



## Consumer Rights of Individuals Receiving Treatment at Mental Health Solutions, S.C.

Mental Health Solutions, S.C. (MHS) is required to provide you with the following information about your rights.

**Informed Consent:** The proposed benefit of treatment is to help alleviate the problems and symptoms presented by the patient. Treatment is conducted in sessions between a clinician and patient. During the first several sessions the patient and clinician will jointly assess problems and symptoms. They will also develop goals for treatment (which will be defined in writing.) Additionally, MHS professional staff will inform patients of:

- Treatment alternatives, treatment recommendations and proposed benefits of treatment
- Potential side effects of treatment
- Services that will be offered under the treatment plan
- Rights and responsibilities during treatment
- Fees for which patients will be responsible
- Emergency mental health services that may be accessed outside of normal operating hours
- Discharge policies including involuntary discharge for inability to pay or inability to maintain a treatment alliance in the service of treatment progress

**Privacy Practices:** Whenever patients are treated at MHS, health information is created. Health information may be written (medical record), spoken (providers discussing care), or electronic (electronic medical record and billing files). The law permits MHS providers to use or disclose health information for the following activities: treatment, payments, appointment reminders, and other uses and disclosures permitted or required by law.

All communication with the clinical and office staff at MHS is confidential, except for the situations described below:

- Patient requests disclosure or agrees to a request for disclosure and signs an Authorization for Release of Protected Health Information
- Worker's Compensation program is providing benefits for work-related illness
- Child Protection: any suspected abuse or neglect of a child must be reported
- Elder Abuse and Adult at Risk of Abuse per State statute
- Serious threat to health or safety of patient or someone else
- Health oversight activities as permitted by law
- Court orders requiring disclosure of health information

**Treatment of Children:** Children under the age of 18 are considered minors by law, but in Wisconsin adolescents 14 and older are required to consent to treatment in writing. An appeals process is available to minors 14 and older and their parents should treatment be desired by only one of the parties and not the other. **Minors 14 and older also have the legal right, through written notice, to release their records and exclude others (including parents) from accessing their treatment record.** It is our policy to keep specific disclosures made by children confidential if they so desire while keeping parents informed of general treatment progress except in issues of abuse and/or potential harm to the child.

(continued on reverse)

## **Patient Privacy Rights**

You have the right to:

- Request how we contact you
- Inspect and receive a copy of your medical records and billing records
- Request corrections to your medical and billing records
- Receive a list of certain disclosures to your records when they have been released
- Receive a copy of MHS Privacy Practices and MHS Client Rights and Grievance Procedures available at the reception desk
- Request restrictions on uses and disclosures of your health information
- Have no recording of any sort occur without written consent

## **Clients' Rights and Grievance Procedure:**

A complaint can be filed in writing or through personally talking to the grievance officer of MHS who then documents the complaint in writing. All possible efforts will be made to resolve the grievance at the time it is presented. If the grievance cannot be resolved, you will have the option of engaging in either a formal or informal grievance resolution process and making contact with the MHS staff person who handles such complaints. Please discuss any questions you have regarding this procedure with your clinician or any MHS staff. This process is posted in the waiting room and a handout detailing this process is available upon request. Please bring to our immediate attention any concerns or complaints that you may have about our services.

## **Financial Responsibility:**

The length and ultimately the cost of treatment vary a great deal, depending on a variety of factors such as the severity of problems, client motivation, etc. Most charges are for therapy and medication evaluation sessions, but charges may also result from special testing, consultations, report preparation, crisis intervention, or extended telephone consultations. Your provider will discuss fees with you.

You have the option of paying for your treatment directly or using insurance reimbursement if your policy covers the provided service. If you choose to use insurance, please remember that MHS is contracting with you and not your insurance company. If proper billing procedures have been utilized and insurance fails to provide payment, the patient is ultimately responsible for any fees. This may include deductibles, co-pays, costs incurred without a referral, or costs that exceed the benefit limit. All payments are due in full upon receipt of a statement. With your signed authorization, MHS will directly bill your insurance company.

## **Cancellations:**

On occasion, you may find it necessary to change or cancel an appointment. We ask for AT LEAST 24 HOURS NOTICE. You will be billed for all appointments that are not cancelled prior to this time limit. We understand that sometimes emergencies and illnesses occur. Please discuss the circumstances with your provider for consideration of the charges being waived.

## **Child Care:**

Please make babysitting arrangements for children while you are here for treatment. Our staff cannot supervise children in the waiting room.