



Partial Hospitalization Program Orientation Information

Welcome to the Eating Disorders Treatment Center Partial Hospitalization Program. We are glad you are here and hope that your time with us will be a positive, challenging, learning and growing experience. In order to provide a safe and healing environment, there are guidelines EDTC will be following and guidelines we ask you to follow as well. This Orientation Document must be reviewed and signed by all participants, including the parent/guardian of minor participants.

Prior to Admission:

You will meet with your primary therapist a week prior to starting PHP to complete an initial assessment and establish treatment goals. Your therapist will complete weekly Treatment Plan updates with you.

You will be assessed by the Registered Dietitian at EDTC, LLC a week prior to starting PHP to complete an initial assessment and establish a meal plan. You will continue with weekly nutritional counseling and updated meal plans during PHP.

If you have not completed one no more than 2 weeks prior to beginning this orientation to PHP, you will be asked to complete a Medical Evaluation with the Medical Director/Attending Psychiatrist at EDTC, LLC. You **must** be medically stable and cleared by our Medical Director in order to participate in PHP.

Program Policies

- Participants are expected to arrive early enough to be ready to start promptly at 11:00 am; 8:00 am on Saturday.
- Participants are expected to attend all sessions, unless excused by the treatment team.
- We know that life is can be messy and unpredictable and there are times when a group member may need to be absent from program. When an absence is anticipated, it must be discussed in advance with the Primary Therapist. A 24 hour cancellation notice must also be provided to EDTC if for some reason you find yourself unable to attend.
- Last minute cancellations or “no-shows” will be subject to our cancellation policy with regard to payment and continued participation in the program. Unexcused no-shows, or late cancelations are subject to a fee of \$100/day.
- In addition no-show fees, participants who fail to show up for the day can expect a telephone call from the Case Manager. If the case manager cannot reach the participant directly after two phone calls, the Case Manager will call for a wellness check from the appropriate law enforcement agency. A police officer will then be sent to the participant’s residence to check on his/her wellbeing.
- Upcoming absence requests will be reviewed by treatment team. If an absence is deemed “unexcused,” the participant may choose to attend to avoid the no-show fee. If the absence is deemed “excused,” the participant may be absent and will not be charged the no-show fee.
- Blood chemistry or other lab analyses may be required as determined necessary by the Medical Director. Participants are expected comply with these requests and obtain required tests and provide the results to the treatment team as soon as possible. Frequency of lab work will be decided on an individual basis.



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- Participants will have their weight and physical vital signs measured daily. Weight will be closely monitored by the PHP Treatment Team.
- Participants are required to TURN OFF CELLPHONES, and leave them off while in program.
- Parents/Guardians or other supporting family members are required to participate in weekly family psychoeducation sessions.
- Parents/Guardians and family members are to attend once weekly family therapy sessions with participant. If family sessions cannot be done in person, family sessions will occur over the phone. Family sessions will be led by a licensed clinician at EDTC, LLC and will occur during PHP program hours.
- Participants are expected to refrain from utilizing the restroom outside of designated restrooms breaks.
- Participants are expected to refrain from chewing gum and drinking diet or caffeine drinks while at the Center. Food isn't allowed in the group room, but water bottles will be permitted.
- Participants are expected to dress appropriately (no midriffs, low-cut shirts, etc.) while in program. Feel free to wear comfortable clothing, but be thoughtful about any logos or designs. Remember you are participating in a recovery program and we want to promote health and self-acceptance whenever possible.
- Participants are expected to refrain from utilizing illicit substances or alcohol while participating in PHP. You may be asked to participate in random breathalyzers or urine drug screens. If there is evidence that you are not sober during program hours, you will be separated from the other program participants and asked to have a relative or peer pick you up from program. **If you struggle with remaining abstinent your treatment plan will be evaluated, and you may be asked to transition to a higher level of care or to participate in substance abuse treatment outside of PHP program hours in addition to regular attendance at PHP.**
- Participants are expected to remain with the group for the duration of each session unless excused to meet with staff for individual counseling, and in the program for the entire duration of the program. We recognize that treatment can at times be difficult due to exploring issues that are of a negative or uncomfortable nature. We ask that you do your best to experience these feelings and to talk with your PHP Therapist and the group about what you are experiencing. **These uncomfortable feelings can be very helpful in the therapeutic process and are sometimes necessary to resolve issues.**
- Participants are requested to avoid bringing any additional materials into the group room. If it is helpful for you to carry a stress ball or similar item for grounding purposes, that is acceptable. Otherwise, you will be asked to remain attentive and focused during group time.
- Participants are expected to follow the Group Therapy Guidelines provided in this packet. This is a safe, confidential group and each member agrees to maintain that confidentiality.
- Participants are not allowed to engage in romantic relationships with other participants.
- Sometimes participants choose to have friendships with other participants outside the group. Therapeutically, relationships outside the group are an extension of the group process and will be treated as such. In other words, relationships and friendships outside the group will serve as material to be processed inside the group.
- Upon step-down from the PHP program, patients are expected to maintain regular appointments with a dietitian and individual therapist in addition to participation in the Intensive Outpatient Program if that



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is recommended by the treatment team.

- Visitors are prohibited during program hours. If a family member or peer is providing transportation to the facility, we ask that this individual wait in a separate location in order to maintain the privacy and confidentiality of everyone in the program.
- Smoking is not permitted in this facility. For security, the exterior doors are automatically locked at 5:30 pm. Since we have so much to cover in every session and we do not have staff available to escort you outside to smoke, participants are not permitted to take breaks to exit the building to smoke.
- EDTC is committed to establishing and maintaining a healthy and empowering healing environment for every patient at The Eating Disorders Treatment Center. Therefore, do not bring the following items to program:
 - Diet pills, laxatives, or diuretics
 - Over-the-counter medications or supplemental herbs
 - Any food or drinks including gum, mints, and candy
 - Sweeteners, food additives, or spices
 - Alcohol or street drugs
 - Magazines that focus on diet or fitness
 - Weapons of any kind or anything that can hurt yourself or others
 - Razor blades

Staff will confiscate and dispose of any such items brought to program.

Program Details

- **Daily Schedule**
The EDTC PHP will be held 6 days per week for a 7.5 hours per day weekdays, and 5.5 hours on Saturdays for a total of 43 hours per week. The program will meet from 11:00 am-6:30 pm weekdays and from 8:00 am to 1:30 pm Saturday.
- **Nutritional Services.**
Over the course of the day patients will eat two meals and one snack (no snack on Saturday). Patients will receive all of their daily nutritional requirements in program on weekdays, and follow their established meal plan on weekends. Three restroom breaks (totaling 25 minutes per day) will be provided under staff supervision.



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- **Group Counseling Elements**
Each day shall include two periods of personal reflection time. At the beginning of the day, patients will use this time for activities to think about and express the goals for the day. At midday patients will have a half hour for introspection, grounding and personal exploration through journaling, meditative skills and mindfulness. Each day includes three major therapeutic evidenced based program elements in addition to the therapeutic meals. Program elements include CBT, DBT, ACT, individual and family psychoeducation, and somatic therapy, as well as the experiential or expressive therapeutic modalities such as art, movement, music, psychodrama, etc.
- **Individual Counseling Elements**
 - Participants will meet with their Primary Therapist once a week for individual therapy and once a week with supporting family. These sessions will occur during program hours and participants will be excused from group activities to attend them.
 - Participants will meet with the Program Registered Nurse and Medical Director/Attending Psychiatrist at least once each week. The Nurse will see the patient at least twice a week at the beginning of the day to measure weight and vitals , and the Psychiatrist will usually meet the patients once per week towards the end of the program day, or as needed.

Additional Program Guidelines and Information

Group psychotherapy can be an intense experience and it is normal that you may begin to feel close to your peers in the group. However, it is important to maintain healthy emotional boundaries with those around you. If you feel uncomfortable at any time and feel that you are unable to confront boundary issues on your own, please talk with your Therapist or the Higher Level of Care Case Manager to receive assistance in resolving the problem.

If at any time you struggle with your safety, with making progress toward your recovery goals, or with complying with the PHP guidelines and protocols, you may be asked to step-up to a higher level of care. The PHP Clinical Director and Medical Director at EDTC, LLC will discuss this directly with you, if the need arises. If you refuse to be admitted to a higher level of care, and are unable to commit to the recovery process at a partial hospitalization level of care, you may be asked to discharge from the PHP.

The Eating Disorders Treatment Center follows the snow day attendance policy of the Albuquerque Public Schools. If schools in the APS district are closed because of snow, then the Eating Disorders Treatment Center will be closed as well. Most radio stations and TV stations carry this information on the morning broadcasts. Additionally, EDTC will post closure information on the website, www.eatingdisordersabq.com, as soon as that decision is made. If you are unsure if the Center will be open or closed, you may call the Center at 505-266-6121 to get clarification on the schedule for the evening.



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Affirmation of Program Requirements and Policy Acceptance

I have read, do understand, and have accepted all of the Orientation Information outlined above for the Partial Hospitalization Program.

PATIENT SIGNATURE: _____

Date: _____

PARENT OR GUARDIAN SIGNATURE: _____

Date: _____

EDTC THERAPIST: _____

Date: _____



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Group Guidelines

Confidentiality: Anything that is said in the group room stays in the group room. When outside of the program please DO NOT reveal the names or identities of patients attending the program. Please do not engage in conversation about what was discussed during the program day. Please refrain from blogging, posting on Facebook, Twitter, etc., any details about individuals or events that have occurred at the PHP.

Participation: Please be prepared to engage fully in the group (right here, right now). Please remain honest, open, and willing to participate in the process. Remember, *if you want to get something out of the process, you have to put something into it.*

Mindfulness: You will learn more about mindfulness skills while in this program, including Mindful Listening and Mindful Speech. Practice actively listening to others, be able to paraphrase what someone is saying, and set aside judgments. Utilize "I" statements, speak about your own experience, and notice *your* intention in speaking.

Grounding: Please work to remain grounded and present during group. Utilize all 5 of your senses to remain in the here and now. Ask questions or for clarification if you feel lost.

Communication: Maintain eye contact and speak directly to others. Try to refrain from "cross talk" or engaging in side conversations. Silence is OK in group and may happen from time to time. Please refrain from rescuing or speaking for another group member. Speak up and be direct when appropriate and help to create space for everyone in group to be able to do so.

Respect: Please honor your boundaries and the boundaries of others. Please be respectful when addressing staff, when providing feedback to peers, and when talking about yourself. Refrain from profane language, name calling, and judgmental speech.

Conflict: Open discussion is encouraged and all questions are important. However, conflicts may occasionally occur. It is OK, even safe, to have conflict in this group setting. It can be an opportunity for growth if dealt with directly and honestly.

Safety: Please refrain from disclosing details of harmful events or harmful behaviors. Please refrain from discussing numbers, weight, calorie counts, etc.

Triggers: You may hear something or be exposed to something that is a "trigger" for you. Please use this as an opportunity to directly work on your trigger and your management of this trigger. It is also normal to have people in group remind us of people in our lives or our families-of-origin whom we may have struggled with in relationship. Use this trigger as an opportunity to identify and understand yourself and your reactions, not to project onto the other.



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Meal Guidelines

You will meet with a dietitian individually to learn how to plan for your days-off from program. There will also be group sessions within PHP for planning for your day off from PHP. We primarily use the exchange system for planning meals, and if you have never used this before, you will receive explanations and handouts on their use.

For example, a dinner on your day-off may look like the following:

- 2 grains
- 3 proteins
- 1 fat
- 1 fruit
- 1 vegetable

Please adhere to the following meal guidelines while in program (they are also beneficial for every meal):

- Breakfast, Lunch and Dinner will last approximately 30 minutes. There will be time to process any struggles or success with your meal after each meal. Please wait for the entire group to begin eating. You will be given a reminder when there are 5 minutes remaining.
- Snacks will last 15 minutes. Snacks will be relatively similar for all members of the PHP group (barring medically diagnosed/prescribed differences). The purpose of this is so all members can experience what a variety of the same calorically valued snacks look and taste like.
- The expectation is that you will eat 100% of your meals. If you are unable to complete your meal in the allotted timeframe, you may be supplemented with either a liquid supplement or a different food choice. The PHP Treatment Team will address any consistent difficulties with eating to determine if a higher level of care is needed for nutritional rehabilitation.
- Please do not get up from the table once the meal has started. Refrain from utilizing additional condiments (excessive salt/pepper/seasonings), requesting additional re-heats of food and additional beverages, etc.
- Please do not negotiate or exchange items from your meal at meal time. If concerns about your meal or food choices do arise, please utilize your individual dietitian sessions to address these concerns.
- Please be honest with your behaviors during your meal. Do not engage in hiding, sneaking, throwing away, or other disordered eating patterns. We can only help you if you are honest with your struggles. To assist with reducing behaviors, we ask that everyone takes off any large jackets or sweaters, and we ask that everyone keeps their hands and napkins on the table.
- You will complete a food preferences list prior to admission when you meet with your dietitian. Please note you will be allowed 3 “dietary preferences” of foods you don’t like. Outside of that you are expected to eat what is prescribed.



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- Please refrain from discussing food items, sharing judgments/opinions about the food served or additional "food talk" during the meal. These topics can be discussed during meal processing after the meal. Please be respectful that others may be struggling with their food choices and deserve support.
- Please note if you are wearing a jacket / hoodie you will be asked to remove it prior to the meal. EDTC staff may ask you to remove boots, scarves, etc. if necessary. We do this to maintain a safe eating environment and prevent the opportunity for any ED behaviors.
- Please do not discuss disordered eating behaviors during the meal. Refrain from providing "tips" or encouraging others to utilize unhealthy behaviors. If you are concerned that your peer may be struggling, consider asking directly if you can be supportive in any way or utilize group time to express your concerns.
- •EDTC Staff will not be eating with you in PHP. We are committed to assisting you through the meals. Our overall goal is to provide a safe, comfortable environment for you to be able to complete your meal. Ideally, we would like to help you reach the point of enjoying the meal experience if not tasting and enjoying the food you are eating. It is ok for the meal time to be fun. Feel free to bring up various discussion topics or games that may spark conversation.
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***Partial Hospitalization Program
Orientation Information
Guide to Eating Behaviors***

<i>EATING DISORDERED BEHAVIORS</i>	<i>REPLACEMENT BEHAVIORS</i>
Use of utensils to eat a sandwich.	Use hands to eat a sandwich
Cutting food into small pieces.	Cutting into appropriate, bite size pieces. Cutting a few pieces at a time, eating those pieces, and then cutting more food.
Mixing of, or separation of, foods from format they are meant to be eating in.	Eating foods as they are served on the plate
Pouring beverages on solid food.	Consume food and beverages from their original containers.
Consuming condiments such as salt or sugar to excess on menu items.	Using condiments in moderation to enhance, not hide flavor of food.
Not touching lips to silverware.	Allowing your lips to silverware to reinforce that you have permission to eat food.
Drinking all fluids prior to meal.	Alternate between eating and sipping fluids.
Isolating/staring into space.	Engaging in conversation with peers.
Spitting food out or hiding in napkin or clothing.	Allowing yourself to consume all food. Refrain from wearing coats, clothing with pockets, etc. during the meal.
Wiping utensils with a napkin.	Participating in normalized eating which includes waiting until the end of meals to clean utensils.
"Checking" or "Playing" with foods.	Eating food in a timely manner and reminding yourself the more you fixate (play, etc.) on food, the harder it actually is to consume.
Eating foods in a certain, rigid order.	Eating foods in random order.
Counting chews, excessive chewing.	Chewing in normal manner to decrease focus and fixation on food.
Eating too fast or slow.	Finishing meal in allotted time/normal pace. This allows you to fully connect with your meal.
Engaging in profanity or abusive talk.	Engage in normal social conversation. If you are feeling anxious or uncomfortable, ask a peer for support.
Regurgitating food.	Give yourself permission to consume all food and digest it.
Asking to substitute food at meals.	Eat all foods as served and ask for support or help with reframing your fears.
Distraction of peers with gestures.	Utilize appropriate body language and allow your peers the opportunity to have a successful meal experience.
Talking about calories, food, fats, etc.	Refrain from "food talk" and suggest that you and your peers find alternative topics to discuss.
Patting foods with a napkin to remove grease.	Eat the food as prepared and served to you.



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Facility Disclosure Statement

Facility Name and Address

Eating Disorders Treatment Center, LLC
5203 Juan Tabo Blvd, NE
Suite 2A
Albuquerque, NM 87111

National Provider Number: 1871881326
EIN: 452772387

Regulation of Licensures

The New Mexico Regulation and Licensing Department has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Counseling and Therapy Practice Board, 2550 Cerrillos Road, Santa Fe, NM 87505 (505) 476-4610.

Patient Rights and Important Information:

- 1) Patients are entitled to receive information from me about our methods of therapy, the techniques we use, the duration of your therapy (if we can determine it), and our fee structure. Please ask if you would like to receive this information.
- 2) Patients can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy between a therapist and a patient is never appropriate. If sexual intimacy occurs, it should be reported to the Counseling and Therapy Practice Board.
- 4) Confidentiality Rights.
 - a) Generally speaking, according to the statutes of the state of New Mexico (Title 16, Chapter 27, Part 18), the information provided by and to a patient during therapy sessions is legally confidential. This applies also to any employees or professional associates of the licensed or registered counselor or therapist. A licensed or registered professional shall inform a patient of limitations of confidentiality. These limitations include, but are not limited to:
 - i) Limitations mandated by the law.
 - ii) When the counselor or therapist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the patient on the patient or another person(s).



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- iii) When the counselor or therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case, patient confidences may be disclosed in the course of that action.
 - iv) When a written waiver has been obtained, all information revealed must be in accordance with the terms of the waiver. If there is more than one party involved in the therapy, the waiver must be signed by all members legally competent to execute such a waiver (i.e., couples, marital couples, family, and group).
 - v) When release of information pertaining to a patient under the age of consent is requested, it must be signed by a parent or guardian. The counselor or therapist, to the extent the patient can understand, shall inform the minor patient of the limit the law imposes on his/her right of confidentiality.
 - vi) Reporting of abuse of children and vulnerable adults. The counselor or therapist shall be familiar with any relevant law, and shall comply with such laws.
 - vii) Limitations mandated by employing agencies.
- b) A licensed or registered individual shall ensure that all records and written data are stored using reasonable security measures that prevent access to records by unauthorized persons.
 - c) A licensed or registered individual shall ensure that the content and disposition of all records is in compliance with the relevant state laws and parts.
 - d) A licensed or registered individual shall continue to treat information regarding a patient as confidential after the professional relationship between the counselor or therapist and the patient has ceased.
 - e) A licensed or registered individual shall exercise reasonable care to ensure that confidential information is appropriately disguised to prevent patient identification when used as a basis of supervision, teaching, research or other published reports.
- 5) You are entitled to receive the following information at any time about any other therapist in the employ of The Eating Disorders Treatment Center who provides psychotherapy to you during your time here (for example, if you are assigned a separate family therapist):
- a) The name, business address, and business phone number of the psychotherapist.
 - b) A listing of any degrees, credentials, certifications, and licenses held by the psychotherapist.

If you have any questions or would like additional information, please feel free to ask your Therapist. I have read the preceding information and understand my rights as a client / patient.

Participant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Therapist Signature _____ Date _____



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Informed Consent

Please read the following carefully. If you have questions, discuss them with your provider.

Your signature below indicates you understand and accept the terms of treatment.

I have chosen to receive psychological services from the Eating Disorders Treatment Center, LLC (EDTC). My choice has been voluntary and I understand that I may terminate therapy at any time.

I understand that my participation in the Partial Hospitalization Program requires that I fulfill the Participation Requirements outlined in Treatment Overview & Requirements.

I understand that there is no assurance that I will feel better. Because psychological treatment is a cooperative effort between me and my therapeutic team, I will work with them to the best of my ability to resolve my difficulties.

I understand that during the course of my treatment, material may be discussed that is upsetting in nature and that this may be necessary to help me resolve my problems.

I understand that during my participation in the Partial Hospitalization Program that information I provide and my behavior in the program will be discussed with the treatment team during staff meetings as needed.

I understand that the ability of my therapeutic team to provide useful feedback and guidance to me is dependent upon the accuracy of the information I provide about myself.

I understand that records and information collected about me will be held or released in accordance with state and federal laws regarding confidentiality of such records and information.

I understand that state and local laws require that my therapeutic team report all cases of abuse or neglect or minors or vulnerable adults.

I understand that state and local laws require that my therapeutic team report all cases in which there exists a danger to self and/or others.

I understand that there may be other circumstances in which the law requires my therapeutic team to disclose confidential information.

I understand that I may be contacted by my therapeutic team to ensure continuity and quality of my treatment and/or after the completion of treatment, to assess the outcome of treatment.

I understand that EDTC will be required to provide basic clinical information, including diagnoses, to my insurance company in order to receive payment for services, and that EDTC has no control over how my insurance company handles my private information and that neither EDTC, nor the members of my therapeutic team, can be held liable for the actions of the insurance company.



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My rights include:

- The right to be informed of the steps and activities involved in receiving services
- The right to confidentiality under federal and state laws relating to the receipt of services
- The right to humane care and protection from harm, abuse, or neglect
- The right to make an informed decision whether to accept or refuse treatment
- The right to contact and consult with counsel at my expense
- The right to select practitioners of my choice at my expense

Participant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Therapist Signature _____ Date _____



Participant PHP Recovery Contract

Welcome and Congratulations! You have taken the first step in your recovery process by committing to treatment at the Eating Disorders Treatment Center. Your treatment team brings compassion, knowledge, and understanding to your healing process. We believe that an integrated, multidisciplinary approach is important in creating recovery that lasts. We accomplish this with a wide treatment approach including individual, family, and group therapies, psycho-education, and collaboration with medical providers. We focus on eating behaviors, emotions, thinking patterns, mindfulness, and coping strategies to help you move beyond your eating disorder and live with freedom and health.

We view your recovery as a piece of your life story, and each person's story is different. As you move through treatment, we strive to help you discover your personal values, goals, and dreams. We will provide a safe place for you to connect with many emotions, thoughts, and memories. We will teach you to label, manage, and process your feelings, to replace eating disordered behaviors with healthy coping skills, and to come to a greater understanding of all that is within you. When your recovery feels difficult, as it will be at times, we will support you and help you reach out to others.

However, we cannot do this alone. *We need you to make a commitment to yourself, your healing, and your life after completing this program.* Your heart, soul, and full intention *are* key components in creating change and writing a new story for your own life.

By signing this, you are committing to that change by:

- Attending every scheduled session and arriving on time.
- Being focused, attentive, and active during sessions.
- Honestly expressing your experiences with your therapist and the group.
- Trusting the process of your treatment.

I, _____, commit to myself, my peers, and my treatment team at the Eating Disorders Treatment Center to follow expectations as described above throughout my treatment. I have read and understand the following documents in this packet:

Document	Initials	Document	Initials
PHP Orientation Information		PHP Attendance Policies	
Facility and Therapist Disclosure Statements		Eating Disordered Behavior List	
Group Therapy Guidelines		EDTC Outpatient Office Policies	

My Signature indicates that I have read, understand, and agree with the Eating Disorders Treatment Center's Partial Hospitalization Program Recovery Contract.

Participant Signature _____ Date _____

Therapist Signature _____ Date _____



Financial Responsibility Contract

A sincere commitment to one's recovery is necessary to help ensure a positive therapeutic experience with the Eating Disorder Treatment Center PHP. That sincere commitment is demonstrated not just by putting as much energy and focus as possible on one's recovery, but also by responsible behavior with regard to attendance at group meetings and individual therapy sessions and payment for treatment services.

Eating Disorder Treatment Center will file insurance claims on the patient's (or the financially responsible party) behalf. However, the client (or the financially responsible party) is responsible for all co-payments or co-insurance payments, deductibles, and any outstanding balance in the event of no insurance, insurance disputes, insurance denials, etc. Please note that no insurance claims can be filed in the event of a missed appointment and payment for any and all missed appointments is solely the responsibility of the client (or the financially responsible party).

My signature below confirms that I have read, understand, and agree with the following statements. I have been informed of the EDTC fee for services I require, and that it is my responsibility to contact my insurance provider to learn what my expected co-payment or co-insurance is under my policy, and the amount of any insurance deductible remaining on my account (if any).

I understand that if I provide my insurance information to EDTC, EDTC will bill my insurance provider on my behalf for services provided, and apply due diligence to obtain payment for billed services.

I understand that it is my responsibility to make the required insurance deductible payments, and co-payment or co-insurance payment to EDTC at the time services are rendered unless other arrangements have been made in advance and approved in writing with EDTC.

I understand that it is my responsibility to render payment in full to EDTC for services provided should EDTC be unable to obtain payment in full from my insurance provider within 45 days of the date of service.

I understand that payment to EDTC for services provided may be made with check, cash, MasterCard or Visa, (including insurance issued Visa/MasterCard benefit cards). Financial questions should be directed to, or special arrangements for payment should be discussed with the EDTC Billing Manager, Gloria Gordan. She can be reached at 505-266-612, ext.121.

Patient Signature _____ Date _____

Financially Responsible Party (Print) _____

Signature _____ Date _____