



Patient Handbook

Sage Neuroscience
Center

Contact Us:

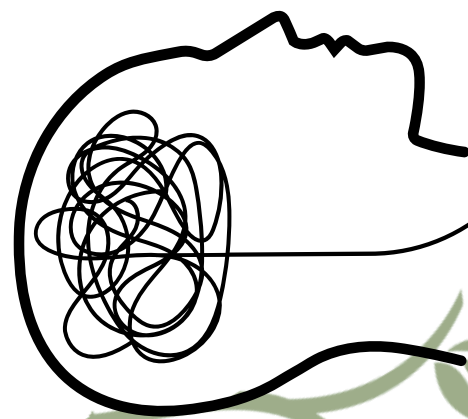
7850 Jefferson St NE Suite 300 Albuquerque NM 87109

505-884-1114

www.sageclinic.org

Hours of Operation:

Monday - Friday 8:00am to 5:00pm



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Most Major Insurance Accepted



Visit our website or call our billing department for a complete list of accepted insurance



Partnered with Genoa Pharmacy- Located on the Third Floor
505-585-0577

Patient Portal through athenahealth - ask us how to enroll today!

Powered by
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*The athenaPatient app is only available for download and viewing information in the United States for patients of healthcare providers on the athenahealth network.



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Sage Neuroscience Center

7850 Jefferson ST NE Suite 300, Albuquerque, NM 87109

Client Rights

A. All facilities licensed pursuant to these regulations shall support, protect and enhance the rights of patients as shown below:

(1) the right to efficient and equal service, regardless of their race, sex, religion, ethnic background, education, social class, physical or mental handicap, or economic status;

(2) the right of considerate, courteous and respectful care from all staff of the facility;

(3) the right of complete information in terms the average patient can reasonably be expected to understand;

(4) the right to informed consent and full discussion of risks and benefits prior to any invasive procedure, except in an emergency; alternatives to the proposed procedure must be discussed with the patient;

(5) the right to obtain assistance in interpretation for non-English speaking patients;

(6) the right to know the names, titles, and professions of the facility staff to whom the patient's speaks and from whom services or information are received;

(7) the right to refuse examination, discussion and procedures to the extent permitted by law and to be informed of the health and legal consequences of this refusal;

(8) the right of access to patient's personal health records;

(9) the right of respect for the patient's privacy;

(10) the right of confidentiality of the patient's personal health records as provided by law;

(11) the right to expect reasonable continuity of care within the scope of services and staffing of the facility;

(12) the right to respect for the patient's civil rights and religious opinions;

(13) the right to present complaints to the management of the facility without fear of reprisal;

(14) the right to examine and receive a full explanation of any charges made by the facility regardless of source of payment.

B. Facility staff shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and in-service training activities.

C. Patient rights will be posted in the facility both in English and Spanish where they may be readily seen by the public. 1

D. The method by which a patient may register a complaint will be posted in the facility where it may be readily seen by the public.

Client Responsibilities

As a patient of Sage Neuroscience Center, you agree to:

- 1)** Provide, to the best of your knowledge, accurate and complete information:
 - a)** About present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health
 - b)** Regarding insurance status
 - c)** Documenting your identity, in interest of patient safety
- 2)** Keep appointments. If you are unable to do so for any reason, you must notify the office 48 hours in advance. Appointments cancelled within 24 hours are considered a “No-Show”.
 - a)** If you have 2 no-show’s, you will receive a warning letter. If you reach 3 No-Shows, you may risk being moved to inactive status (which may include suspending services and suspending prescribing further prescriptions).
- 3)** Reschedule your appointment timely to prevent a lapse in medication refills.
- 4)** Ask questions or request more information when you do not understand information or instructions.
- 5)** Follow your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your healthcare provider. You are responsible for the outcomes of not following your plan of care.
 - a)** Take medications as prescribed and submit to laboratory tests at any time determined by my provider to ensure quality of care received.
- 6)** Follow the facility’s rules and regulations.
- 7)** Treat other patients, staff, and property of others with respect, including polite and courteous behavior. To be considerate of the rights of other patients and facility staff, especially with regard to minimizing noise, not smoking, and assuring the appropriate conduct of those who accompany you to your appointment, including children.
- 8)** Express your opinion and concerns in a polite, constructive manner to the right people, including your provider, facility staff, and management/administration.
- 9)** Promptly and cooperatively meet your financial obligations such as co-payments as well as balances not collected at the time of service that are not paid by your insurance or an external payer.
- 10)** Abide by the terms of any controlled substance contract and/or other restrictions a provider places you on while prescribing opiates or narcotics.
- 11)** Keeping track of your medication and refill needs. Call ahead for medication refills to prevent delays, no less than 72 hours notice.



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective 7/10/2024

This Notice of Privacy Practices applies to the following organizations.

Sage Neuroscience Center, Inc.

*Sage Neuroscience Center
7850 Jefferson St NE Albuquerque, NM 87109
P: 505-884-1114 F:505-884-3004*



Sage Neuroscience Center

7850 Jefferson ST NE Suite 300, Albuquerque, NM 87109

Client Grievance Process

PURPOSE: Sage Neuroscience Center (Sage) supports clients and their families to acquire the skills to self-advocate. A client has the right and responsibility to inform his or her clinician, or administrative staff of any concerns or issues with his or her delivery of services. In this way, a client learns and refines his or her skills to continue self-advocacy throughout the times he or she utilizes services.

POLICY:

1. Clients have the right to be treated ethically, professionally, and with respect by all Sage staff.
2. All clients have the legal right to:
 - a. Refuse services;
 - b. Seek alternative behavioral health services elsewhere; and
 - c. Address grievances by following Sage's internal grievance process. Staff Responsible for Implementation: Executive Director

PROCEDURE:

If the client has concerns, complaints, or grievances about his or her Sage services, which are not related to a proposed adverse action by the Medical Assistance Division (MAD) or its contracted managed care organizations (MCO) the following procedures are:

1. All complaints that are unable to be resolved promptly by staff present at the time of the complaint are considered to be a Grievance.
2. If a staff person receives a verbal complaint that they are unable to resolve or requests assistance with a complaint, the complaint is then forwarded to the Quality Department. If the Quality department is unable to resolve the complaint the patient can then fill out a Grievance Form.
3. All Sage Patient Grievance Forms in Quality staff possession will be placed in the locked box in a secure area prior to the end of the shift in which the complaint was considered unresolved or considered to be a grievance.
4. The Quality Department is assigned to receive and document all Complaint and Grievance forms. The Quality Department will log the form within a Complaint/Grievance tracking system which documents reporting and monitors for completion.
5. The Quality Department will review all Complaint/Grievance forms within 48 hours of receipt and assign an appropriate Sage employee to evaluate and/or investigate.
6. The patient or representative will be notified of the status of the investigation (for more complicated, time-consuming grievance investigations) in writing within 14 (fourteen) days. A formal letter will be mailed out following the resolution.
7. This policy will be posted with Patient Rights in all patient areas. Information on this policy is also provided to the patient in the Patient Handbook.



Sage Neuroscience Center

7850 Jefferson ST NE Suite 300, Albuquerque, NM 87109

Consent for Treatment

Patient Name: _____ Date of Birth: _____

In your patient handbook, you received the following documents. By initialing each section and signing below, you are acknowledging, understanding and consenting to the service

____ I have read and received a copy of the Sage Neuroscience Center Patient Rights and Responsibilities and agree to comply with them. I understand that if I violate these responsibilities, I am subject to removal from the premises and/or discharge from Sage Neuroscience Center.

____ I have read and received a copy of the Notice of Privacy Practices. I understand that Sage Neuroscience Center may use or share a patient's health information to carry out treatment, payment or for health care operations without specific written consent. Sage will not release a patient's health information without a valid written authorization from the patient or their legal representative.

____ I have read and received a copy of the Sage Neuroscience Center Patient Complaint and Grievance Process.

____ I authorize any payment made on my behalf to Sage Neuroscience Center or authorized healthcare providers for all services or medical care provided to the patient for example, laboratory testing, etc., and agree to assist in the processing of claims for benefits.

____ I confirm that any information given in applying for payment(s) under Title XVII of the Social Security Act is correct. I consent to the release of patient health information by any holder of such information to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers. I authorize that the payment of benefits is made on the patient's behalf to Sage Neuroscience Center.

____ I consent to Sage Neuroscience Center and all its contractors and employees to provide services as necessary. I understand that some services or procedures may require additional informed consent which will be obtained by the provider performing the procedure or service.

Signature of Patient or Authorized Representative

Date

Relationship to Patient