



Terms, Conditions, and Consent for Treatment

Welcome to WellSpace Health! We are committed to providing you with high-quality comprehensive care. Please review the following information carefully before you sign:

- This outlines our expectations and important details about our terms and conditions.
- It also provides important information you should consider before giving your consent for treatment.

All of this is designed to ensure we work together effectively to achieve the best outcomes for your health and well-being.

If you have any questions, please feel free to ask a staff member for assistance.

Take Responsibility for Your Care

As a patient/client, you are responsible for actively participating in your healthcare. This includes:

- Informing your provider about your health history, current medications, and participating fully in self-management activities.
- Updating staff promptly about any changes to your contact information, insurance, or other relevant details.
- Asking questions whenever you have concerns or if something about your care is unclear.
- Following instructions regarding your care plan, treatment, or services. Understand that health consequences can arise if these instructions are not fully followed.

Patient/Client Expectations

- 1. Treat Everyone with Respect**
Show kindness, dignity, and respect to staff, fellow patients/clients, and visitors, using courteous and respectful language at all times.
- 2. Acknowledge Others' Rights and Needs**
Be mindful of the needs and rights of others and engage in thoughtful, non-disruptive communication.
- 3. Be an Active Member of Your Healthcare Team**
Work together with your healthcare providers and care team, follow their advice, and ask questions if something is unclear.
- 4. Be Honest About Your Health and Feelings**
Communicate openly about your physical and emotional health, including any fears or concerns you may have.



5. **Share Accurate Health Information**

Provide complete and honest information about your health, medications, and any concerns for your safety and well-being.

6. **Express Concerns Respectfully**

Communicate concerns or discomforts you may have in a courteous manner.

7. **Respect Privacy and Safety**

- **No Recording:** Do not record within centers or when receiving services, either inside or outside our premises.
- **No Unnecessary Valuables:** Please refrain from bringing unnecessary valuables to ensure your safety and minimize risks.
- **Weapons Prohibited:** Weapons are strictly prohibited on the premises.

8. **Take Responsibility for Financial Obligations**

Payments are due at the time of service.

9. **Maintain a Clean and Safe Environment**

Keep your personal items tidy, dispose of trash properly, cleanse your hands regularly, and contribute to the cleanliness of the center.

Personal Conduct

It is our expectation that all patients/clients and staff at WellSpace Health will be treated with dignity and respect. Examples of behavior that could lead to termination of your care with WellSpace Health include, but are not limited to:

1. Yelling, harassing, or threatening other patients, clients, staff, or visitors
2. Sexual misconduct or advances towards staff or other patients
3. Vulgar or offensive language, including profanity, sexist, racist, or discriminatory remarks
4. Physical assaults or threats of physical assault or harm
5. Displaying hostility or boasting about prior abuse to others to cause intimidation
6. Public Intoxication (including alcohol and/or drugs)
7. Bringing and brandishing weapons
8. Criminal acts (e.g., falsifying documentation, damaging property, theft, stalking)
9. Trespassing into restricted areas



10. Residential Clients: Failure to follow safety regulations and not following program guidelines.

WellSpace Health reserves the right to contact law enforcement when deemed necessary.

Regular Hours of Operation:

WellSpace Health provides a range of healthcare services in Sacramento and Placer Counties. Our Medical, Dental, and Behavioral Health Centers are open Monday through Friday from 8 am to 5 pm, or as otherwise indicated.

- During regular Health Center hours, call **916-737-5555** to speak with your care team.
- You can also communicate with your team online by signing up for our **Patient Portal**.
- In case of a medical emergency, please call **911**.
- For Specialty Mental Health (THRIVE) Services, please contact: **916-313-8420**
- For Enhanced Care Management (ECM), please call 916-550-5480

After-Hours Communications:

If you have a need after regular hours, please use the following contact numbers:

- Medical Care needs after hours: **916-737-5555** (to be connected to after-hours service)
- Women's Health needs after hours: **916-392-2290** (to be connected to after-hours service)
- Dental needs after hours: **916-822-8958** (to be connected to after-hours service)
- Integrated Behavioral Health (Counseling and Psychiatry) needs after hours: **916-313-8433**
- Specialty Mental Health (THRIVE) needs after hours: **916-313-8420**
- Enhanced Care Management (ECM) needs after hours, please call **916-550-5480**
- Outpatient Substance Use Disorder Treatment needs please call **916-473-5764**
- Residential Substance Use Disorder Treatment needs please call **916-921-6598**

24-Hour Behavioral/Mental Health Crisis Intervention and Services:

- Crisis lines and services are available 24 hours a day.
- For emergency mental health assistance, dial **988**.

Check-In for Appointments

- We ask that you please arrive 15 minutes before your appointment.



- If you arrive after your scheduled appointment time, you will be provided with the following options:
 - Wait for an available appointment with your provider (Open Access)
 - Be seen by a telehealth provider (if appropriate)
 - Reschedule appointment for a time that better fits your schedule

Missed Appointments

- WellSpace Health helps many patients and clients every month. If you need to cancel your appointment, please let us know **24 hours ahead of time** so we can offer the spot to someone else. You can call the numbers below or email your care team through the patient portal. If you don't give 24 hours' notice, it will be marked as a "missed appointment." To reschedule or cancel your appointment- please call the following numbers:
 - Adult Primary Care, Pediatrics, and Specialty Care appointments, please call: **916-737-5555.**
 - Women's Health appointments, please call: **916-392-2290.**
 - Dental appointments, please call: **916-822-8958.**
 - Integrated Behavioral Health (Counseling and Psychiatry) appointments, please call: **916-313-8433.**
 - Specialty Mental Health (THRIVE) appointments, please call: **916-313-8420**
 - **Enhanced Care Management (ECM), please call 916-550-5480**
 - **Outpatient Substance Use Disorder Treatment, please call 916-473-5764**
 - **Residential Substance Use Disorder Treatment, please call 916-921-6598**
- Patients/clients who miss 3 consecutive scheduled appointments in a 6-month period may only be seen by **Open Access** for 6 months from the 3rd missed appointment date.

Address/Phone Number Changes Notifications

- It is important for us to reach you to confirm appointments, provide test results, or follow up on your visit. To that end, we ask that you update us with any changes in your phone number, address, or email address at each appointment.

Children's Appointments

- A parent, legal guardian, or other authorized adult must accompany minor children to all appointments.



- If you are a minor seeking treatment without a parent or guardian, see a staff member for additional paperwork.

Telehealth Appointments

- Your visit may be conducted via **telehealth**. Telehealth is a way to connect with your provider by phone or video. Telehealth offers you the same level of care as if you were in person with your provider at the Health Center.
- Your care team will inform you if your visit is eligible for telehealth. You have the right to decline a telehealth visit.

Exam and Treatment Rooms

- No food or beverage is allowed in exam and treatment rooms for safety reasons.
- Cell phones must be **silenced** at all times. Please do not make or take calls/texts unless in case of an emergency.
- Children receiving care may be accompanied by **one person**.

Health Records

- The records, x-rays, photographs, models, and other materials relating to your treatment or the treatment of your child are the property of WellSpace Health.
- You have the right to request copies in writing. Please allow up to **10 business days** to process your request.
- The patient/client, parent, or guardian must sign a **Release of Information** before records can be released.

Controlled Substances

- WellSpace Health follows nationally accepted medication prescribing guidelines. Your current prescriptions will be reviewed by your provider. If the provider believes an alternate medication is appropriate, your medications may be changed.
- All patients/clients receiving controlled substances will be asked to sign a **Controlled Substance Agreement**. Our refill policy is explained in the Controlled Substance Agreement. Narcotics are not prescribed on the first appointment.

Refill Requests

- Contact your pharmacy directly for refill requests.
- Please allow up to **72 hours** for processing of prescription refill requests from your pharmacy.



- If you need an appointment before refills are ordered, please call for an appointment at least **2 weeks** before you run out of medication. In addition, bring your medication bottles with you to each appointment.

Photographs

- Patient/client photographs may be taken at initial and annual visits for the patient's chart, document clinical conditions or findings and help provide extraordinary customer service.
- Any other uses require **written consent** from the patient/client or parent/guardian.

Patient/Client Notices:

- **Medical Providers:**
 - All or part of your medical care may be provided either by a **Nurse Practitioner (NP)** or **Physician Assistant (PA)** or **Physician (MD/DO)**. Each professional is committed to delivering compassionate, high-quality, evidence-based comprehensive care.
 - If you do not feel that this is so, and/or you are dissatisfied with the care you received, you may complete a comment form or ask to speak with the Center Manager.
 - You the right to refuse treatment by an NP or PA and can request to be seen by a physician. Understand that you may not be able to have an appointment with a physician that same day, but you are not being refused treatment today by the NP or PA.
 - WellSpace Health provides clinical training opportunities to students, including physicians, physician assistants, nurse practitioners, behavioral health providers, and allied health staff who may be involved in your care.
- **Behavioral Health Providers and Therapists:**
 - The **Board of Behavioral Sciences** receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at **916-574-7830** for assistance or utilize the board's online license verification feature by visiting www.bbs.ca.gov.
 - WellSpace Health receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at WellSpace Health. To file a complaint, contact the **WellSpace Health Compliance Office** at **916-469-4690 X 9039** or compliance@wellspacehealth.org or via mail at **1500 Expo Pkwy, Sacramento, CA 95815**.



- **Physician Open Payment Notice to Patients and Clients:**

- California law requires WellSpace Health to provide written or electronic notice to patients and clients of the existence of the **Open Payments database**. The Open Payments database is a federal tool used to search payments by drug and device companies to physicians and teaching hospitals. This database can be found at: <https://openpaymentsdata.cms.gov>.

Payment and Collection – You Are Responsible for:

- Understanding that you are financially and legally responsible for paying for services you or the minor in your care receive at WellSpace Health.
- Recognizing that financial counseling is available to help you qualify for government-sponsored programs, establish payment plans, and explore charity care options.
- Acknowledging that you are responsible for any balance due for treatments not covered or paid for by your insurance or any other program.
- Understanding that payment is due on the day of service unless prior financial arrangements have been made.
- Authorizing the release of any necessary medical or other information to process claims and assigning payments from all sources directly to WellSpace Health for your treatment.

Patient/Client Agreement and Consent for Treatment


I acknowledge that I have read and fully understand the information provided in this document. Any questions I had were answered to my satisfaction. I acknowledge, agree and accept by signing below. I understand that I will be provided with a copy of this document for my reference.

By signing below:

- I am consenting to receive medical, dental, and/or behavioral health services from WellSpace Health, either in person or via telehealth, including immunizations (or I am consenting for the minor in my care).
- I understand that participation in services is voluntary. I understand that medical, dental, and/or behavioral health services may have risks and benefits, and I have the right to request further information about services from my provider.
- I understand that WellSpace Health provides clinical training opportunities for students or residents who may be involved in my care.



- I acknowledge my responsibility to pay for services according to the policies established by WellSpace Health.
- I understand that I have the right to opt out of using my health insurance for medical, dental and some behavioral health services provided. If I choose to opt out, I acknowledge that I am responsible for paying the full amount for services rendered. If I am receiving Drug Medi-Cal Services, that is considered payment in full.
- I authorize the assignment of benefits for services to be paid directly to WellSpace Health.
- I agree to adhere to the personal conduct standards and all other terms and conditions outlined in this document.
- I am consenting to be contacted for outreach and follow-up services as appropriate.

Patient/Client Signature (or Parent/Guardian Signature) 

Date