Informed Consent and Patient Rights Policy

Sunflower Mountain Mental Health (SMMH)

Effective Date: January 1, 2025

Purpose

Sunflower Mountain Mental Health (SMMH) is committed to ensuring that patients understand their rights, responsibilities, and the nature of services provided. This policy aligns with **Medicare, Medicaid, HIPAA, and Colorado healthcare regulations** to protect patient autonomy, confidentiality, and informed decision-making regarding treatment.

Scope

This policy applies to all patients receiving services from SMMH and outlines their rights, informed consent requirements, and expectations for participation in care.

Patient Rights

As a patient at SMMH, you have the right to:

1. Information About Your Care

- a. Receive clear and comprehensive explanations regarding your **diagnosis**, **treatment options**, **risks**, **benefits**, **and expected outcomes**.
- b. Ask questions and receive understandable answers before making decisions about your treatment.

2. Medically Necessary Services

- a. Access services that are clinically appropriate and necessary for your condition.
- b. Receive care in the **least restrictive setting** appropriate for your needs.

3. Privacy and Confidentiality

- a. Your medical information is protected under **HIPAA** and **Colorado state privacy** laws.
- b. SMMH will not release your medical records without your consent, except as required by law.
- c. For more details, refer to the HIPAA Privacy Practices Policy.

4. Participation in Care Decisions

- a. Be actively involved in creating and modifying your treatment plan.
- b. Refuse or discontinue treatment, unless restricted by a court order or emergency situation.
- c. Seek a second opinion regarding any aspect of your care.

5. Non-Discrimination

- a. Receive care free from discrimination based on race, ethnicity, gender identity, sexual orientation, disability, or financial status.
- b. For more information, refer to the **Medicare Beneficiary Rights Policy**.

6. Complaints and Grievances

- a. Express concerns about your care without fear of retaliation.
- b. If unresolved, file complaints with:
 - i. Office of Behavioral Health (OBH): (303) 866-7400
 - ii. Colorado State Grievance Board: (303) 894-7800

7. Access to Records

a. Request access to your medical records in accordance with **federal and state**

8. Advanced Directives

- a. Create and update an **Advanced Directive** outlining your care preferences in the event you cannot make decisions for yourself.
- b. For more information:

i. Federal Resource: HHS Website

ii. Colorado Resource: Advance Directives Information

Informed Consent

SMMH requires **informed consent** for all treatment, ensuring patients understand the nature and purpose of their care.

1. Understanding of Services

- a. Patients will receive **written and verbal explanations** of treatment options before consenting.
- For specific policies, refer to the Telehealth Compliance Policy and Controlled Substance Management Policy.

2. Attendance and Cancellation Policy

- a. Patients are expected to follow SMMH's Attendance and Cancellation Policy.
- b. Repeated no-shows or late cancellations may result in termination of care.

3. Treatment Limitations

- a. SMMH does not provide emergency or inpatient services.
- b. For crisis care, refer to the **Crisis & Emergency Response Policy**.

4. Communication and Technology

a. Patients consent to using **secure electronic communication methods** for scheduling and non-emergency matters.

 Review the Secure Electronic Communication & Patient Consent Policy for details.

5. Controlled Substances

- Patients prescribed controlled substances must adhere to the Controlled Substance Management Policy.
- b. This includes compliance with PDMP monitoring, random drug screening, and prescribing limitations.

6. Financial Responsibility

- a. Patients must review and agree to the Billing & Financial Assistance Policy.
- Self-pay patients may request a Good Faith Estimate (GFE) under the No Surprises Act (NSA) Compliance Policy.
- c. Voluntary Insurance Waiver Option
 - i. Patients who have active health insurance may also choose to voluntarily decline the use of their coverage for services at SMMH. If a patient elects this option, they must complete and sign the SMMH Health Insurance Waiver Questionnaire prior to receiving services.
 - ii. This agreement confirms the patient's full financial responsibility and prohibits submission of documentation for insurance reimbursement. Not all patients are eligible to waive insurance (e.g., Medicare and Medicaid restrictions apply). For further information, refer to the **Insurance Waiver Policy**.

7. Student Clinicians

- a. SMMH supports training for future mental health professionals.
- b. **Student clinicians or interns may participate in patient care** under licensed supervision.
- c. By receiving services at SMMH, you consent to their involvement unless otherwise stated.

Emergency Services Disclaimer

- SMMH does not provide emergency psychiatric or medical services.
- If experiencing a crisis, contact:
 - o 911 for medical emergencies
 - Colorado Crisis Services: (844) 493-8255 / Text "TALK" to 38255
 - National Suicide Prevention Lifeline: 988

Policy Compliance and Monitoring

• SMMH reviews patient rights policies annually to ensure compliance with updated federal, state, and insurance regulations.

• Patients will be informed of any major policy updates affecting their rights or responsibilities.

Last Updated: March 2025

For further assistance, please contact SMMH at **(719) 679-5022** or visit <u>www.sunflowermountainmentalhealth.com</u>.