Harborlight Behavioral Health, PLLC

440 Harbor Street, Suite 310, Cedar Point, ST 58111
Front desk 555-0410 · Clinical after-hours 555-0411 · Fax 555-0412
harborlightbh.example · Mon–Thu 8:00a–6:00p · Fri 8:00a–3:00p

PATIENT EDUCATION

Document
Check-in questionnaire guide
Owner
Quality Committee / Clinical Director
Version
2.6 · Approved 02/28/2027
Questions
555-0410, ask for your clinician

Why Your Care Team Uses Check-In Questionnaires

When they are sent, how scores are used, what they do not mean, and how change is reviewed

A SCORE IS NOT A DIAGNOSIS

Check-In A, B, and C are Harborlight specimen questionnaires. A number does not name a condition, start a medicine, or decide whether you 'qualify' for care. Your clinician reads the trend with you, not instead of you.

SENDING SCHEDULE	WHERE THEY LIVE	WHO SEES THEM	SPECIMEN CHART
72 hours before each follow-up visit	**Portal → Check-ins, or paper in a private alcove**	**Your assigned clinician; covering clinician if needed**	**Jordan A. Lee · MRN HLBH-000441 (fictional)**

WHAT EACH CHECK-IN IS FOR

INSTRUMENT (SPECIMEN NAME)	ITEMS	WHEN IT IS OFFERED	WHAT A NUMBER IS	WHAT A NUMBER IS NOT
Check-In A — mood snapshot	9	Before visit 1 if you agree, then before follow-ups	A count of how you answered this week	Not a mood disorder diagnosis
Check-In B — worry snapshot	7	Same cadence as A, if your clinician includes it	A count of how you answered this week	Not an anxiety diagnosis
Check-In C — day-to-day functioning	8	At visit 1 and every 4th follow-up, or sooner if you ask	A count about sleep, work/school, and daily tasks as you rated them	Not a disability determination

You may skip any item or any whole questionnaire. Skipped items are recorded as skipped, not as zero.

WHEN THEY ARE SENT, AND WHAT HAPPENS IF THEY ARE LATE

TIMING	WHAT HARBORLIGHT DOES	WHAT YOU CAN DO
72 hours before a follow-up	Portal task + optional SMS from 555-0413: 'Harborlight check-in is ready.' No scores appear in the text.	Complete it in one sitting if you can. About 5–8 minutes.
24 hours before, still incomplete	One reminder. The clinician can still see you if it is blank.	Complete it, or wait and do paper in the alcove.
After the visit starts	We do not ask you to fill it while talking unless you want to.	Say if a question felt wrong or was about a bad day that is not typical.
You decline ongoing check-ins	Documented in the chart. Care continues.	You can restart later. Declining is not 'noncompliance' in this policy.

FICTIONAL SPECIMEN TREND — JORDAN A. LEE, MRN HLBH-000441

The following numbers belong to this demonstration chart only. They illustrate how a clinician plots change. They are not a scoring key for any real questionnaire and they are not your scores.

VISIT DATE (SPECIMEN)	CHECK-IN A	CHECK-IN B	CHECK-IN C	CLINICIAN REVIEW NOTE (SPECIMEN WORDING)
03/03/2027 — first follow-up	14	11	18	Baseline recorded. No diagnosis assigned from these numbers.
03/31/2027	12	10	17	Small movement; discussed sleep as a possible contributor. Score change alone not treated as improvement or decline.
04/28/2027	9	8	15	Direction discussed with the patient. Plan unchanged until the next visit conversation.
05/26/2027	13	9	16	Upward tick after a work deadline week. Treated as a data point, not a crisis flag by itself.

`Use`	To notice change over time and to ask better questions in the room.
`Do not use`	To label a person, to deny a visit, to justify a medicine, or to tell a family member 'the score means X.'
`Flags`	Harborlight does not auto-diagnose from a threshold. A sudden jump is a reason to ask, not a reason for software to decide.

HOW A CLINICIAN REVIEWS CHANGE

1. Look at the direction over several points, not one week.
2. Ask what was happening in that week (sleep, missed sessions, a life event).
3. Compare the numbers with what you say in the room. If they disagree, the conversation wins until it is understood.
4. Document the discussion. The score is an attachment, not the note.
5. Share the graph with you on request. You should be able to see the same numbers.

PRIVACY OF QUESTIONNAIRE ANSWERS

- Answers sit in the clinical record with the same confidentiality limits as session notes.
- Employers, schools, and family members do not receive scores unless you sign an authorization that lists them.
- Insurers may receive procedure and diagnosis codes as part of billing; that is not the same as receiving your item-level answers.
- This guide does not authorize any extra sharing.

Safety boundary: Harborlight staff do not interpret these specimen scores as medical advice to a reader of this demonstration. If you are in crisis, call 911 or the after-hours clinical line 555-0411. Questionnaires are not a 24-hour monitoring system.

VERSION AND APPROVAL

ITEM	VALUE
Document number	HLBH-MEAS-026
Approved by	Quality Committee (minutes 02/21/2027, specimen); Clinical Director M. Ellison, LCSW
Approval date	28 February 2027
Effective	14 March 2027
Next review	August 2027
Specimen scores last refreshed	26 May 2027 chart extract (fictional)

FICTIONAL SPECIMEN. Harborlight Behavioral Health, Check-In A/B/C, MRN HLBH-000441, Jordan A. Lee, and all scores, dates, and approval records are invented for demonstration only. This document is not a validated clinical instrument, not a scoring manual, not a diagnosis, and not medical advice.