



## STATEMENT OF UNDERSTANDING

Member ID # \_\_\_\_\_

### **HEALTHNET BEHAVIORAL HEALTH PROGRAM**

You have voluntarily chosen to use the HealthNet behavioral health benefit through **Your Advocate**.

All Behavioral Health (mental health & substance recovery) benefits and treatment, is coordinated with Advocate **BEFORE** treatment begins. In case of emergency, please seek treatment and contact Advocate within 24-48 hours (877-252-8550).

Benefits are subject to the plan maximums outlined in the plan description and are subject to annual assessment and referral by Advocate for continued treatment. The number of sessions received will be based on clinical need, subject to plan maximums, and will be determined by you and your counselor.

**Calendar Year Benefit:** Mental Health and Substance Abuse benefits are calendar year. Ongoing treatment from one year to year, must to be transitioned by the member by calling 877-252-8550.

**Break- in-Service/Dormant Period:** If a referral has been given for claims to be paid and activity ceases for period of six months, you will need to call Advocate for a new referral.

**Providers:** There is no out-of-network benefit. Benefit coverage will only apply to services from an Advocate/HeathNet provider. To obtain information about participating providers, call 877-252-8550.

**Cost:** The first six **outpatient therapy visits** are covered by HealthNet at 100%. You will be responsible for a \$30 co-pay for visits 7 - 45. **Regardless of the visit number**, you will be responsible for a \$30 co-pay for evaluations performed by a psychologist and / or psychiatrist. You will be responsible for a \$30 co-pay for each hour of testing and a \$ 20 co-pay for medication management.

**Confidentiality:** This is a confidential service. Information disclosed during your counseling session will only be communicated under the following circumstances: 1) you consent in writing; 2) your life or safety is seriously threatened; 3) the life or safety of others is seriously threatened; 4) disclosure is required by law; and/or 5) there is an admission of child abuse.

### **QUESTIONS REGARDING BENEFIT PROCEDURES AND CLAIMS:**

CALL: **Your Advocate** at **1-877-252-8550 Toll Free** for questions about benefits and procedures.

CALL: **InforMed** at **1-866-218-8124 Toll Free** for questions about claims.

I, (name) \_\_\_\_\_ understand the information printed above and will participate in the program under the terms specified above.

\_\_\_\_\_  
Signature (client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (counselor/witness)

\_\_\_\_\_  
Date