

PATIENT BILL OF RIGHTS

Outpatient Clinics

When you receive services for mental health, alcoholism, drug abuse, or a developmental disability, as an inpatient or outpatient, you have the following rights under DHS 94.

TREATMENT AND RELATED RIGHTS:

- To be free from having unreasonable arbitrary decisions made about you.
- To receive prompt and adequate treatment.
- To refuse any treatment including medications.
- To be free from unnecessary or excessive medications.
- To refuse or to give informed consent to participate in treatment or in experimental research.
- To have a second opinion/consultation if you don't agree with all or part of your treatment plan.

COMMUNICATION AND PRIVACY RIGHTS:

- To refuse to be filmed or taped without your consent.
- To have your treatment records and conversations about your treatment kept confidential.
- To have access to your treatment record after discharge or during treatment if the facility director approves it and to have access at all times to records of medications you take or any treatments you receive for physical health reasons.
- All client information is kept confidential, with the exception of the following as required by the State of Wisconsin:
 - ✓ Significant concern the client may be a threat to themselves or others
 - ✓ Suspected abuse of a minor, elderly person, or dependent adult
 - ✓ Unless court ordered to disclose therapeutic information

RIGHT OF ACCESS TO COURTS:

- To bring legal action for damages against those who violate your rights.

YOUR RIGHT TO COMPLAIN:

If you feel that your rights have been violated, you have the right to a grievance procedure. Our agency has a grievance process through which you may file your complaint. Grievances must be filed in writing within 45 days of the incident or issue. The staff will supply you with a copy of Grievance Procedure forms upon request. You may, at the end of the grievance process, or at any time during it, choose to take the matter to court.

AFTER OFFICE HOURS CLINICAL EMERGENCY POLICY

In the event of a clinical emergency with you or a family member who is a client of Platteville Family Resource Center, Inc., please follow the procedure below:

1. During regular workday, Monday through Friday, 9am-3pm, call 608.348.4060.
2. Evenings, weekends, and holidays dial 988 Suicide and Crisis Lifeline.

INFORMATION ABOUT FEES/INSURANCE

The hourly fee for services provided are as follows: INDIVIDUAL/COUPLE/FAMILY - \$219.00/session for M.S.W. counselors; \$239.00/session for Ph.D. counselors.

A therapy session normally consists of 50 minutes of face to face contact and 10 minutes of case management. The fee for sessions lasting more or less than an hour will be prorated accordingly.

Insurance claim forms are submitted by this office as a courtesy to you. Any fees (co-pays, deductibles, etc.) not paid by your insurance company are your responsibility. Payment is expected at the time of service. If there is a problem with insurance reimbursement of the claim(s), you will be expected to make payment personally. If and when your insurance company pays your claim(s), you will be reimbursed the amount due to you minus your outstanding balance, consistent with the contractual agreement between PFRC, Inc. and your insurance company.

CANCELLATION POLICY

- Please give 24-hour notice to cancel or reschedule appointments.
- Appointments missed or not cancelled with 24-hour notice may be subject to a \$100.00 (Master's Level) or \$120.00 (Ph.D. Level) fee as per your therapist's determination. Fee is not covered by insurance companies and is your responsibility, due at the time of billing.