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

genoa healthcare

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

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

Powered by athenahealth

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

Download for iOS

Download for Android

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.

N.M. Code R. § 7.11.2.26 6/27/90; 7.11.2.26 NMAC - Rn, 7 NMAC 11.2.26, 02/28/06

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.

Notice of Privacy Practices of Sage Neuroscience Center

This notice describes:

• HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

• YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

• HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH QUALITY MANAGEMENT AT 505-884-1114 OR INFO@SAGECLINIC.ORG IF YOU HAVE ANY QUESTIONS.

In this notice, your health information means your substance use disorder patient record.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Get a list of those with whom we've shared your electronic records*
- Get a list of health care providers who have received your information through certain third parties
- Choose in advance whether to receive fundraising communications
- File a complaint if you believe your privacy rights have been violated

Your Choices

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

Our Uses and Disclosures

We may use and share your information without your consent as we:

- Communicate within our program and with our contractors
- Help with medical emergencies

* The compliance date for this requirement will be set when the same right is revised in the HIPAA Privacy Rule.

- Help with public health
- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

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.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.]
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.]

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 health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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.

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose in advance about fundraising

You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

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 **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

How do we typically use or share your health information?

With your consent, 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 a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.

Run our organization

We can use and share your health information to run our program, 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.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you.

- If someone has authority to act as your personal representative, such as if someone has your 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.

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in certain ways without your consent – 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.

To communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

For medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Help with public health

We can share health information that does not identify you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications

Aid scientific research

We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

Respond to management and financial audits and program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect

We will only report the information required by law.

Prevent or reduce crime in our program

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must 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 in this notice 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.

Text Messaging & Mobile Information Privacy

- We collect phone numbers and message content for SMS communications. Your phone number is used solely for delivering SMS messages related to your care at Sage Neuroscience Center.
- You may opt out of SMS communications at any time by replying STOP to any message or by contacting us at 505-884-1114.
- We respect your privacy. No mobile information will be shared with third parties or affiliates for marketing or promotional purposes.

- Information sharing with subcontractors in support services (such as customer service, secure messaging platforms, electronic health record vendors, and telecommunications providers) is permitted as necessary to provide services on our behalf.

Text Messaging Opt-In Data Protection

- All text messaging originator opt-in data and consent information will not be shared with any third parties, excluding aggregators and providers of the Text Message services.
- We do not sell or rent personal information, including mobile numbers or messaging consent, to third parties.

Changes to the Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. 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 Date

5/4/2026

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:

a) Clients have the right to be treated ethically, professionally, and with respect by all Sage staff.
b) All clients have the legal right to:
    i) Refuse services;
    ii) Seek alternative behavioral health services elsewhere; and
    iii) 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.

____I understand that by providing my phone number, I agree to receive SMS messages from Sage Neuroscience Center. Standard messaging rates may apply as determined by my carrier. Message frequency may vary. Most patients receive one to two appointment reminder messages per appointment and may receive additional messages related to scheduling, provider availability, billing, payment reminders, or care coordination as needed. For issues or disputes regarding SMS communications, contact us at 505-884-1114 and we will respond within 3 business days. I understand that I may withdraw consent to receive SMS messages at any time by replying STOP or emailing info@sageclinic.org.

_____ _____

Signature of Patient or Authorized Representative Date

_____

Relationship to Patient