

Notice of Privacy Policies and Practices

The following notice describes how your medical information may be used and made known, and how you can get access to this information. Please review the information carefully.

- Your private healthcare information may be released to other healthcare professionals within Helios Psychiatry and Counseling for the purpose of providing your mental health care
- Your private healthcare information may be released to your insurance company for the purpose of Helios Psychiatry and Counseling receiving payment for providing you with needed healthcare services.
- Your private healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your private healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your private healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or problematic event to a biological product (food or medication).
- Your private healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your private healthcare information may be released only after receiving written permission from you. You may withdraw your permission to release private healthcare information at any time.
- You may be contacted by Helios Psychiatry and Counseling to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You have the right to limit the use of your private healthcare information. However, the agency may choose to refuse your limitation if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive private communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your private healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Helios Psychiatry and Counseling is required by law to protect the privacy of its patients. It will keep private any and all patient healthcare information and will provide patients with a list of duties or practices that protect private healthcare information.
- Helios Psychiatry and Counseling will abide by the terms of this notice. The agency reserves the rights to make changes to this notice and continue to maintain the privacy of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the agency if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to Helios Psychiatry and Counseling:

Helios Psychiatry and Counseling
ATTN: Office Manager
35054 23 Mile Road, Suite 104
New Baltimore, MI 48047



All complaints will be investigated. No personal issue will be raised for filing a complaint with the agency. For further information about this Privacy Notice, please call us at 586-863-4000.

HELIOS PSYCHIATRY & COUNSELING PATIENT FINANCIAL RESPONSIBILITIES

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- As a courtesy, Helios Psychiatry confirms what insurance carriers that the practice accepts. It is the **patient's responsibility** to confirm if an Individuals policy is in network with Helios Psychiatry. Staff will work with patients on obtaining authorizations for select insurance carriers. A quote of benefits is not a guarantee of benefits or payment.
- We highly recommend you also contact your insurance carrier and check into your coverage for psychiatric and behavioral health services and treatment. Do not assume that you will not owe anything if you have more than one insurance policy.
- It is the policy of Helios Psychiatry that full payment is due **at the time of service** unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at the beginning of each visit. At the end of your visit with us you may be billed for any outstanding balances. Payment plans must be arranged for outstanding balances or the account will be sent to a collection agency. Any credit can be applied to future services.
- If you are covered by health insurance with psychiatric benefits, we will be happy to bill your insurance. Please provide your insurance information to the front office staff. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.
- Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100% responsible for all charges incurred: your physician's referral and verification of your insurance benefits are not a guarantee of payment.
- Helios Psychiatry is happy to complete forms as needed for patient care. We ask that you allow at least 5 business days for forms to be completed, and additional time if they need to be returned via mail. Please ensure that all patient information is complete including insurance information. Fees will be assessed as follows:
 - 1-2 page form: \$30
 - 3 or more pages: \$60
- Any Disability, FMLA, or government forms for any New Patients will require 2 office appointments for proper evaluation and assessment by provider. Established patients must come in for a consult as these matters cannot be handled over the phone. This is not a guarantee of approval/ denial for such legal forms as it is up to the Provider's discretion for authorization.
- Active Balance Policy: We will not schedule patients who carry a balance larger than \$200. Payments must be made in a timely manner.
- **No-Show Policy:** A "no-show" is someone who misses an appointment without a **48 hour notice**. Failure to be present at the time of a scheduled appointment will be recorded in your medical record as a "no-show". Patients will be billed a **\$75 fee** and will be required to pay this fee in full prior to scheduling another appointment. Three no-show visits may result in discharge from our practice.



Client Bill of Rights

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age or handicap. The personal dignity of each client is recognized and respected in all care or treatment provided.
- Each client has the right to accept or refuse all or part of his/her care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by withholding consent or family's or significant other's participation and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right to participate in the development of their plan of treatment, evaluate the plan of treatment and voice grievances without fear of negative impact on the service provided and be aware of the process of voicing those grievances.
- It is the right of each client to receive individualized treatment which includes:
 - o Adequate and humane services regardless of the source of financial support.
 - o Services provided in the least restrictive environment possible.
 - o An individualized treatment plan which is reviewed periodically and as needed.
 - o To be treated by competent, qualified and experienced professional clinical staff who are supervised as appropriate.
- If at any time during the course of treatment it is felt by client, the family, or surrogate decision maker that a care-related conflict exists between themselves and the agency - they have the right to request the opinion of or have their plan reviewed by a staff consultant or an independent consultant at his/her expense.
- The client has the right to request a referral for services which the organization does not provide, to be involved in the discharge planning process, and be aware of any aftercare needs.
- The client will be informed of his/her rights in a language they can understand.
- Each client has the right to refuse to participate in any research projects without compromising their access to the organizations resources.
- Each client has the right to be notified of any/all costs of services rendered, the source of the organization's reimbursement, and any limitations placed on duration of services.
- Each client has the right to make decisions regarding the withholding or resuscitative measures with these decisions respected per agency policy.

Recipients have rights protected by state and federal law and promulgated rules. For information contact:

Office Manager
35054 23 Mile Road, Suite 104
New Baltimore, MI 48047

Code of Conduct for Patients

To provide a safe and healthy environment for staff, visitors, patients and their families, *Helios Psychiatry and Counseling* expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

As a patient visiting our practice, please consider the following:

- If you have any questions about the care or are unhappy with the service received in our office, please contact our practice manager before you leave our office so that any clarifications about your care or the services you received can be addressed.
- Please communicate all issues that you wish to discuss with the clinician at the time your appointment is scheduled, so that an appropriate amount of time can be allotted. If you do not do this in advance, another visit may be necessary so that the clinician can give all patients the time and quality of care they deserve.
- Questions about your billing can be addressed first with our practice manager, and then with Elite Medical Billing.
- Our practice follows a zero-tolerance policy for aggressive behavior directed by patients against our staff.
- Please be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff, please put your devices away. Set the ringer to vibrate before storing away.
- Adults are expected to supervise their children.

The following behaviors are prohibited:

- Possessing firearms or any weapon
- Intimidating or harassing staff or other patients
- Making threats of violence through phone calls, letters, voicemail, email or other forms of written, verbal or electronic communication
- Physically assaulting or threatening to inflict bodily harm
- Making verbal threats to harm another individual or destroy property
- Damaging business equipment or property
- Making menacing or derogatory gestures
- Making racial or cultural slurs or other derogatory remarks

If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

Signature

Date