

CLIENT BILL OF RIGHTS

- ☞ Clients can expect to receive quality care.
- ☞ Each client has the right to be treated in a manner that respects their dignity, worth, individuality and right to self-determination.
- ☞ Each client can expect the most appropriate treatment indicated for his/her problem without regard to such factors as race, sex, sexuality, color, religion, or national origin.
- ☞ Clients can expect to be treated with respect and to be fully listened to when they have a question or desire more information and when they file a complaint, grievance, or suggestion. The client has the right to seek an outside consultant or opinion.
- ☞ The client has the right to treatment free from sexual, physical, and emotional abuse.
- ☞ The client also has the right to participate in the development of their individual treatment plan and to be treated in accordance with that plan.
- ☞ Patients have a right to privacy in our offices. They should be able to talk to a therapist in private and know that the information they supply will not be given out to others without their permission in writing. Any observers to the treatment will be identified and present only with the client's permission. All records are confidential and protected by the federal laws and regulations.
- ☞ The client has the right to refuse participation in intrusive research.
- ☞ Clients have the right to know the name of the clinician responsible for their care.
- ☞ They can expect to be informed of the planned course of treatment in language they can understand.
- ☞ They should expect adequate instruction in any self-care plans.
- ☞ In keeping with the concept of self-determination, patients have the right to refuse further treatment, and have the right to refuse medication. If the patient elects to leave treatment or refuse medication against advice, UCS will not be responsible for any harm his leaving may cause.

Client/Guardian's Signature

Date

FINANCIAL POLICY

All patients **MUST** complete the face sheet before seen.

- As a convenience to our patients, we submit claims by electronic transmission to your insurance company on your behalf. We cannot bill your Insurance Company unless you provide us with ALL insurance information. (This may include claim forms, authorizations for treatment and/or referrals). It may be necessary to reschedule your appointment if we are not provided with the proper information. If you do not have all required information, and you choose to be seen by the doctor, it is understood that YOU will be responsible for satisfying charges for services rendered.
- We do require that all co-pays, deductibles and services not covered by your insurance company be paid at the time of service.
- Your insurance policy is a contract between you and your insurance company. In the event that your insurance company has not paid your account within 90 days, the responsibility to pay the balance will be transferred to you. It is the patient's responsibility to know and be aware of his/her plan's coverage, deductibles, co-pay and limitations. If you should change insurance companies or other information pertaining to yourself, your employer, and/or your dependents; please notify us as soon as possible to avoid delays in processing.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You will be responsible for payments that your insurance company considers allowable, however, based on your contract, will only pay a portion (percentage).
- We do require that all fees assessed to cash paying clients be paid at time of service.
- Fees for cash paying clients are assessed based on a sliding scale using proof of income as a determining factor. Those clients who fail to submit proof of income will be assessed the maximum fee.
- There is a \$25.00 fee for returned checks.
- Failure to pay co-pays, fees, deductibles, and balances may result in termination of services.
- No client balance will be permitted to exceed \$75.00.
- Clients with outstanding balances will not receive requested reports or letters of completion until account is paid in full.

Thank you for reviewing our Financial Policy. Please let us know if you have questions or concerns.

I HAVE READ THE FINANCIAL POLICY AND HEREBY AUTHORIZE UNIVERSAL COUNSELING SERVICES TO APPLY ON MY BEHALF FOR SERVICES RENDERED. I REQUEST THAT PAYMENT BE MADE DIRECTLY TO UNIVERSAL COUNSELING SERVICES. I CERTIFY THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY ABILITY. I FURTHER AUTHORIZE THE RELEASE OF INFORMATION, INCLUDING MEDICAL DOCUMENTATION, FOR THIS OR ANY OTHER RELATED CLAIM TO MY INSURANCE COMPANY. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN THE PLACE OF THE ORIGINAL. I UNDERSTAND AND ACKNOWLEDGE THIS STATEMENT.

Signature of Patient or Responsible Party

Date

CASH PAYING CLIENTS:

The following fee has been assessed per visit:_____.

Signature of Patient or Responsible Party

Date

Universal Counseling Services Confidentiality Rights

- ☞ Patients have a right to privacy in our offices. They should be able to talk to a therapist in private and know that the information they supply will not be given out to others without their permission in writing.
- ☞ Any observers to the treatment will be identified and present only with the client's permission.
- ☞ All records are confidential and protected by the federal laws and regulations. Generally, the agency may not say to a person outside the agency that a client attends the agency, or disclose information on the client without the patient giving written consent; without there being a court order, or without a medical emergency warranting the disclosure. Violation of the federal laws and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.
- ☞ Federal Law and Regulations does not protect any information about a crime committed by a patient whether at the program or against any person who works for the program or about threat to commit such crime. Federal Law and Regulations does not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or Local authorities. (See § 42 U.S.C. 290dd-3 and § 42 U.S.C. 290ee-s for Federal Laws and § 42 CFR Part 2 for Federal Regulations)

Client/Guardian's Signature and Date

UNIVERSAL COUNSELING SERVICES CLIENT GRIEVANCE PROCEDURE

POLICY:

Universal Counseling Services wants to anticipate and prevent any and all possibilities for the abuse and neglect of our clients. All parties shall have a right to appeal and a right to file a grievance. In the event of such an occurrence, each instance will be fully documented so that just and equitable action can be taken following the procedures specified below:

Clinical/Administrative actions taken because of threats or acts of violence on the part of the client, a 30 day lapse in service, or positive urinalysis are not subject for grievance.

PROCEDURE:

- Step One:** The client must first attempt to settle dispute with primary counselor within one week of disputed action.
- Step Two:** If dispute is not settled, the client has 3 days to submit a written request to the Executive Director for a meeting. The request must outline the specific complaint and what is requested by the client. The primary counselor must also submit a written account of events regarding the grievance and disputed action.
- Step Three:** The Executive Director will schedule a meeting with the client within 24 hours of reception of the written request.
- Step Four:** The client will be able to state case in private with the Executive Director. The counselor will then be included in the meeting to defend action. The Executive Director will render a decision at the time of the meeting.
- Step Five:** If the client is dissatisfied with the outcome, the client may request a grievance hearing with the Administrative Board. The request must be made in writing within 3 days of the meeting with the Executive Director. The request must include a detailed description of events thus far regarding the grievance and disputed action. The Executive Director and Counselor must also submit a written account.
- Step Six:** The hearing will be scheduled within 24 hours of reception of written request.
- Step Seven:** The client will state case and a decision will be made at time of hearing. All decisions made by Administrative Board will be final.

If the dispute/grievance is about the primary counselor in general and not a specific clinical or administrative action, the client can skip the first step and begin with step two.

Client/Guardian's Signature and Date

UNIVERSAL COUNSELING SERVICES CLIENT RESPONSIBILITIES

Universal Counseling Services, Inc., (UCS), operates out of a location chosen for appropriateness to the services, safety, comfort, and convenience to consumers including those who may be handicapped. The facility offers a climate necessary for the development and maintenance of a therapeutic relationship.

As the therapeutic relationship is a two-way street, we ask that our patients agree to keep all scheduled appointments or cancel at least 24 hours in advance of the scheduled time. For routine issues and appointments, please call (410) 752-5525. There is an answering machine. Your call will be returned within 24 hours, if not the same day.

In the event of three missed or forgotten appointments that have not been canceled at least 24 hours in advance, another appointment will not be scheduled until you directly speak with your therapist. If you are late for your appointment, you may be seen for the remainder of your appointment time unless your therapist can or chooses to run over your scheduled time.

Clients are expected to provide information about themselves in as open and honest manner as possible. If they do not understand any of the policies and procedures or any part of the treatment process, they should so state. Clients also have the responsibility to be considerate of other clients.

Clients are encouraged to express anger in appropriate ways and the staff will be committed to help in this expression. Certain things are non-negotiable. Violence and threats of any kind are prohibited and will result in immediate termination.

If a client should arrive under the influence of alcohol or drugs, transportation via cab, friend, or relative will be arranged. If the client insists on leaving and will not surrender the car keys, we feel a strong commitment to community and would be obliged to call the police.

CLIENTS UNDER THE INFLUENCE WILL NOT BE SEEN.

DISCHARGE POLICY

An individual treatment plan (ITP) will be developed by the client and the counselor/therapist. The ITP outlines long and short term goals designed to address issues bringing the client to treatment. When these goals have been successfully attained or there is evidence of successful progress towards attainment, the counselor/therapist and client will negotiate a plan of discharge with a clear date of termination. Referrals will be made by the therapist for necessary resources needed by the client after discharge and will be documented in the client's record.

Clients will only be discharged after notification of intent to terminate.
I acknowledge consent for treatment:

Client/Guardian's Signature

Date