



Light Mental Health, LLC

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Agreement of Confidentiality

The confidentiality of alcohol and drug abuse client records maintained by this agency is protected by Federal Law and Regulations (see 42 CFR Part 2; 42 USD 290ee-3). All information discussed between the patient and the provider is confidential. This agency will not disclose information identifying any individual as a patient or identifying any patient as a substance use disorder diagnosed person. In some specific instances, the following types of disclosures may be made per Federal guidelines:

1. The patient consents in writing.
2. The disclosure is required by a court order.
3. The disclosure is. Made in the case of a medical emergency to qualified medical personnel, or
4. Unidentifiable disclosure may be made to qualified personnel for research, audit, or program evaluation.

Federal Law and regulations do not protect any information either about a crime committed by a client against the agency, against any person who works for the agency, or about any threat to commit such a crime.

Federal Law and Regulations do not protect any information about a suspected child abuse/neglect from being reported under State Law to appropriate State or local authorities. Under Massachusetts law, addiction during pregnancy is not sufficient for reporting child abuse/neglect.

Violation of the Federal Law and Regulations by any agency is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

If you suspect your rights to confidentiality have been violated, proper procedure includes contacting the business manager by calling main # and leaving a message.

Client Bill of Rights

It is the philosophy of Light Mental Health LLC to provide the best possible care while recognizing the rights of the individual. You have:

1. The right to considerate and respectful care
2. The right to individual dignity and personal privacy
3. The right to obtain from your provider, Kelly Hargett, FNP, PMHNP, all current information concerning diagnosis, treatment and prognosis. When not clinically indicated, the information should be made available to an appropriate person on your behalf.
4. The right to refuse treatment, to the extent provided by law, and to be informed of the consequences of this action.
5. The right to expect reasonable continuity of care.
6. The right to confidentiality of records, to the extent provided by law.
7. The right to request and receive a copy of the bill, or statement or charges, submitted to any third party by this agency for your care.
8. The right to file a grievance report regarding any concern for services rendered.
9. The right for patients who are served by this agency, to be seen for services regardless of the ability to pay. No one will be denied admission based on disability, race, gender, gender identity, creed ethnic origin, sexual orientation, religion, age or ability to speak English.
10. The right, upon written request (release of records) to review clinical files, with you and your clinician.

Complaint/Grievance Procedure

The client may make a complaint at any time and expect a response and/or resolution in a timely manner as possible. Patient complaint procedures are as follows:

- 1) Initial communication can be verbal or written and may be reported to the Light Mental Health LLC Grievance Director. Every effort will be made at the initial time of the complaint to address the issues with the complainant to immediately resolve the problem to the client's satisfaction.
- 2) If a solution is found and agreed to by you/your family within 3 working days the complaint is resolved.
- 3) If a complaint cannot be resolved immediately, the Grievance Director verbalizes that the issue will be reviewed/investigated, and the client will be notified of the

result as soon as the review is complete. The complaint is documented on the standard Event Report form.

- 4) Follow up by phone call and/or letter should be done as soon as possible or within 3 business days.
- 5) The completed Event Report form with documented resolution and follow-up is kept for pattern analysis and trending.
- 6) Evaluation of patient complaints are managed through the Patient Satisfaction survey process and through continuous quality improvement activities.

Informed Consent regarding limitations on Confidential Communications

I understand that information about my treatment and communications with my provider may not be released without my written authorization. However, these communications or this information may have to be revealed without my permission as explained below:

1. If necessary to protect my safety or the safety of others.
 1. If I am clearly dangerous to myself, my provider may take steps to seek involuntary hospitalization. My provider may also contact members of my family or others if necessary to protect my safety.
 2. If I threaten to kill or seriously hurt someone and the provider believe I may carry out my threat, or if I have a known history of physical violence and the provider team believe I will attempt to kill or seriously hurt someone, my provider may:
 - Tell any reasonably identified victim.
 - Notify the police; or
 - Arrange for me to be hospitalized.
2. If a judge thinks the provider has important evidence about my ability to provide suitable care or custody in a child custody or adoption case.
3. In court proceedings involving the care and protection of children or to dispense with the need for parental consent for adoption.
4. If the provider believes a child, a handicapped person, or an elderly person in my care is suffering injury because of the abuse or neglect.
5. To provide information regarding my diagnosis, prognosis and course of treatment, including the treatment plan, to an insurance company or government agency paying for my care.

6. To create a treatment plan as required with the provider that reflects the goals that I have identified with the provider.
7. In a legal proceeding where I introduce my mental or emotional condition, or, in the event of my death, in a proceeding where my mental or emotional condition is introduced.
8. If I bring an action against the provider and disclosure is necessary or relevant to a defense.
9. If necessary to use a collection agency or other process to collect amounts I owe for services.
10. If a court issues a “bishop” order giving access to my records to defense counsel in a sexual assault or criminal case.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect being reported under state law to appropriate state authorities. (See U.S.C. 290dd and 42. 290ee-3 for federal laws and 42 CFR, part 2, for federal regulations).

Discharge Policy

Purpose: The purpose of this policy is to provide structure and a foundation in which to support the mission and goal of Light Mental Health LLC, and to provide a safe, therapeutic environment dedicated to creating a culture of recovery from mental illness.

The following behaviors will result in immediate discharge from Light Mental Health LLC outpatient services and will be documented as such within the discharge summary.

- Violence or Potential of engaging in violence towards Kelly Hargett or others.
- Possession or use of dangerous weapon by a client including all objects used as weapons.
- Any criminal behavior on premises that becomes evident to Light Mental Health staff.
- Specific verbal or nonverbal threats of committing homicide sexual and/or physical injury towards a staff member or a client (the staff member or client must be specifically identified or named by the threatening client),
- General verbal or nonverbal threats of committing homicide and/or physical injury toward any staff member or client in general (not specifically named) if

- determined by staff members involved that the patient has a serious intent of committing such violence and/or the client will not contract for safety.
- Controlled medications (e.g., benzodiazepines) were obtained from multiple prescribers without prior notification to Kelly Hargett, NP, and/or in noncompliance with the Controlled Medication Agreement.

Telehealth Protocol/Procedures

Telehealth is defined as the use of two-way, interactive technology to provide health care and facilitate patient provider interactions. Telehealth modalities may be synchronous (live or real time) or asynchronous (delayed communication between clients and providers). Telehealth has the potential to address the treatment gap, making treatment services more accessible and convenient, improving health outcomes, and reducing health disparities.

Providers and clinicians will explain to their patients as part of the informed consent procedures, the benefits, limitations, and boundaries of the use of telehealth.

Access:

Providers and clinicians will provide information to patients regarding access to pertinent applications when providing technology-assisted services.

Providers and clinicians will ensure that electronic links are working and are professionally appropriate.

Method preferred:

- Patient is offered the preferred method Audio/Video at the initial visit or when rescheduling visit.
- Video is the preferred method unless patient verbalizes preference for Audio.
- If patient is requesting an in person visit, the provider or clinician should accommodate the request.
- If the provider or clinician feels that patient should be seen on Video or in person and the patient refuses, the provider or clinician will educate patient around the rationale of the decision including how care could potentially be compromised and could result in possible discharge.

What constitutes a No Show?

- Three calls within patient's appointment time
- Providers will attempt to call both numbers listed in the patient chart.

- When using Doximity, the provider will send a text and will call patient. The provider or clinician should then document how many times they called the patient. The appointment should then be created as soon as possible.

Effectiveness of Services/Distractions: (e.g., shopping, driving, friends or family around, patient impaired)

- Education to the patient around making sure the patient reserves time for their appointment that includes privacy and little opportunity for distractions.
- The provider or clinician will provide education around challenges/barriers preventing services under these circumstances.
- Provider will offer a rescheduled appointment for when the patient will be in an environment more conducive to participate in the treatment process.
- If it comes to light that the patient sounds/appears impaired- the provider/clinician will take necessary steps to evaluate whether medical intervention or other such steps including other clinical interventions are necessary. If it is determined the patient needs help immediately, then 911 or 988 should be called. A TE should be created to coordinate care with a follow-up within 24 hours so that additional resources can be provided if necessary.

Technological challenges: (Video/Audio disconnection/poor connection)

- If video via Valant gets disconnected due to poor connection, provider will send a text to try reaching the patient. If by voice the provider/clinician should leave a voice message (if possible) with their work number 978-545-1442.
- If the session gets disconnected by audio, follow the steps above (text with 978-545-1442) so that the patient can call and reschedule the appointment).
- If there is no or very brief communication, the session will be considered, “Rescheduled by Provider” appointment.
- A follow up should be rescheduled as soon there is availability.

Missed Appointment, No-Shows, Cancellations and Re-scheduling Policies.

Light Mental Health, LLC with Kelly Hargett is committed to supportive you reaching your treatment goals with medication and psychotherapy, if indicated. Due to the overwhelming demand for services, missed appointments our ability to serve other parents in our community.

Three (3) no shows or late cancellations/rescheduled appointments for medication or psychotherapy during the last 12-months results in your case being

closed. When your case is closed, you will need to communicate with your Primary Care Provider (PCP) about refills. To begin services again, you will need to wait three (3) months before you can begin seeing Kelly Hargett, psychiatric mental health nurse practitioner, again.

We will make every effort to inform you when you have missed an appointment so you may reschedule. We will also make every effort to notify you if you are at risk of your services being closed.

Appointments are considered missed or late when patients:

- Do not attend their scheduled appointment.
- Do not call cancel or reschedule their appointment by 4pm the day before the appointment.

Patient Compliance Policy

As a patient at Light Mental Health, LLC we are committed to providing the quality of care you deserve. Therefore, it is important to have an **appointment at a minimum of every 3 months** to ensure you are receiving that care. You will be notified by letter if you need an appointment. If we do not hear from you by the 4th month, you will become inactive, and risk being discharged from the practice. We will do our best to accommodate your needs as we do understand life is busy.

Patient Payment Responsibilities

Co-payments are required at the time of service. Please ensure there is a form of payment in your chart, and if you prefer to pay with cash or check, pay at the time of your appointment. If you have a credit card on file, it will be billed at the time of service.

Insurance Deductibles, it is important the deductible is paid once your insurance has returned the Explanation of Benefits. Once your insurance has returned this, the amount identified as "**patient responsibility**" is applied towards your yearly deductible. **If you do not pay your deductible, the provider (Kelly Hargett, NP) does not get paid** nor will you be following your insurance plan. If you have any questions regarding your

deductible, please call your insurance company. For balances \$300 or higher, care can be declined.

If you have any questions, call or email anytime. If you have a balance on your account and are experiencing financial difficulties, please let us know.

_____ I have read and understand the above procedure

Signature of Patient/Parent/Guardian

Date _____