



LifeSpring
Health Systems



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LifeSpring Administrative Headquarters
460 Spring Street
Jeffersonville, IN 47130
812-280-2080 Toll Free 800-456-2117
www.LifeSpringHealthSystems.org

*Services Offered in Clark, Crawford, Dubois, Floyd, Harrison,
Jefferson, Orange, Perry, Scott, Spencer, and Washington counties*

MHN-291/325 (Rev 11/2022)

LifeSpring Health Systems

Patient Handbook



Attendance Policy

It is the patient's responsibility to make all scheduled appointments on time.

If the patient misses three (3) scheduled appointments without calling or rescheduling 24 hours in advance within a three month period (90 days), they may be discharged from services until such time they are able to commit to attending treatment consistently. Patients who do not receive any behavioral health services within a thirty (30) day time period, and do not have any appointments scheduled for the future, will be discharged from behavioral health services due to discontinuation of treatment.

Primary care patients may receive services through our Walk-in Clinic. If you have an acute issue which requires care outside of the Walk-in Clinic, you will need to seek services at an Urgent Care or Emergency Department.

Cancel or Change Appointments

If you are unable to keep your appointment or need to change your appointment, please call at least 24 hours in advance. If you do not call 24 hours in advance, this will count as a late cancellation or no show appointment.

Medication Refills

Medications will NOT be refilled after hours. Please contact your pharmacy to request a refill and allow up to two (2) business days to process the refill request.

Financial Assignment and Responsibility

Guarantee of Account:

The undersigned hereby agrees to pay the provider for the services rendered during physician visits. I understand patient monies received by LifeSpring Health Systems will be applied to any of my accounts an outstanding balance.

Special Services (Turning Point Center):

I understand that the cost of any special services, such as special medication emergency medical transportation, physician office calls, dental visits, etc. will be my personal responsibility.

Participation In Recreational Activities:

I hereby relieve LifeSpring/Turning Point Center of any liability form injury/illness which may result from group recreational activities as conducted off the LifeSpring/Turning Point Center Premises.

Phone Consent:

Your signature below will authorize LifeSpring Health Systems to send Appointment Reminders electronically via text message to your mobile phone. If you do not have a mobile phone we can electronically remind you of your appointments on a landline via phone call/voicemail.



Permission to Treat:

Permission is hereby granted to render such medical examinations, treatments, and procedures as are considered advisable by treating staff for my health and well-being.

I understand that I have the right to consent or refuse any proposed procedure or treatment and that I will not be involved in any research or experimental procedure without my knowledge and written consent.

Authorization to Release and Obtain Information:

I authorize LifeSpring Health Systems to release and/or obtain information from my medical record, or permit inspection of such medical information, including but not limited to psychological and/or psychiatric, drug and/or alcohol related conditions, communicable disease diagnoses, and/or testing including the results for Human Immunodeficiency Virus Infection (HIV), Hepatitis, or other blood borne infectious disease for the purpose of treatment, payment, or other healthcare operations as more fully described in the Notice of Privacy Practices.

I understand that certain information may be released to health officials responsible for the control of infectious diseases in accordance with the requirements of federal, state, and local laws and regulations.

Financial Responsibility:

I hereby authorize payment of my insurance benefits otherwise payable to me, directly to physicians, but not to exceed the balance due of the regular charges for the state of service. I understand that I am financially responsible to LifeSpring Health Systems for charges not covered by this authorization including deductibles and/or coinsurance amounts.

After hours Calls and Emergencies

If you experience an emergency with your physical health, please call 911 or proceed to the nearest hospital. If you experience an emergency with your behavioral health, please call 988 or us at 812-280-2080 or 800-456-2117.

If you require medical advice or need assistance after hours that cannot wait until the next business day, please call our office. You will be asked to leave a message and someone will call you back within an hour. If no one calls you back, please call again.

Emergency Number: 812-280-2080 or 800-456-2117



Severe Weather

In case of severe or inclement weather, please call our office before coming in. Closures will also be reported on agency social media pages.



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LifeSpring Health Systems serves as a patient centered medical home (PCMH) for our patients. The PCMH is how we coordinate care. What it means to you:

- Your primary care provider makes sure you received medical care when and where you need it.
- We work to make sure you receive seamless services across the healthcare system.
- Our team wraps services around you to make sure you receive appropriate healthcare services, including
- specialty care, laboratory and radiology care, inpatient services, care coordination, language services, and anything else you may need.
- Our primary care teams are designed around the needs of the patient, so you don't have to be the one doing the difficult work of figuring out how to navigate complicated healthcare systems.
- We work to ensure you understand what is happening with all aspects of healthcare- including health conditions, prescriptions, insurance issues, and billing issues.
- You can call us 24/7 to ask us medical questions and we will help you understand what to do.

Privacy Practices

In accordance with 42CFR, Part 2, LifeSpring Health Systems will comply with all State and Federal privacy laws, including the protection of substance use treatment records. You may access a complete Note of Privacy Policy from the front desk at any office, any time, or on the LifeSpring Health Systems website. Violation of federal law and regulations by a Part 2 program is a crime and suspected violations may be reported to appropriate authorities. Please contact the Performance Improvement Department at 812-206-1200 or pi@lifespringhealthsystems.org to report violations.

Consumer Concerns Regarding Treatment

If you have a concern about your treatment, it is important that your concern be addressed as soon as possible. Discuss the situation with a member of your LifeSpring Treatment Team. If this does not resolve the situation, please ask to talk with the site manager or complete a Patient-Community Complaint Form. These forms are available at every LifeSpring Service site.

When needed or desired, patients should report their concerns to the LifeSpring Performance Improvement Department at 812-280-1200 or 800-456-2117. If you have concerns, comments, or complaints about our privacy practices or if you believe we have violated your privacy rights you may also contact our Privacy Officer at 812-206-1200.

If you feel that any of your rights have been violated, either at LifeSpring or one of its subcontracted providers, you should report this to: LifeSpring Performance Improvement Department at 812-280-1200 or 800-456-2117.

The State and National agencies may also be contacted:
Indiana Division of Mental Health and Addiction
402 West Washington Street, W353
Indianapolis, IN 46205
Consumer Service Line: 1-800-901-1133

Indiana Protection and Advocacy Service Committee
4701 N Keystone Ave, #222
Indianapolis, IN 46205
Telephone: 1-800-622-4845

Center for Medicare & Medicaid (CMS)
<https://www.medicare.gov/claims-appeals/how-to-file-a-complaint-grievance>
1-888-524-9900
1-888-985-8775 (TTY)

Health and Human Services Health Information Privacy or Security Complaint (HHS/HRSA)
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
OR in Writing to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Please note that we will not take any action, or otherwise retaliate against you in any way as a result of your communications to the Facility.

Confidentiality of Patient Records

All information regarding patients is confidential and may be accessed only by authorized personnel of LifeSpring or by written consent of the patient or his/her legal representative. Exceptions to this policy are listed stated below:

Confidentiality of Alcohol and Drug Abuse Records:

The confidentiality of alcohol and drug abuse patient records maintained by this program are protected by federal law (42 CFR Part 2). Generally, the program may not disclose any information regarding your treatment to any person outside the program. This includes indicating that you attend the program or disclosing any information identifying you as an alcohol or drug abuser.

Violation of federal law by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Record Security and Privacy

We consider the security of records as one of our most important responsibilities. Information in your medical record is restricted only to those who have a legitimate reason to access the information, such as your doctor or therapist.

Your records will remain private unless:

- You give written permission to share your records
- The court orders your record to be shared
- Your record is shared with medical personnel in a medical emergency
- Your records are shared with a qualified person for research, audit, or program evaluation.

(For additional information, please refer to your copy of the Notice of Privacy Practices)

Exceptions to Confidentiality

Communication relating to your treatment may be disclosed if:

- You consent in writing.
- The disclosure is required or allowed by a Court order as outlined in I.C. 16-4-8-3-2.
- The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit or program evaluation, or to others pursuant to a qualified service organization agreement.
- It involves information concerning suspected abuse or neglect of a child or adult dependent person. State and Federal laws do not protect such information being reported under state law to appropriate state or local authorities.
- It involves information concerning a crime committed by a patient either at the program or against any person who works for the program or concerns a threat to commit such a crime.
- A program staff person reasonably believes that you present a serious danger of violence to yourself or another person. The required steps to prevent violence may include: warning the intended victim of the danger, notifying police, or taking whatever steps are reasonably necessary under the circumstances.

Prohibition of Redisclosure:

For those records covered by the Federal Drug and Alcohol Law, each disclosure made with the patient's written consent will be accompanied by a statement that further disclosure of the patient's information is prohibited unless permitted by federal guidelines.

Patient Responsibilities

1. **Patients are responsible for providing complete and accurate information regarding:**
 - a. their illness, mental or physical, past history
 - b. their social situation
 - c. their financial condition
2. **Patients are responsible for asking questions about any aspect of their treatment, including but not limited to: diagnosis, expected outcomes, medication, therapies, follow-up appointments and crisis services.**
3. **Patients are responsible for cooperating and participating in their treatment.**
4. **If you disagree with any aspect of your treatment you should let your treatment team know so your treatment plan can be updated to reflect your needs and goals.**
5. **Patients who appear unable to make decisions regarding their health may be evaluated.**
6. **If impaired, the patient will be evaluated for risk to themselves or others.**
7. **Patients who present with risk of harm to themselves or others, or who present as gravely disabled due to behavioral health issue, will be evaluated for inpatient admission as established by the law.**
8. **Patients are responsible for following the practice guidelines of LifeSpring. Some programs may have different requirements and your care team will ensure you know what they are.**
9. **Guardians are expected to provide appropriate supervision.**
10. **Patients are responsible for respect and consideration to other patients, LifeSpring personnel, and all others present. This includes but is not limited to:**
 - a. Avoiding disrespectful language, disruptive behavior, or inappropriate physical contact
 - b. Avoiding the endangerment of others by action or threat
 - c. Maintaining the safety of common areas
 - d. Never recording an appointment without the knowledge and consent of your provider
 - e. Avoiding the disruption of shared areas through excessive noise, smoking, etc.
 - f. Maintaining the confidentiality of any information they learn regarding other patients, typically obtained through common treatment activities
 - g. Avoiding the disruption of treatment programs
 - h. Maintaining personal hygiene whenever able
 - i. Wearing appropriate clothing

Patients/guardians who do not meet the above responsibilities may be administratively discharged.



Fee for Service

Services are offered on the LifeSpring sliding fee scale and the cost for your services will be determined by the income of your household. Services may also be covered by private insurance, Medicare and/or Medicaid. All fee information will be discussed at the time of your first visit. Payment is expected at the time of service.

No one will be turned away due to:

- An individual's ability to pay
- An individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity

If at any time you are concerned about the cost of your care, please talk with any member of your care team.

Out of Network Referrals

As a patient of LifeSpring, you may be referred to an outside specialist or provider. Our staff will help you coordinate this appointment. If the provider or specialist is out of network, they are not required to cover services at the same service rates as an in network provider. If the specialist provider is out of network and you obtain a list of network providers in the specialty, we will make attempts to refer you to a provider or specialist on the in network list.

Case Management Charges

Behavioral Care: All cases are reviewed every 60 days by the therapist and physician and will incur a Case Management charge. As a Community Mental Health Center this Treatment Team Review and other case management charge with or without the patient present (ex: phone calls, letter, nursing charges, etc.) may be billed to you if not covered by private insurance or Medicare and billed at the subsidized rate.

Treatment Team and Treatment Planning

Behavioral Care: As a behavioral health patient you have your own treatment team. You will be the primary decider of what will be addressed in treatment. Your team is there to support you in determining your needs and what appropriate services are. Your Treatment Team will consist of a care coordinator who serves as your primary therapist and may also have a care manager, psychiatrist, nurse, and/or Peer Recovery Specialist.

The team will outline a plan based on your needs and will include services that are necessary to help you improve. Your Treatment plan will include information such as treatment goals, treatment methods, time needed for treatment, and the people who will be working with you.

You (and your family, if appropriate) will be asked to help make choices. Your plan will be reviewed regularly and changes will be made as needed.

