

INFORMATION FOR PATIENTS

Regent Mental Health Group SC (RMHG) is dedicated to the effective treatment of mental illness. We work to alleviate the suffering induced by major mental illness. We strive to give comfort, support and hope in our patient focused clinic. Our clinical staff consists of Psychiatrists, Licensed Social Workers Licensed Psychologists and a Licensed Neuropsychologist. This sheet contains important information about our policies and procedures. RMHG phone number is **(608) 238-5826**.

Eligibility: Eligibility for RMHG is based on the existence of a presenting psychiatric or psychological disorder. You may be referred to another community resource if you (1) do not meet the eligibility criteria; (2) there is not enough staff time available to help you; or (3) there is a more appropriate service provider elsewhere in the community or your insurance company has another resource for you. Services at RMHG may continue: (1) so long as there are identified treatment goals which have not yet been met; and (2) there is evidence that you are interested in pursuing these goals. RMHG 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 regularly missing appointments; (3) you fail to pay for services; or (4) upon the professional recommendation of your clinician.

Appointments: RMHG is dedicated to providing timely care to all of our patients. If you need to cancel an appointment, please do so at least 24 hours in advance. You, not your insurance, may be billed for missed appointments. RMHG reserves the right to terminate care after three no shows and/or same day cancellations.

Hours: RMHG Business Office is staffed weekdays from 8:00am to 5:00pm. Some clinicians offer additional appointment times. You may leave a voice message 24/7 for all non-emergencies on our office phone.

Emergencies: In a life or death situation, call 911. If there is an urgent situation during our office hours, you may call RMHG to speak to your clinician. During non-business hours, our answering service takes your urgent message and at your request, will have your clinician or the clinician on call return your call. Their phone number is 608-259-2876.

Confidentiality: All contacts between staff and patients are strictly confidential and will not be revealed to any person or agency outside of RMHG without your written consent. The primary exception to this rule is a situation 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 Consent to Treatment form gives RMHG permission to release information necessary for the processing of claims for payment.

Consent: Each patient, or individual acting on behalf of the patient, will receive specific, complete and accurate information regarding the treatment at RMHG. You will be asked to read and sign the Consent for Treatment Form. Those patients receiving medication prescribed by one of our psychiatrist will be asked to sign an Informed Consent specific to the medication being used.

Grievance Procedure: If you have a concern about the services you are receiving, you are encouraged to discuss it with any RMHG staff. If this does not resolve the issue, you may contact Maria Hanson, Client Rights Specialist directly at 608-446-8957. A copy of the grievance procedure is available upon request.

Record Access: Under Wisconsin law, you have a right to review your treatment record.

Involuntary Discharge: Patients may be involuntarily discharged for nonpayment, no shows or missed appointments, if deemed to be a danger or disrespectful to other patients or any RMHG staff. A letter will be sent indicating the effective date and the reason for discharge, sources for further treatment, and the patient's right to have the discharge reviewed.

Fee Policy: A fee is charged for professional services provided by our clinicians. If you do not have insurance, or if your insurance does not pay in full, you will be responsible for payment. Your signature on this form authorizes RMHG to release information necessary to process insurance claims.

Accepted forms of payment are cash, check and Visa or MasterCard. If you write a check with insufficient funds, RMHG will charge you an additional \$25 NSF fee.

It is the policy at RMHG to collect copays and account balances at the time of service.

Fee Agreement:

Fees are based on the length or type of the evaluation or treatment, which are determined by the nature of the service. You are responsible for charges not covered by insurance, including co-payments, coinsurance and deductibles. The initial session averages 45-60 minutes. Therapy sessions average 45-60 minutes. Medication Management sessions average 15-30 minutes. Fees are based on the total time spent on the patient's behalf and billed as follows:

Therapist-Master's (LCSW, LPC, MFT, MSN)	Length in Minutes	Charge
Initial Assessment/Evaluation:	45-60	\$160.00-\$175.00
Psychotherapy:	45-50	\$140.00-\$155.00
Psychotherapy:	50-60	\$150.00-\$165.00

Therapist-PhD (Psychologist)		
Initial Assessment/Evaluation:	45-60	\$200.00-\$215.00
Psychotherapy:	45-50	\$160.00-\$175.00
Psychotherapy:	50-60	\$180.00-\$195.00

Testing-Neuropsychologist	
Evaluation	\$250.00 / hour

Psychiatrist-MD		
Initial Assessment/Evaluation:	45-60	\$275.00-\$290.00
Psychotherapy/Medication Management:	15-60	\$100.00-\$305.00

Phone calls are subject to billing at the above rates at the clinician's discretion.

My signature below indicates that I have been offered copies of the Fee Agreement, Information for Patients, and the Grievance Procedures.

PLEASE SIGN ELECTRONICALLY AT THE FRONT DESK
Signature of Patient ages 14 years or older or legal representative

Date

PLEASE SIGN ELECTRONICALLY AT THE FRONT DESK
Signature of legal representative for patient under 18

Date