

MAINE BEHAVIORAL HEALTHCARE

SERVICE AGREEMENT

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IDENTIFICATION (NAME AND DOB)

This Agreement describes basic information about MBH Services--what you can expect from MBH staff, and what is expected of you by MBH, when you choose to receive services. Please review this with the staff person and be sure that all of your questions are answered fully.

I. HEALTH CARE TREATMENT INFORMATION

- 1) **Staff** MBH services are provided by a range of mental health professionals, some of whom are in training. All professionals in training are supervised by licensed staff.
- 2) **Emergency Coverage** For questions during normal business hours, please call 844-292-0111. In case of an emergency after hours, please call Crisis Response Services at 1-888-568-1112.
- 3) **Participation** In order for services to be effective, the active involvement of the client is required. If a client is missing a significant number of regularly scheduled appointments, staff will re-evaluate whether it is possible for MBH to continue to provide clinically/medically appropriate services. In that situation, the staff may advise a client that it will be necessary to discontinue services.
- 4) **Payment** Payment is due at the time of service. Please check with your staff person for clarification of your coverage and responsibility for payment.
- 5) **Appointment Cancellation / No Show** Consistent attendance in treatment is an important contributor to the success of your treatment. We understand that occasionally situations arise that require a cancellation. However, when clients frequently cancel or fail to come to appointments, this takes away treatment opportunities for other clients.
Cancellation with less than 24 hour notice / No Show Please provide at least 24 hour notice if you need to cancel an appointment so that others may be served in a timely manner. If you miss your appointment or cancel without at least 24 hour notice for more than 2 appointments within a 3 month period, you may be discharged from that service.
Cancellation with more than 24 hour notice If you cancel more than 5 appointments in a calendar year, you may be discharged from that service. You may request a list of other providers in the area.
- 6) **Termination** If at any time it is determined that it is in the best interests of a client or MBH that the client be discharged, notification will be provided. Children will be discharged only to those legally responsible for their care.
- 7) **Safety** MBH is committed to providing a safe and healing environment focused on respect for others. Violence or threatening behavior will not be tolerated. Bringing firearms or weapons of any kind onto MBH premises is prohibited.

II. RESTRICTIONS

1) The following apply to Crisis Services in Hospital Emergency Rooms only:

MBH prohibits the use of restrictive behavior management practices, with the exception of Crisis Services in Hospital Emergency Departments when CRS staff may be called upon to assist in the use of physical intervention as a means to maintain the safety of clients, staff and visitors. Use of seclusion or physical intervention must ensure the patient's dignity and privacy is protected, the patient's physical wellbeing is maintained and determine that all lesser restrictive interventions have been considered, tried or have proven ineffective.

2) The following apply to Residential Facilities only:

- a) **Right to Least Restrictive Setting** You have the right to be treated in the least restrictive setting that is appropriate to meet your needs.

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b) Right to Free Association & Communication You have the right to keep company with whom you wish, to have visitors and to communicate both by mail and phone unless restriction is determined necessary for safety reasons.

c) Right to Personal Property, Management of Financial Affairs You have the right to have and use personal items unless this infringes upon the rights of others or is a safety risk. You have the right to manage your own financial affairs except under court order or unless restrictions are a part of your treatment plan.

III. CALL/MESSAGE INFORMATION DO NOT CALL

I give permission to call my home

I give permission to leave a message on my answering machine

I give permission to leave a message with someone else at my home

I give permission to leave a text message

I prefer to be contacted at an alternate number: _____

IV. LEGAL

Legal Guardianship ?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes – received a copy	<input type="checkbox"/> Yes – a copy is to be provided
Durable Power of Attorney ?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes – received a copy	<input type="checkbox"/> Yes – a copy is to be provided
Power of Attorney ?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes – received a copy	<input type="checkbox"/> Yes – a copy is to be provided
Health Care Proxy ?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes – received a copy	<input type="checkbox"/> Yes – a copy is to be provided

V. EMANCIPATION Complete ONLY if you are under the age of 18 & do not have a parent/legal guardian giving consent on your behalf.

Do you have a formal decree of emancipation from a court? Yes No

Have you been living separately from parents of guardians for 60 days or more? Yes No

Are you living independent of parental support? Yes No

My signature below indicates that I have read the Service Agreement. I have had an opportunity to discuss and ask questions of a clinician/representative from MBH. This Service Agreement will be in effect and apply to any and all MBH programs in which I may be enrolled in or transferred to at any time and will terminate only when I am discharged completely from all MBH services.

Client Printed Name

Client Signature

Date

Time

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Time

Witness Printed Name

Witness Signature

Date

Time