

NOTICE OF PATIENT RIGHTS

The following is a summary of your rights as a patient at Psychiatric Services, S.C. (PSSC). You may request a copy of the PSSC **Notice of Privacy Practices** at the front desk or view it online at www.psychsvcs.com.

It is the responsibility of PSSC clinicians to provide information concerning: a) the benefits of the treatment being proposed; b) the way the treatment will be given or administered; c) the expected side effects of the treatment or risks of side effects from medication; d) the cost of a treatment session; e) alternative treatment methods; f) the probable consequences of not receiving proper treatment; g) the time period for which the informed consent for treatment is effective. Patients have the right to withdraw the informed consent at any time. Recording, photography, videotaping, or filming will not occur without a signed consent.

PRIVACY PRACTICES

Whenever you are treated at PSSC, health information is created. Health information may be written (e.g. medical record), spoken (e.g. treatment providers discussing care) or electronic (e.g. bills saved in computer files).

The law permits PSSC health care providers to use or disclose health information for these activities:

- Treatment
- Payment
- Appointment reminders / communications
- Uses and disclosures permitted or required by law

All communication with the professional staff at PSSC is confidential, except for the situations described below:

- A patient requests disclosure and signs a release of information form Worker's compensation program providing benefits for work-related illness
- Child protection: any suspected abuse of a child must be reported
- Elder abuse and adult at risk abuser per state statute
- Serious threat to health or safety of yourself or someone else
- Health oversight activities
- Court orders requiring disclosure of health information

PATIENT PRIVACY RIGHTS

You have the right to ...

- Request how we contact you
- Inspect, and receive a copy of, your medical and billing records
- Request corrections to your medical and billing records
- Receive a list of certain disclosures to your records
- Receive a copy of the PSSC **Notice of Privacy Practices** and **PSSC Client Rights and the Mental Health Grievance Procedure** available at the reception desk. This information is also posted and is available for review at www.psychsvcs.com
- Request restrictions on uses and disclosures of your health information

OTHER RIGHTS

You have other rights as outlined in the PSSC Client Rights and the Mental Health Grievance Procedure document that accompanies this form.

COMPLAINT RESOLUTION

If you believe your rights have been violated, you may make a complaint to your clinician. All possible efforts will be made to resolve the complaint at the time it is presented. If your concern relates to privacy, you may make a complaint to the designated PSSC privacy officer (HIPAA). If your concern cannot be resolved by PSSC staff, you have the option of engaging in the Grievance Resolution process with the Clients Rights Specialist (see Client Rights and the Mental Health Grievance Procedure handout.) For privacy complaints, you have the right to access the Secretary of the Department of Health Services at (312) 866-2359.) There will be no retaliation for engaging the complaint resolution process.

EMERGENCY CONTACT INFORMATION

Please contact 911 for any life-threatening emergency. PSSC maintains a 24-hour on-call service for current patients who have an urgent concern. After hours calls to our office (608 238-9354) are forwarded to a medical answering service. The answering service operator will ask for pertinent information to facilitate the appropriate response and will contact your clinician or the covering clinician. Please leave non-urgent messages with PSSC staff during business hours.

PSYCHIATRIC SERVICES, S.C. FEE INFORMATION OUR OFFICE BILLING PROCEDURES ARE EXPLAINED BELOW PLEASE READ CAREFULLY

TOTAL TREATMENT COSTS

The length and cost of treatment depends on a variety of factors including the severity of problems and client motivation. Typical charges are for evaluation, therapy and medication monitoring sessions, but charges may also result from special testing, consultations, reports and crisis intervention or telephone consultations. Your therapist will review fees with you.

FEES ARE THE RESPONSIBILITY OF THE PATIENT

Insurance claims are completed as a courtesy. You are responsible for any portion of your bill that your policy does not cover. You are also responsible for obtaining any prior authorization or pre-certification your insurance requires as well as tracking any changes in your benefits, co-payments, and/or exhaustion of benefits (any charges denied over maximum benefit). A \$25 fee will be assessed for any checks returned from any banking institution for any reason.

METHODS OF PAYMENT

Payment is due at the time of service or within 30 days from receipt of statement. Cash, cashier's or personal check, money orders, Discover, MasterCard or Visa are all accepted by Psychiatric Services, S.C. In cases of financial hardship a payment plan may be arranged with your clinician.

CHARGES FOR MISSED AND CANCELLED APPOINTMENTS

When you schedule an appointment, that time is set aside for you; Psychiatric Services, S.C. is legally entitled to bill you for the full hourly charge for missed appointments or cancellations WITHOUT 24 HOURS NOTICE or as prearranged by your clinician. Insurance carriers WILL NOT pay for missed appointments or late cancellations; such a charge is your personal responsibility.

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