

Wentworth & Associates, PC
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**PRACTICE ORIENTATION AND AGREEMENT
YOUR RIGHTS AND RESPONSIBILITIES AS A CLIENT**

- * You have the right to receive services from clinicians who adhere to the professional code of ethics of their respective disciplines.
- * You have the right to receive services in accordance with Federal and State regulations and accreditation standards governing behavioral health programs.
- * You have the right to privacy and confidentiality regarding the service you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws, including the HIPAA Privacy Act.
- * You have the right to informed consent for services offered to you.
- * Your clinician is responsible for all service coordination.
- * You have the right to refuse services at any time. You have the right to withdraw your consent to receive services and discontinue services at any time. You have a right to information concerning your treatment/care.
- * You have the right to know treatment recommendations and the possible outcomes if you choose not to follow these recommendations.
- * You have the responsibility to assist in planning your treatment at every stage.
- * You have the right to express any concerns or complaints regarding the services you receive. We encourage you to first contact your clinician to resolve any issues. You may also contact the Rights Advisor and Office Manager, Laura Hitt, for assistance. A description of how to register a concern is posted in our lobby and on our website.
- * You have the responsibility to be timely for your appointments. Late arrivals may result in rescheduled appointments.
- * You have the responsibility to arrive for all scheduled sessions, or to notify us 24 hours in advance if you wish to cancel an appointment. **You may be charged a practice fee, up to \$125, for non-cancelled or late cancelled appointments**, when an emergency was not involved, because insurance companies and other third-party payers do not cover missed appointments.
- * You are responsible for any fees that may be charged to you at the time of service and, also, for knowing your insurance benefits coverage. We check benefits as a courtesy, but this is **NOT** a guarantee of coverage.
- * Your case will be closed following 45 days of inactivity, unless other arrangements have been made.
- * You have the right to know we may call the police if someone comes to the practice under the influence of drugs or alcohol and tries to leave the practice driving a motor vehicle.
- * You have the right to know that no member of our staff is allowed to date or have a personal relationship with current or former clients of the practice.
- * You have the right to know that staff and therapists are not allowed to accept gifts from clients of the practice, nor are they permitted to enter into any business relationships of any kind with you.
- * You have the responsibility to conduct yourself in a non-disruptive and non-aggressive manner while on the premises. Wentworth & Associates will never use restraints but emergency responders will be called if necessary.
- * If we are treating your minor child our policy is to make a concerted effort to engage both parents in the therapeutic process.

Reasons your treatment may be terminated:

- Being under the influence of any illegal substance while on the premises
 - Threatening the safety or rights of any client or staff member
 - Non-compliance with treatment or an inability of the facility to provide you the care you require
 - You have two or more subsequent late cancellations (under 24 hours' notice), or two or more failures to appear at a scheduled appointment without notice.
- *In all instances, you have the right to a referral for a different treatment option

All cases will be reviewed by Kristi LeBeau, Clinical Director, and Robert Burnstein, M.D. our Medical Director

SERVICES OFFERED

Wentworth and Associates offers an array of mental health services. These services include: individual psychotherapy, group therapy, family therapy, marital therapy, psychological testing, Psychiatric evaluations and medication therapy are also available on site. Your clinician will provide you with a detailed description of the nature of services and expected benefits and potential risks.

CLIENT INPUT

Wentworth and Associates will be asking you for ongoing feedback regarding the quality and effectiveness of services you receive. We will ask you to complete clinical outcome questionnaires and satisfactions surveys periodically. We will also review and/or investigate any complaints or suggestions you may have (contact Rights Advisor). Your feedback is considered an important part of treatment/care.

OPERATIONS

Office hours are usually between 7AM and 10PM, 7 days a week. Not all clinicians are available during all open hours. Appointment dates and times and after hours' contacts shall be arranged between you and your treating clinician. An outdoor elevator is located in the back parking lot of the building for individuals with physical disabilities. In emergencies, you can contact the nearest crisis center (Macomb County Crisis Center at 586-307-9100; Oakland Crisis Center at 248-456-0909). You may also contact or go to the nearest emergency room. We practice in a non-smoking, non-vaping environment. Illicit drugs and weapons are not allowed on the premises. Persons in possession of either will be asked to leave immediately.

CONFIDENTIALITY

Federal and State laws protect the privacy of communications between a client and a clinician. In most situations, release of information about your services/treatment to others can only be done if you sign a written Authorization to Release that meets certain legal requirements. Also, there are some limits to confidentiality, such as if you intend to harm yourself or others.

Information about privacy and limits to confidentiality will be provided by your primary clinician and is also provided in our Notice of Privacy Practices. **STATE LAW REQUIRES REPORTING OF SUSPECTED CHILD ABUSE/NEGLECT, ELDER ABUSE.**

FINANCIAL RESPONSIBILITY

You are expected to pay for service at the time it is rendered, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. A fee adjustment or a payment installment plan may be negotiated in circumstances of unusual financial hardship. All clients will be informed of payment fee schedules prior to rendering services. Although we are likely to inform you of your insurance deductible and co-pays (if any), you are ultimately responsible for knowing this information and for paying both in full. *A \$25 charge may be required for returned checks. You may be charged up to \$25.00 if you request records to be sent out. If your client balance exceeds \$200.00 service may be suspended, and you will be offered a referral to another clinic where you will be able to continue your treatment.*

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal action may be used to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require disclosure of otherwise confidential information. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its cost will be included in the claim.

If I am paying privately, based on my ability to pay, I agree to pay _____ for an Intake Evaluation, _____ for Individual Therapy, _____ Family Therapy, _____ for Testing and _____ for Extended Sessions.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated, and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that clients over age 14 can consent to (and control access to information about) their own psychosocial treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is Wentworth and Associates policy to request (but not require) an agreement from any client between 14 and 18 and his/her parents allowing to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions.

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