



Discharge Policy

You will be discharged from PDG Therapeutics for any of the following reasons:

1. If PDG Therapeutics has successfully completed all interventions that are clinically indicated for your condition and you have achieved the treatment goals, as developed in collaboration with your therapist and outlined in your individualized treatment plan.
2. If your services are no longer authorized by the Department of Health and Mental Hygiene, Administrative Service Organization, Public Mental Health System, Private Insurance Policy or lack of Payment for Services (including self-pay amounts, deductible amounts, co-pays, No Show Fee or Cancellation Fee. A No Show Fee or Cancellation Fee is \$75 for clients with private insurance or self-pay, for services at PDG Therapeutics.
3. If you indicate in writing that our services are no longer appropriate to your condition(s) or you successfully terminate from treatment with your clinician.
4. If you fail to present yourself for services for more than 30 days (face to face).
5. If you repeatedly cancel or miss appointments, or do not attend therapy as recommended by your clinician at PDG Therapeutics.
6. If you choose to terminate services against your therapist's advice or recommendation.
7. If you are referred to a higher level of care (Evaluation at the ER, securing a psychiatrist if indicated, day treatment recommendations, substance abuse treatment, etc.) and fail to comply with those clinical recommendations.
8. If you step down from a higher level of care and do not follow the discharge recommendations, which could include other interventions as well as outpatient therapy services.
9. If you engage in any unsafe behavior or conduct that creates an unsafe environment or endangers the safety of other clients/staff at PDG Therapeutics.
10. Failure to comply with clinical treatment recommendations.

X _____
Printed Name **Client Signature** **Date**

X _____
Therapist/Intake Worker **Date**