When you sign our Consent for Treatment form, it allows Pine Rest to share pertinent information regarding your treatment with your insurance company.
- Employees of Pine Rest have access to confidential information on a “need to know” basis. Employees follow privacy laws and will not release information without proper authorization.
- E-mail is not a secure (confidential) form of communication and should not be used to communicate with your provider.
- When sharing your phone number (including cell number), you give permission for these numbers to be called and messages to be left unless you inform us otherwise.

**Phone Calls and MyChart Messages:** Your care is important to us, and we work to respond to your call or message in a timely manner. If your situation is an emergency, notify the support staff of this. If you have a life-threatening mental health emergency after normal business hours, please call 911 or the Pine Rest Contact Center at 616-455-9200 or 800-678-5500.

**Medication Refill Requests:** Our providers require a minimum of 3 business days for your medication refill request to be processed.

**Smoking Policy:** All Pine Rest locations are non-smoking. There are NO designated smoking areas.

**Weapons Policy:** All Pine Rest clinics are hospital affiliated facilities and weapons free zones.

**Legal Proceedings:** Pine Rest clinicians are occasionally requested to testify in legal proceedings. In the event your Pine Rest clinician agrees to testify in a legal proceeding, Pine Rest requires the patient to reimburse to Pine Rest the costs incurred (through time lost serving other patients) in preparing to testify, appearing for testimony, and testifying, as well as other expenses incurred for attendance and testimony at any legal proceeding related to the treatment provided by the clinician.

**Attendance and Missed Appointment fees:**

- Please arrive 10 minutes before the start of your appointment and check in at the reception desk.
- If you have a telehealth appointment, please complete E-check in through MyChart 15 minutes prior to your appointment.
- If you arrive late, (generally 15 minutes for therapy, 10 minutes for groups or 5 minutes for a psychiatric medication check) you may be asked to reschedule your appointment or may not be allowed into a group session.
- We require notification if you are unable to make your appointment—you must call at least **24 hours prior to the appointment** so that we can fill this appointment slot. **Late cancellations or no-shows for appointments will be charged a fee of \$52, unless disallowed by payer agreement.** This fee will be your responsibility and not the insurance company's.
- If you have 3 or more broken appointments, your case may be reviewed to determine your ability to continue in treatment.

**Virtual/Tele Appointments:**

- Telehealth visits are offered but individual insurance payers determine if the service is covered under your insurance plan.
- To use telehealth services, you must have the ability to be on video for the duration of your appointment and will be required to have a Pine Rest MyChart account to join your visit.

**Account Balances:**

- Most insurance companies do not cover 100% of charges.
- You are expected to pay your co-pay and/or deductible at the time of each service.
- If you find it difficult to make your payment, you must notify us of your circumstances to determine eligibility for our Patient Assistance Fund (PAF).
- If at any time your balance exceeds \$300, you will be required to set up a payment plan.

**Letters/Forms/other Correspondence:** If you request a letter, form, or other type of correspondence (SSI paperwork, medical leave, attorney letter, etc.) to be completed on your behalf, you will need to provide information as requested by the provider or letter recipient. A release of information is required. Charges for the clinical time spent on the correspondence must be paid before the material is released. The charge for short term disability and FMLA paperwork is \$25.