



## **ARBOR MENTAL HEALTH CENTER, LLC**

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### **OUTPATIENT INFORMATION**

#### **Statement of Consumer Rights**

- The right to be informed of consumers' rights and privacy practices.
- The right to be treated with respect free from verbal, emotional, physical or sexual abuse.
- The right to be treated fairly regardless of your race, national origin, sex, age, religion, disability, or sexual orientation.
- The right to confidentiality of conversations and medical records as outlined in privacy practices.
- The right to prompt and adequate treatment, and involvement in developing treatment plan(s).
- The right to the least restrictive treatment conditions necessary. The right to refuse all medications and treatment; no treatment may be given to you without your informed written consent.
- The right upon request to receive information from your clinician regarding alternative programs and/or methods of treatment.
- The right to terminate services at any time and refuse to be filmed and taped. The right to refuse engagement in experimental research and the right to informed consent if engaging in research.
- The right to have the guardian fully informed and allowed to participate in the treatment program, if you have a guardian.
- The right to file a grievance. The right to sue for damages if someone violates your rights pursuant to Section 51.61 (7) of the Wisconsin State Statutes.
- The right to exercise your basic rights. A person is considered legally competent unless otherwise determined by a court.
- The fact that you are pursuing services for mental health shall not deprive you of any civil right or any public or private employment.

#### **Informed Consent**

In order to ensure that you understand all aspects of your treatment or evaluation that are important to you, please review the following issues and discuss any or all topics, which pertain to you with your clinician. He/she will answer any questions or discuss any procedures, concerns, and goals with you relative to the following:

- Benefits of the proposed treatment
- The way the treatment is to be administered
- The expected treatment side effects or risks of side effects from medications
- Alternative treatment modalities
- Probable consequences of not receiving proper treatment
- The time period for which informed consent is effective
- The right to withdraw the informed consent, at any time, in writing
- Cost of treatment
- After hours emergencies: Call North Central Health Care Crisis Line @ 715-848-4366 or for life threatening emergencies please call 911



**Late Arrival/No Show/Cancellation Policy**

If you know that you will be delayed in making your scheduled appointment, please notify us as soon as possible. If you arrive more than 15 minutes past your appointment time, your provider will ask you to reschedule. If you are unable to keep your scheduled appointment, please notify us 24 hours in advance. If you do not show, or if you cancel in less than 24 hours you may incur a fee of \$50.00 for therapy appointments or \$100.00 for testing appointments.

**Discharge Policy**

You may be involuntarily discharged from treatment if you do not show for, or late cancel, 3 appointments. You may also be involuntarily discharged for non-payment.

**Grievance Process**

If you have any questions or complaints concerning any aspect of treatment, you are encouraged to discuss them with your clinician. If you do not feel that your questions or complaints have been resolved, you may request an appointment with Arbor Mental Health Center’s Chief of Operations.