

**LAKE MONONA PSYCHOTHERAPY & RECOVERY CENTER**  
**STATEMENT OF PATIENT AND HEALTH INFORMATION RIGHTS—HIPAA 1996**

When you receive any type of service for alcohol abuse, drug abuse, mental health, or a developmental disability you have the following rights under Wisconsin Statute sec. 51.61(1) and HSS 94 Wis. Administrative Code:

Each service provider must post this bill of rights where anyone can easily see it. Your rights must be explained to you. You may also keep a copy of this form.

**Statement of Patient Rights**

<p><b>PERSONAL RIGHTS:</b></p> <ul style="list-style-type: none"> <li>You must be treated with dignity and respect, free of any verbal or physical abuse.</li> <li>You have the right to have staff make fair and reasonable decisions about your treatment and care.</li> <li>You can decide whether you want to participate in religious services.</li> <li>You cannot be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.</li> <li>You can make your own decisions about things like getting married, voting and writing a will.</li> <li>You cannot be treated differently because of your race, national origin, sex, age, religion, disability or sexual orientation.</li> </ul>	<p><b>TREATMENT &amp; RELATED RIGHTS:</b></p> <ul style="list-style-type: none"> <li>You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.</li> <li>You must be allowed to participate in the planning of your treatment and care.</li> <li>You must be informed of your treatment and care, including alternatives and possible side effects of medications.</li> <li>No treatment or medication may be given to you without your consent, <u>unless</u> it is needed <u>in an emergency</u> to prevent serious physical harm to you or others, <u>or a court orders it</u>. (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)</li> <li>You must not be given unnecessary or excessive medication.</li> <li>You cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.</li> <li>You must be informed of any costs of your care and treatment that you or your relatives may have to pay.</li> </ul>	<p><b>COMMUNICATION &amp; PRIVACY RIGHTS:</b></p> <ul style="list-style-type: none"> <li>You may call or write to public officials or your lawyer or advocate.</li> <li>You may not be filmed or taped unless you agree to it.</li> <li>You may use your own money as you choose within some limits.</li> </ul>
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**Protected Health Information/HIPAA 1996**

It is your right as a patient of LMPRC to be notified of how your health care provider (LMPRC) maintains the privacy of your Protected Health Information (PHI). This notice of LMPRC's Privacy Practices is intended to give you this information. If you need further information, please set up an appointment with the Office Manager to talk to the Privacy Officer.

<p><b>RESPONSIBILITIES OF LMPRC:</b></p> <ul style="list-style-type: none"> <li>It is your right as a patient of LMPRC to be informed of our responsibilities with respect to the privacy of your PHI</li> <li>We maintain the privacy of your health information. We provide you with the information that delineates our responsibilities regarding Protected Health Information collected and maintained about you.</li> <li>We will abide by this document</li> <li>We will inform you promptly in writing form of any privacy changes that affect you.</li> <li>We will not disclose your PHI without your authorization, except where described in this notice.</li> </ul>	<p><b>YOUR HEALTH INFORMATION RIGHTS:</b></p> <p>You have the right to:</p> <p>Request a restriction on certain uses and disclosures of your health information.</p> <ul style="list-style-type: none"> <li>Receive confidential communications</li> <li>Inspect and obtain a copy of your health care record.</li> <li>This request must be submitted to the Privacy Officer in writing, and LMPRC can charge a reasonable fee for a copy of your record. It is suggested that you consider talking with your therapist about your record and discuss any questions you may have with your therapist.</li> <li>Amend your record if you believe it is incorrect. You have the right to amend or add information to your health care record if you feel this is necessary. This request must be submitted to the Privacy Officer in writing and the reason explained why an amendment or addition is to be included. LMPRC has the right to discuss the reasons with you why this information may not be advisable to add to your record. Additionally, the therapist does not have to agree to what you believe needs correction and requests on the patient's part should be reasonable requests.</li> <li>Obtain an accounting of disclosures of your PHI, in compliance with State and Federal law.</li> </ul>
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## Protected Health Information/HIPAA 1996 Continued

<b>RECORD PRIVACY AND ACCESS LAWS:</b> Under Wisconsin Statute sec. 51.30 and HSS 92, Wis. Admin. Code. <ul style="list-style-type: none"><li>Your treatment information must be kept private (confidential).</li><li>Your records cannot be released without your consent, unless the law specifically allows for it.</li><li>A therapist may disclose PHI without consent or authorization to prevent or lessen a serious and imminent threat to public safety of a person or the public.</li><li>As required by law, LMPRC will disclose your PHI to relevant authorities if your therapist reasonably believes that an individual is a victim of child or elderly abuse.</li><li>LMPRC is permitted by the Federal Privacy Rule to disclose your PHI for treatment, payment or clinic operations.</li></ul>	<b>USES AND DISCLOSURES OF YOUR PHI PERMITTED WITHOUT YOUR AUTHORIZATION</b> <b>As required by Law:</b> <ul style="list-style-type: none"><li>Disclosures to show compliance with the privacy rule</li><li>Disclosures about victims of elderly or child abuse</li><li>Disclosures for judicial and administrative proceedings</li><li>Disclosures for law enforcement purposes</li><li>Disclosures for the coroner and the medical examiner in the case of death</li><li>Disclosures for Worker's Compensation</li><li>Disclosures to avert a serious threat to health or public safety</li><li>Disclosures in response to a court order or subpoena</li></ul>
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### PRIVACY RULE FOR MINORS:

The privacy rule indicates that because parents usually are the legal personal representatives for their children, they can access PHI about their children.

Three exceptions to this provision:

- If a state law allows a minor to access mental health services without the consent of a parent.
- When the court makes the determination or law provides for someone other than the parent to make health care decisions for the minor.
- When the parent/guardian or individual responsible for the minor assents to an agreement of confidentiality between the minor and the health care provider.

### RIGHT OF ACCESS TO COURTS:

- You may sue someone for damages or other court relief if they violate any of your rights.

### GRIEVANCE RESOLUTION PROCEDURE

If you feel your rights have been violated, you may file a grievance as follows without being threatened or penalized.

- Informal Process:** You may contact the Executive Director of LMPRC in writing or by telephone outlining your complaint within 45 days of the problem occurring.
- Formal Process:** If the informal process does not meet your needs you may contact the LMPRC Client Rights Specialist by telephone or in writing.

#### Your Client Rights Specialist is:

Name: Maria Hanson, JD  
Phone: 608-446-8957

- State Level Review Process:** If the above options do not meet your needs, you may contact the Administration of the Division of Supportive Living

I hereby acknowledge that I have received a copy of "Statement of Patient Rights" as well as a copy of "Protected Health Information/HIPAA 1996" at the time of my intake at LMPRC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Staff Person Explaining Rights

\_\_\_\_\_  
Parent/Guardian (if client is a minor\*\*)

\*\* If patient is a minor who is age fourteen (14) or older, obtain the signature of both the minor and parent or guardian. If the minor is under the age of fourteen (14), obtain the signature of parent or guardian.

