



Compass Behavioral Health Clinic

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Phone: 608 755-1475 Fax: 608 755-1733*

***CONSUMER GUIDEBOOK
FOR***

***COMPASS BEHAVIORAL HEALTH
CLINIC***

A DIVISION OF RVCP, INC.

***OUTPATIENT
BEHAVIORAL HEALTH
SERVICES***

CRISIS PHONE LINE: (608) 921-8544

CONSUMER GUIDEBOOK FOR COMPASS BEHAVIORAL HEALTH CLINIC'S SERVICES

Using this guidebook

The purpose of this guidebook is to acquaint you with the policies and procedures of Compass Behavioral Health Clinic . You are responsible for knowing the contents and asking for clarification of contents not understood.

Introduction

Welcome to Compass Behavioral Health Clinic, a division of Rock Valley Community Programs, Inc. Compass Behavioral Health Clinic offers individually tailored treatment services that range from brief, personal therapy to highly structured, comprehensive programming. Our goal is to provide the highest quality of care in order to assist consumers with managing or resolving the psychological and emotional distress that often accompanies relationship conflicts, substance abuse, grief and loss, and many other of life's complex challenges.

Compass Behavioral Health Clinic services are driven by our values and our mission. We believe:

- *That treatment must be individualized to meet the needs of the consumer.
- *That consumers benefit from an interdisciplinary, integrated approach.
- *That quality is not a technique.
- *That treatment and recovery happen through people.
- *That mental health and substance abuse complications have multiple pathways and recovery is a dynamic process, which involves examining one's thoughts, behaviors, emotions, and life events.
- *That treatment is a helping process that assists and guides consumers suffering from mental health and substance abuse complications to recovery.
- *That effective treatment aims at involving the whole person in a process that frees them to be fully human.
- *That the goal of treatment is to become the most complete human being possible.

Service Hours

Outpatient Services:

Compass Behavioral Health Clinic outpatient clinical staff are available five (5) days per week, Mondays – Thursdays 8:00 am – 9:00pm pm, Fridays 8:00 am – 5:00 pm, and Saturdays by appointment. At times, providers may be available Friday evenings and Saturdays by appointment only. CBHC provides a 24-hour crisis service. The **CRISIS NUMBER** is (608) 921 -8544.

Admission/Orientation

The purpose of the Orientation process is to introduce you to the various components of treatment offered, along with the concepts and goals of each component to prepare you for participation in the program and to complete appropriate intake paperwork. You will meet key staff during this process to help acquaint you to our agency. Please feel free to ask our staff questions you may have at any time.

Our goal is to treat you with dignity, respect, understanding, and care at all times.

During the Admission process, you will meet key staff and participate in interviews and assessments that will facilitate the identification of your primary treatment needs.

Services Offered

Some of the services offered at Compass Behavioral Health Clinic include: psychological evaluations, mental health assessments, substance use disorder assessments, individual, group, couples, and family counseling, and medication therapy. Clinicians use a variety of therapeutic approaches, including solution focused brief therapy, cognitive-behavioral therapy, person-centered therapy, mindfulness, neuro-processing, and others.

Group Code of Conduct (if participating in group counseling/therapy)

1. Confidentiality of treatment involvement is required. What is said here and who is seen here is NOT to be discussed.
2. Ask for permission of the facilitator to enter group late or to leave early.
3. Body language should show openness and respect for others.
4. Group is to close together.
5. No smoking during group.
6. Consumers are expected to contribute to the cleanliness of the group room and help clean up when requested.

Outpatient Attendance Policy

1. Counseling/Treatment hours will be discussed and contracted between you and your provider based on your needs. The hours agreed upon will be reflected in your individualized treatment plan.
2. "No call/no show" means not calling in to report an absence and not being present during scheduled hours that were agreed upon per the treatment plan. Two "no call/no shows" and/or two late cancelations (i.e., cancelations that occur with less than 24 hours' notice) will result in a charge of 50% of the cost of the service missed. Excessive/chronic "no call/no shows", late cancelations, and/or tardiness may result in termination of services, discharge from the program, discharge from the clinic, and/or a waiting period that can last up to three months before being readmitted for services.
3. When three (3) days are missed in a row due to illness, a doctor's excuse will be needed to return (only applicable during more intensive counseling/treatment where multiple sessions occur throughout the week).
4. If unable to attend your scheduled session(s) for any reason, you must notify your primary counselor. If he/she is unavailable, leave a message with the program assistant. Information that will be asked for will be your name, your counselor's name, the reason you're not coming, and your phone number.
5. In the event of bad weather, program closing announcements will be made on WCLO 1230AM and WJVL 99.9FM.

Clinic Behavior Policies

1. Consumers may not have alcohol, unlawful psychoactive substances, or weapons of any kind on agency property.
2. Consumers may submit complaints to any staff member without fear of recourse or punishment.
3. We ask that each consumer contribute to the cleanliness and upkeep of the facility by cleaning up after themselves.
4. We ask that no one use fellow consumers', staff, or agency property without the owner's permission. Use without consent shall be considered theft. Office materials, office telephones, and desks are not for personal use. Please ask if you would like to use any office materials.
5. There is no smoking in the building.
6. Appearance should be neat and clean. No provocative clothing.

7. No consumer may have an intimate relationship with another consumer while in primary treatment. An intimate relationship is defined as dating, sexual contact, or any other physical intimacy. A married couple can not participate in treatment together.
8. Relatives cannot participate in treatment together.
9. Cell phones must be turned off during counseling sessions.

Emergency Evacuation Plan

In case of fire or danger to safety inside the building, evacuate quickly and orderly. Report to the staff member in charge once you are safely outside in the area between the Mental Services entrance door and the Mental Health Services parking lot. Staff members in charge will account for patients and staff known to have been in the building.

Severe Weather Plan

In case of severe weather **WATCH**, stay in or around the facility, and keep posted by the radio and/or television.

In case of severe weather **WARNING**, all persons in the facility should proceed immediately to the designated area, lay on the floor and protect your head. If time permits, open windows slightly on the east side of the facility. Remain in this area until an all clear by staff members in charge.

During a lightning storm, do not use a telephone or TV set. Keep away from open doors and windows. Stay inside.

Emergency Numbers

Ambulance	
Fire	911 for all
Police	

Crisis Line

Compass Behavioral Health Clinic provides a 24 hour crisis line. The number is **(608) 921- 8544**. Any time you are having difficulty coping with a problem or are feeling the urge to use drugs or alcohol, call this number and a crisis worker will contact a counselor to call you back immediately.

Remember: USE THIS NUMBER BEFORE YOU ACT ON YOUR THOUGHTS DURING TIMES OF SEVERE EMOTIONAL DISTRESS!

Bill of Rights

NOTE regarding Correctional Consumers: Per HFS 83.21 (3) the rights established do not necessarily apply to a resident in the legal custody of the Department of Corrections except as determined by the Department of Corrections.

When you receive any type of service for mental health, alcoholism, drug abuse or a developmental disability, you have the following rights under WI Statute sec. 51.61(1) and HSS 94 WI Administrative Code. Each service provider must post this Bill of Rights where anyone can easily see it. Your rights must be explained to you. The service provider will assist you in the exercise of all rights.

Some of your rights may be limited or denied for treatment or safety reasons. [See the rights with a * after them.] If any of your rights are limited or denied, you must be informed in writing of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

******Please note: Some of the rights apply to residential vs. outpatient and thus may not be applicable to your current situation.***

Personal Rights:

- You must be treated with dignity and respect, free of any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You cannot be made to work except for personal housekeeping chores.
- You have the right to vote.
- You cannot be treated differently because your race, national origin, sex, age, religion, disability or sexual orientation.
- Your surroundings must be kept safe and clean.
- You must be given the chance to exercise and go outside for fresh air regularly and frequently.
- You must be provided a nutritional diet.

Treatment Related Rights:

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.]
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures, such as psychosurgery, or experimental research without your written informed consent.
- You must be informed of any costs of your care and treatment that you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
- You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or others.

Record Privacy and Access Laws

Under Wisconsin Statute sec. 51.30 and Wisconsin Administrative Code DHS 92:

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent, unless the law specifically allows for it.
- You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you can see of the rest of your records while you are receiving services. You must be informed of the reasons for any such limits. You can challenge those reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your records is wrong, you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in your record.
- A copy of Wisconsin Statute sec. 51.30 and/or Wisconsin Administrative Code DHS 92 is available upon request.

Right of Access to Courts

- You may sue someone for damages or other court relief if they violate any of your rights.
- Involuntary patients can ask a court to review the order to place them in a facility.

Grievance Resolution Process

- If you feel your rights have been violated, you may file a grievance.
- You cannot be threatened or penalized in any way for filing a grievance.
- The service provider or facility must inform you of your rights and how to use the grievance process.
- You may, at the end of the grievance process, or anytime during it, choose to take the matter to court.

Contact your Client Rights Specialist, whose name is shown below, to file a grievance or to learn more about the specific grievance process used by the agency from which you are receiving services.

Your Patients Rights Specialist is: Marcia Galvan, RVCP, Inc.
203 W. Sunny Lane Rd., Janesville, WI 53546
(608)741-4500

Consumer's Signature

Date

Witness Signature

Date

Consumer Grievance Policy and Procedures

Policy

Consumers have certain rights as outlined in the "Bill of Rights." If a consumer believes that his/her rights have been violated, they may pursue resolution through use of the informal or formal grievance procedure [DHS 94]. Use of the informal process is not a pre-requisite for seeking formal resolution of a concern [DHS 94.40 (4)]. Consumers and/or persons acting on behalf of Consumers shall have the option of seeking resolution of their grievances using the formal procedure [DHS 94.40 (5)].

Procedure

A. Informal Grievance Procedure

1. Speak to your primary provider about your concerns. If you feel this discussion does not adequately resolve the issue, proceed to Step 2.
2. Request a meeting with the Clinic Administrator to discuss your concerns further.

B. Formal Grievance Procedure

Anyone who is receiving treatment for mental illness, developmental disability, or alcohol and other drug abuse may utilize this grievance procedure. Such patients are given a number of legal rights by Wisconsin State Statute 51.61 and DHS 94. The grievance procedure is a way for patients to arbitrate their grievances when they believe their rights are being violated. There is no cost to the consumer to go through the grievance procedure. The consumer may also choose to go straight to court instead of using the grievance procedure. Even if the consumer chooses to file a grievance, the consumer may go to court at any time (the grievance, if not completed at that time, will be dropped). If you believe your rights have been violated, follow this procedure.

Grievances **may be filed by any person** on behalf of a consumer. If a complaint is brought on behalf of a consumer by another person, the consumer may decide whether or not a remedy is pursued through the formal grievance procedure, if a court has not found the consumer to be incompetent to make his/her own decisions, if there is no potential for harm to their health or safety, and there is no potential for irreparable damage to their property. If you have questions, see your counselor.

Level I – Grievance Investigation

Write your complaint on a grievance form or any paper (with help from staff or others if necessary), or tell your complaint to the Consumer Rights Specialist for this program within 45 days of the occurrence of your complaint unless there are extenuating circumstances. The complaint may be given to any Mental Health Services staff who in turn will forward it to the Consumer Rights Specialist within 3 business days (or within 24 hours if an emergency). All complaints are confidential and the name or identifying information of the complainant shall not be released to any person where knowledge of the information is not necessary for the resolution of the complaint. Emergency situations shall be investigated within five (5) days of receipt by the Consumer Rights Specialist. Non-emergency situations shall be investigated by the Consumer Rights Specialist and a written decision and/or recommendation issued within thirty (30) calendar days.

If the grievant and the Administrator agree with the report of the Consumer Rights Specialist, and the report contains recommendations for resolution, those recommendations shall be put into effect within an agreed upon time frame. If there is disagreement, the grievance will proceed to Level II.

Level II – Administrator’s Review

If there is a disagreement over the Consumer Rights Specialist’s report that can not be resolved through discussion between the Consumer Rights Specialist, the grievant and the Clinic Administrator, the Clinic Administrator or their designee will, within 10 days of receipt of the Consumer Rights Specialist’s report (5 days for an emergency), prepare a written decision. This decision will state the issues that remain in dispute, the findings and determinations or recommendations which form the official position of the program.

The grievant will have 14 days from the date the Clinic Administrator’s decision is received to appeal the decision. The Consumer Rights Specialist or other Mental Health Services staff will inform the grievant of how to complete this step.

County Level Review

If a county agency is paying for your services, there is an extra step available in the grievance process. You may appeal the Level II decision to the County Agency Director. The County Agency Director must issue a written decision within 30 days, with a possible extension of another 30 days.

Level III – State Grievance Examiner

If your grievance went through the County Level Review and you are dissatisfied with the decision, then you may appeal it to the State Grievance Examiner. You have 14 days to appeal.

If your services are not being paid for by a county agency, then you may appeal the Level II decision directly to the State Grievance Examiner, skipping the County Level Review. You have 14 days to appeal.

The address is:

**State Grievance Examiner
Division of Disability and Elder Services
P. O. Box 7851
Madison, WI 53707-7851**

Level IV – Final State Review

Anyone directly affected by the Level III decision may request a final state review by the Administrator of the Division of Disability and Elder Services or designee. You have 14 days to appeal.

The address is:

**DDES Administrator
P.O. Box 7851
Madison, WI 53707-7851**

C. Other Provisions concerning the formal grievance procedure include the following:

1. There is no limit to the number of grievances that a consumer may file. However, if a consumer files more than one, each will be investigated in order of their receipt. The consumer rights specialist may ask a consumer who has filed more than one grievance to prioritize them. Grievances about an apparent emergency situation may take priority over other grievances.
2. The time limits set out for investigation and response to grievances may be extended with the consent of the patient. A thorough investigation benefits the patient who files a grievance; the consumer may be asked to agree to an extension to allow adequate evaluation.
3. If a decision is late and the consumer did not consent to an extension, the case may be appealed to the next level just as if the consumer had received an adverse decision.
4. Complaints by more than one person concerning the same issue or incident may be processed as one grievance. This is done when the same people have to be interviewed, the same documents reviewed, etc.
5. Any recommendation(s) for change shall be carried out and shall be monitored by the clinic administrator or designee making such change within a reasonable period of time. Reasonableness depends on the nature of the recommendation(s) and the difficulties involved in making the change. If a grievant who accepted the recommendations at any stage, feels that an unreasonable amount of time has passed without carrying out the changes recommended, the grievant may appeal to the next stage.
6. No consumer or consumer representative may be subjected to any form of retribution because of a grievance. If it appears that retribution has occurred, another grievance may be filed on that issue alone and should be given priority by the consumer rights specialist at any stage.
7. Any consumer whose rights are protected by Wis. State Stats. 51.61 may go to court at any time if the consumer suffers damage as the result of the unlawful denial or violation of any of these rights.

I understand that my formal admission into Compass Behavioral Health Clinic, a division of Rock Valley Community Programs, Inc., is conditioned upon my consent to participate in the proposed treatment services. I have spoken with a counselor/therapist and the prescribed treatment has been explained to me. I have been told and do understand the following points.

- That benefits of being a recipient of the services offered at Compass Behavioral Health Clinic may include, but are not limited to, improved psychological, physiological, familial, social, and occupational functioning.
- That services provided may include assessment, case management, urinalysis, crisis intervention, group therapy, individual therapy, and family therapy.
- That risks of receiving services at Compass Behavioral Health Clinic may include feelings of anxiety, frustration, depression, loneliness, helplessness or other intense emotions when life experiences or problems are discussed.
- That if a referral is made for medication evaluation, the prescriber will discuss the side effects and benefits of any medications prescribed. Medications may be refused unless there is a court order.
- That the Compass Behavioral Health Clinic treatment staff may recommend alternative treatment services and/or referrals to auxiliary services when appropriate or necessary.
- That refusal to participate in the proposed treatment services may result in additional and/or worse problems.
- That consumer’s rights have been explained, that they are protected by statute and that they may only be denied under certain circumstances:
 - When there is reason to believe that there is a significant risk of harm to the life or health of myself or others.
 - Suspected cases of child neglect or abuse (S.48.98).
 - A lawful order of a court of jurisdiction.
- That my individual treatment needs will be evaluated and that I will be expected to actively participate in the evaluation process, treatment planning and the fulfillment of my treatment goals.
- That the cost of treatment services has been explained to me and I understand my financial responsibilities for services rendered.
- That this informed consent is effective for fifteen (15) months from the date the consent is given or until formal discharge from Compass Behavioral Health Clinic, whichever is sooner.
- That I have the right to withdraw this informed consent, in writing, at any time.

By my signature below, I attest that my rights have been explained to me, that I have received a copy of the Consumer’s Rights and Grievance Procedure and that I have given this consent for treatment voluntarily.

Consumer Signature

Date

Counselor Signature

Date

Compass Behavioral Health Clinic
Privacy Officer:
Gayle Sullivan Hotchkiss, Deputy Director
203 W. Sunny Lane Rd.
Janesville, WI 53546

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

TABLE OF CONTENTS

A. How This Medical Practice May Use or Disclose Your Health Information.....	p.11
B. When This Medical Practice May Not Use or Disclose Your Health Information	p.15
C. Your Health Information Rights	p.15
1. Right to Request Special Privacy Protections	
2. Right to Request Confidential Communications	
3. Right to Inspect and Copy	
4. Right to Amend or Supplement	
5. Right to an Accounting of Disclosures	
6. Right to a Paper or Electronic Copy of this Notice	
D. Changes to this Notice of Privacy Practices	p.16

Complaints

A. How Compass Behavioral Health Clinic May Use or Disclose Your Health Information

Compass Behavioral Health Clinic collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Rock Valley Community Programs, Inc. (e.g., Compass is an outpatient clinics owned by Rock Valley Community Programs, Inc.), but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When Compass Behavioral Health Clinic May Not Use or Disclose Your Health Information:

Except as described in this Notice of Privacy Practices, Compass Behavioral Health Clinic will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you

will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Office of Civil Rights

P.O. Box 7850

1 West Wilson Street, Room 656 E

Madison, WI 53707-7850

OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.

You will not be penalized in any way for filing a complaint.

Compass Behavioral Health Clinic CONSUMER ACKNOWLEDGEMENT OF HIPAA NOTICE UPDATE

I have read and understand the **NOTICE OF PRIVACY PRACTICES** and was offered a copy.

Printed Name: _____

Signature

Date

Fee Information, Payments, Cancellation Policy, and Managed Care Tips:

Welcome to Compass Behavioral Health Clinic. We understand that searching for good counseling, including finding counseling agencies that are either affordable or that accept your insurance policy, can be a significant source of stress. Therefore, we work hard to keep our cost of services manageable, and, depending on circumstances, may be able to make arrangements to reduce the cost of services, so you can get the care you need.

Psychiatrist and Nurse Practitioner

\$300: Initial Psychiatric Evaluation
Medication follow-up prices vary based on duration of appointment

Mental Health Counselor

\$190: Initial Evaluation
\$150 - \$170: Individual Session
\$ 90: Group Session

Psychologist:

\$210: Initial Appointment
\$175 - \$190: Follow-up Appts.
\$750 for full Psychological Testing

Addictions Counselor

\$190: Drug and Alcohol Assessment
\$150 – \$170: Individual Session
\$90: Group Session

\$45: Drug Screening (Breath and Urine)

Although many of our services may be covered by insurance companies, it is ultimately the responsibility of each consumer to ensure timely payment for services rendered. If you have a private insurance policy, please contact your appropriate representative(s) to determine if your policy will cover services offered at Compass Behavioral Health Clinic, as well as what your co-pays and deductibles will be. Co-payments will be due at time of service. If you do not have insurance, the full cost of the service rendered will be due before the service is offered.

Please call 24 hours in advance when you need to cancel or reschedule an appointment. Compass Behavioral Health Clinic allows one “no show” every six months because we understand that emergencies occur and life is often very busy. However, consumers will be charged 50% of the cost of service if more than one cancellation occurs in a 6 month time frame. Continuous and excessive cancellations and “no shows” may result in termination/discharge from Compass Behavioral Health Clinic.

Please note that insurance companies often need sensitive clinical information (in this case, psychiatric assessment results, diagnoses, and treatment plans) in order to cover services rendered. Our staff is obligated to protect the confidentiality of our consumers and will only give insurance companies information that is absolutely needed (with our consumers’ consents), so the services you participate in are covered adequately.

Fee Information, Payments, Cancellation Policy, and Managed Care Tips Continued:

1. My signature below signifies I have read and agree with Compass Behavioral Health Clinic's fee and payment process (including acknowledging that the ultimate responsibility for payment is the consumer's or responsible party's), and that I understand and will comply with the cancellation policy:

Consumer or Responsible Party

Date

2. I hereby assign medical and psychotherapy benefits to which I am entitled (including Medicare, private insurance and/or other health plan benefits) to Compass Behavioral Health Clinic. This assignment will remain in effect until revoked by me in writing. A photocopy is to be considered as valid as the original copy. I hereby authorized said assignee (Compass) to release all information necessary to secure payment on my behalf:

Consumer or Responsible Party

Date

3. By signing below, I accept responsibility for all charges not covered by my insurance company. This includes but is not limited to non-covered services, a covered service for which a prior authorization was denied or services that are not covered under my benefit plan or if my insurance changes and I neglect to inform Janesville Psychiatric Clinic. I also am aware that if my insurance does not cover Compass Behavioral Health Clinic, I am responsible for all charges incurred. The charges for such services are payable at the time of service. This agreement is valid for my entire course of treatment:

Consumer or Responsible Party

Date