

UNIFIED COMMUNITY SERVICES Behavioral Health Program Acknowledgement

Print CLIENT NAME: _____

General Nature and Purpose, and Hours of Operation - The purpose of treatment is to achieve recovery from mental health and substance use disorders, which can be defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA). Emergency services are available 24 hours a day, 7 days per week by calling the Unified Community Services crisis line at 1-800-362-5717. Outpatient Behavioral Health services are available 8:00 to 4:30 weekdays, and evenings by appointment.

Fees - Patient Accounts will determine and discuss with you the cost of treatment, who will be billed and the accepted methods of payment. Fees for most services are on a sliding scale, based on ability to pay. Services may be covered by health insurance, Medical Assistance or Medicare, depending on individual coverage.

No-Shows - In order to provide quality care to all clients, appointments must be utilized as efficiently as possible. Unified Community Services may offer to assist clients to overcome the cause of no-shows. No-shows are defined as 1) any appointment the client fails to show for, or does not call 24 hours prior to the appointment to reschedule; 2) clients who arrive more than 10 minutes late for an appointment; or 3) clients under the influence of alcohol or other drugs will not be engaged in a counseling session, and the appointment will be considered a no-show. Unified Community Services generally offers alternate scheduling opportunities for those who no-show for two consecutive appointments, or two appointments within two months (special criteria may apply for specific types of treatment). Instead of scheduling an appointment in advance, the client will need to call our office on a day (s)he is able to attend an appointment. If the client's provider has an opening the client will be scheduled for an appointment on that same day. If no appointment is available that day, a shortened telehealth appointment may be offered if the client's provider has a no-show on that day.

Involuntary Discharge - You may be involuntarily discharged for the following reasons: 1) Threatening and/or endangering the safety of staff or other clients; 2) Pattern of verbal abuse/harassment toward staff and/or other clients; 3) Committing a crime, either at the program or against any person who works for the program; 4) Failure to identify a treatment goal; or 5) Consistent failure to work toward achieving a treatment goal. Your provider will notify you in writing prior to discharging you involuntarily, including the process for appeal, if any.

Client Rights and the Protection of Privacy Provided by Confidentiality Laws:

- Wis. Stats. 51.61(1) and WI Administrative Code DHS 94 identifies patient rights and the patient's recourse in the event that that patient rights have been abused. Wis. Stats. 51.30 and WI Administrative Code DHS 92 protect record privacy and access for individuals who receive service for mental illness, alcoholism, drug abuse, or a developmental disability. These protections are included in the "Client Rights and the Grievance Procedure for Community Services" brochure.
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. See "Unified Community Services Notice of Privacy Practices".
- 42 CFR part 2 regulations protect patient records for the treatment of substance use disorder (SUD). Part 2 includes, but is not limited to, restricting the disclosure of SUD treatment records without patient consent, other than in a medical emergency; for the purpose of audit or program evaluation; or based on an appropriate court order for good cause.

My signature verifies that:

- I understand the general nature and purpose of the Behavioral Health Program as indicated above.
- I have received a copy of "Client Rights and the Grievance Procedure for Community Services" and have been orally notified of my rights.
- I have received the Unified Community Services Notice of Privacy Practices.

Signature of Client

Date Signed

Signature of Other Authorized Person*

Date Signed

*Legal Authority: Parent of Minor Legal Guardian