

RED OAK COUNSELING

12970 W. Bluemound Rd, Suite 200
Elm Grove, WI 53122
(262) 780-1020 * (262) 780-1022

8825 S. Howell Ave, Suite 200
Oak Creek, WI 53154
(414) 215-7554 * (414) 215-7644

CLIENT BILL OF RIGHTS AND GRIEVANCE PROCEDURES

When you receive any type of service for mental health or substance abuse you have the following rights under Wisconsin Statute sec. 51.61 (1) and HFS 94, Wisconsin Administrative Code:

Personal Rights

- You must be treated with respect and dignity, free from verbal, physical, emotional, or sexual abuse.
- Staff must make fair and reasonable decisions about your treatment and care.
- No one may treat you unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You may not be made to work for the clinic or clinic staff.
- You may use your own money as you choose.
- You may make your own decisions about personal things like getting married, voting, and writing a will.

Treatment and Related Rights

- You must be provided prompt and adequate treatment, rehabilitation, and education 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 and possible side effects of medications.
- No treatment or medication may be given to you without your consent unless it is needed in an emergency to prevent serious harm to you or others, or a court orders it.
- If you have a guardian, he or she can consent to treatment and medications on your behalf.
- You must not be given unnecessary or excessive medication.
- You cannot be subjected to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of costs of your care and treatment services.

Privacy Rights

Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:

- You cannot be filmed, taped, or photographed unless you agree to it.
- Your treatment information must be kept private (confidential) unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health and/or medication. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment record if you ask to do so.
- If you believe something in your record is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.

Right Of Access To Courts

- You may sue someone for damages or other court relief if they violate any of your rights.

Grievance Resolution Process

- If you feel that your rights have been violated, you may file a verbal or written 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 at any time during it, choose to take the matter to court.

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Notice of Privacy Practices for Protected Health Information

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information, i.e., protected health information, used or disclosed to us in any form, electronically, on paper, or orally, be kept confidential. This federal law gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

OUR RESPONSIBILITIES

Red Oak Counseling, Ltd., understands your privacy is important. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practice with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information without your written permission.

- **For Treatment.** We may use health information about you to provide you with diagnosis, treatment or related services and to manage or coordinate your treatment or related services. We may disclose your health information to therapists, case managers or other employees involved in your treatment.
- **For Payment.** We may use and disclose your health information to bill and collect for the treatment and related services we provide to you. We may send your health information to an insurance company or to the third party for payment purposes. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment.
- **For Behavioral Health Care Operations.** We may use and disclose your health information for behavioral health care operations. These uses and disclosures are necessary to run Red Oak Counseling, Ltd., to make sure you receive competent, quality care, and to maintain and improve the quality of services we provide. We may also provide your health information to various governmental or certification entities to maintain our license and certification.
- **As Required by Law.** We will disclose your health information when required to do so by federal, state or local law.
- **About Victims of Abuse.** We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse or neglect. We will only make the disclosure if you agree or when required or authorized by law.
- **Judicial Purposes.** We may disclose your health information in response to a court order.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following right regarding health information we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or behavioral health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the clinic director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Inspect and Copy.** You have the right to examine and copy your health information and/or billing information.

To examine and copy your file, you can submit your request in writing to the clinic director. To examine and copy billing information, you can submit your request in writing to the billing department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** You have the right to ask us to amend your health and /or billing information for as long as the information is kept by us.

If you believe the health and /or billing information we have about you is incorrect you can request an amendment. To request an amendment to your health information, your request must be made in writing and submitted to the clinic director. To request an amendment to your billing information, your request must be made in writing to the billing department. Your letter should include your full name, address and telephone number. Your letter should also explain why you believe the health and/or billing information is inaccurate. If we agree with you, we will correct the health and/or billing information and notify you of the correction.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason (s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the health and/or billing information you believe is correct. It should also include the reason (s) why you disagree with our decision to correct the information in our files. We will file your statement with the disputed health and/or billing information. We will include your statement any time we disclose the disputed information.

We may deny your request for an amendment if it is not in writing and does not include a reason to support the request.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.

To request this list of disclosures, you must submit your request in writing to the clinic director. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, during the twelve-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

An accounting will not include the following types of disclosure of my health information:

- Disclosures for purposes of my treatment, payment for treatment and/or the behavioral health care operations of this organization;
- Disclosures made to you or your legal representative;
- Disclosure made under an Authorization signed by you or your legal representative;
- Disclosures permitted under law to be made to other persons directly involved in your care.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact our Privacy Officer at (262) 780-1020.

WHO THIS NOTICE APPLIES TO

This Notice describes Red Oak Counseling, Ltd. services, including Mental Health and AODA treatment. All of these services follow the terms of this Notice. In addition, these services may share health information with each other for treatment, payment or operations purposes described in this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at (262) 780-1020. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact: Red Oak Counseling's Ltd. Privacy Officer at (262) 780-1020