

Dear Parents:

In Wisconsin, parents have the right to consent to medical treatment provided to their child, whether or not the child resides with them, if they have legal parental rights for the child.

Parents who are divorced and have joint custody, even if they do not share placement of the child, and parents with a child in foster care have the right to consent to their child's medical treatment, to participate in the development of the child's plan for treatment, and to have access to the child's medical record. An exception to this rule is found under the mental health code which states that in the case of a person receiving mental health treatment, the therapist may withhold those parts of the treatment record which the therapist believes disclosure while treatment is occurring would not benefit the client. However, the entire treatment record must be disclosed upon completion of treatment. An exception to this rule is medication treatment. The rule requires that all information related to medication treatment to be available upon request.

The Achieve Center believes it is in the best interest of the child if parents are in agreement about the child receiving treatment and the goals for the treatment the child receives. The Achieve Center welcomes the participation of parents and considers them a vital part of the treatment team.

It is the policy of the Achieve Center that a child cannot receive services if parents with intact legal parental rights have not signed the consent for treatment, have not participated in the development of the treatment plan or have not waived their right to do so. **It is required for both parents to attend the first treatment appointment to sign the consent for treatment and to participate in the development of the treatment plan. If it is not possible for one of the parents to attend the appointment, the non-attending parent must sign and return the enclosed consent for treatment by the first appointment.**

The Achieve Center appreciates your cooperation and believes that your child benefits from this collaboration.

Thank you,

The Achieve Center

Attachments: Statement of Client Rights
Fee Policy
Consent for Treatment

CLIENT RIGHTS

Below are your client rights as per Wisconsin Statute s. 51.61, ch. DHS 35.24, and ch. DHS 94. We are providing you this statement of your client rights both verbally and in written form. These rights are important. Please give them serious consideration. We will be glad to answer any of your questions as far as our knowledge extends. If we cannot answer your questions, we will refer you to the State of Wisconsin Department of Health Services Director of Program Certification, Bureau of Community Programs, 1 West Wilson Street, Madison, Wisconsin 53707 which can address your concerns.

You must be provided prompt and adequate treatment within the limits of available funding.

You must be allowed to participate in the development of your treatment plan.

You must be informed of your treatment including alternatives to and possible side effects of treatment, including medications.

No treatment or medication may be given to you without your informed written consent.

You may not be given unnecessary or excessive medications or be subjected to any drastic treatment or experimental research without your informed written consent.

You must be informed in writing of any costs of your care and treatment for which you may be responsible.

You must be treated in the least restrictive manner to achieve the greatest possible outcome.

You must be treated with respect free from verbal, emotional, physical, or sexual abuse.

You have the right to have your therapist make fair and reasonable treatment decisions.

You may not be treated unfairly due to your race, national origin, sex, age, religion, disability, or sexual orientation.

You may not be filmed, taped, or photographed unless you give informed written consent.

You may ask to see your records. However, your therapist can withhold parts of your record from you, with the exception of information regarding medications, while you are still in treatment.

After discharge, you may see your entire record.

If you believe something is inaccurate in your record, you may ask to have your record changed. If your therapist refuses, you have the right to add a correction to your record.

Your treatment information must be kept confidential unless the law permits disclosure or you sign a written release requesting disclosure.

You have the right to file a grievance if you believe your rights have been violated.

You may talk with our Client Rights Specialist, Yvonne Zais, if you would like to file a grievance or learn more about the grievance procedure.

INFORMATION FOR CLIENTS

This sheet contains important information about our policies and procedures. Please read it carefully. Ask your therapist to answer any questions you may have.

Services:

Achieve Center was created to help individuals and families impacted by neuropsychological and developmental disorders, cognitive issues, chronic illness and physical disabilities. You may be referred to another community resource if there is not enough staff time available to help you; or there is a more appropriate service provider elsewhere in the community; or your insurance company has another resource for you.

After you begin working with Achieve Center, services may continue as long as there are identified treatment goals that have not yet been met and there is evidence that you are interested in pursuing these goals.

Achieve Center may discontinue services if: (1) all treatment goals have been met; (2) you fail to demonstrate an interest in actively pursuing treatment goals, for example, by showing a pattern of regularly missing appointments; (3) you fail to pay for services as agreed upon in your fee agreement; or (4) upon the professional recommendation of your therapist.

Please note that Achieve Center does not perform forensic evaluations. If you are in need of an evaluation or opinion for legal purposes, we recommend that you contact the Wisconsin Psychological Association or American Medical Association for their list of approved forensic psychologists/psychiatrists.

Appointments:

Appointments are scheduled with individual therapists or physician. A treatment hour is 45-minutes. Any visits over 45-minutes will be prorated to the quarter hour. **If you need to cancel an appointment, please do so at least 24 hours in advance.** (*Failure to attend an appointment without 24 hrs prior cancellation notice will result in you being billed a \$50.00 fee which is not billable to your insurance and will be your responsibility.*)

Hours:

Achieve Center appointment hours are Monday through Thursday 8:00 a.m. to 6:00 p.m. and Friday 9:00 a.m. to 12:00 noon. An on-call therapist is available after regular business hours to assist clients with a non-life threatening crisis by calling the Achieve Center 715-845-4900. **In the event of a life threatening emergency call 911.**

Privacy:

All contacts between staff and clients are strictly confidential and will not be revealed to any person or agency outside of Achieve Center without your written consent. The primary exception to this rule is those situations in which reporting is mandatory under Wisconsin law (e.g., child abuse, child neglect, sexual abuse, etc.). In addition, please note that your signature on the fee agreement gives the agency permission to release information necessary for the processing of claims for payment.

Rights:

It is our policy that each client, or individual acting on behalf of the client, will receive specific, complete, and accurate information regarding the treatment they receive. You will be asked to read and have your Client Rights reviewed with a Client Rights Specialist prior to beginning work with your therapist or physician.

FEE POLICY & AGREEMENT

Fees are charged for services according to the following:

	Initial Assessment	Return Sessions	Group Sessions
Masters Level	\$175 per hour	\$150 per hour	\$65 per hour per person
Neuropsychologist	\$270 per hour	\$200 per hour	\$75 per hour per person
Neuropsychological testing and reporting: \$270 per hour			
Developmental Behavioral Physician: fees will vary based upon time spent and specific services received.			
Formal requested special reports: \$275 cash (not billable to insurance)			

Achieve Center will not turn anyone away based upon ability to pay.

If you do not have health insurance or if your health insurance benefits have been exhausted, you may apply for the **discounted fee scale** that is based on household income and number of dependents. Rates will be agreed upon at your first session with payment due at time of service. Proof of household income is required to establish the sliding fee amount. If you do not provide proof of income, you will be charged the full amount.

If you prefer or do not meet the criteria for the sliding fee scale, a **payment plan** can be arranged to assist you. You will receive a monthly billing statement and the agreed upon payment on the balance is expected upon receipt of the statement.

Unless prior arrangements have been made by you and a written payment agreement established, fees will be due at the time of service. Please ask to speak to the Billing Specialist regarding payment plans and discounted fees. In some cases, a down payment for neuropsychological assessment services may be required before testing.

INSURANCE BILLING: If you have health insurance, Badger Care, or Tri-Care, a claim will be filed with your insurance company for services at the established rate. If you are an adult covered by Badger Care, your co-payment is required at the time services are provided. If you do not have health insurance, you will be responsible for paying the rate established on this fee agreement. You are also responsible for continued payment at the agreed upon rate once your maximum insurance benefits have been used. You will be responsible for payment of the unpaid balance on your account due to total denial or denials of any other type by your health insurance company after we have attempted to submit the claim in good faith.

Achieve Center expects payment at the time the service is performed for individuals not covered by insurance or who have co-payments and deductibles to their insurance.

A charge of \$50.00 will be assessed for any returned checks. A 5% interest penalty will be added to late accounts.

Achieve Center, Inc., reserves the right to seek all remedies allowed by law to secure payment of services. If necessary, this may include release of information such as names, dates of treatment, unpaid fees, etc., to attorneys, the courts, or to our collection agency.

CONSENT FOR TREATMENT OF MINOR CHILD

This form must be completed by parent not attending appointment to initiate treatment services.

I _____ parent of _____
am not able to attend the appointment to initiate treatment services for my child at the Achieve Center. I have received a written copy of the Client Rights statement and the Fee Policy and understand them. I am aware that I may contact the Achieve Center during normal business hours (715-845-4900) if I have a question about Client Rights, the Fee Policy, or my child's treatment. I am further aware that if my child is treated by the Achieve Center pediatrician medication may be prescribed. However, I recognize that the Achieve Center pediatrician only judiciously prescribes medication as necessary for a child's well being.

Please check one:

_____ I have no concerns regarding my child that I want included in the treatment plan.

_____ I have the following concerns related to my child and would like them addressed in the plan for treatment.

1. _____
2. _____
3. _____
4. _____
5. _____

Please check all that apply:

_____ In the future, I will attend appointments.

_____ I am not able to attend any appointments and will contact the clinician if I am in need of or want to provide information about my child.

_____ I am not able to attend any appointments and do not require any further information from the Achieve Center.

_____ Upon completion, please send me a copy of the Neuropsychological assessment report, if applicable.

I hereby give my consent for my child to receive treatment at the Achieve Center.

Parent Signature

Printed name of parent

Date

Address: _____

Phone: _____