



## **Connecticut Behavioral Health Associates, P. C.**

New London, Norwich, Pawcatuck, Groton, Plainfield, Old Saybrook  
New Britain, Southington, Hamden, Glastonbury

### **GENERAL OFFICE POLICY**

Clients should always try to contact the office they are seen in for any questions before contacting other office locations.

New London	(860) 437-6914	Norwich	(860) 823-1399	Pawcatuck	(860) 572-8834
Groton	(860) 449-0200	CSS	(860) 552-7305	Plainfield	(860) 564-2242
Old Saybrook	(860) 391-8661	New Britain	(860) 223-1111	Southington	(860) 276-9295
Hamden	(203) 691-7634	Glastonbury	(860) 780-2262		

#### **Confirmation calls:**

- Confirmation calls are a courtesy. It is the clients' responsibility to keep their appointments or cancel them. We require 24 hours notice when cancelling an appointment. CBHA charges for all missed or late cancelled appointments.
- It is our policy to discharge clients who miss or late-cancel three appointments in a six month period, even if these incidents are not consecutive.
- Clients who are not seen in more than a six month period of time, without provider approval will be considered discharged from the practice. In order to reschedule any further appointments the client will be directed back to intake to assess client appropriateness. *It is not guaranteed that the client will be accepted back or that they will be scheduled with their previous medical provider.*

#### **Medication Refills:**

- We require 48-72 hours notice prior to your medications running out.
- Please call the office to refill medications and not the pharmacy.
- Controlled substances will only be written out or called into a pharmacy for a quantity that will be enough medication until the next scheduled appointment.
- No medication will be called in if a client has not been seen in the office for over three months.
- No medication will be called in if a client does not have a scheduled follow-up appointment.
- Lost or miss-utilized medications will not be replaced until client is seen by the prescriber and a valid/verifiable reason is given.

#### **Paperwork/Forms:**

- If you require a letter, form or document be completed, we have ten business days to complete your requests.

#### **Medical Records Request:**

- If you request records of any kind, we have 30 days to complete your requests.

**Exceptions to any of the above rules can be made only by the prescribing physician or APRN.**

**Connecticut Behavioral Health Associates is proud to be a SMOKE FREE Establishment.**

- There is absolutely no smoking of any products on company grounds.
- Clients are also asked not to loiter before or after office hours.

**Signature of Client or Authorized Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_