

FOR YOUR RECORDS

Your Therapist Is:

Telephone: Our central number is (785) 843-9192. This number is answered 24 hours a day. Outside of Douglas County, call toll free 1-888-843-9192.

FEES

Initial Visit \$170/hr

Your Fee: \$ _____/hr

Individual Treatment \$125/hr

Your Fee: \$ _____/hr

Medication Management \$100/hr

Your Fee: \$ _____/up to 30 min

Psychiatrist/ARNP \$180/hr

Your Fee: \$ _____/hr

Group Therapy \$70/hr

Your Fee: \$ _____/hr

Insurance Co-pay _____

Please call our business office at (785) 843-9192 if you have questions about your financial obligations or our billing policies.

THANK YOU FOR CHOOSING

Bert Nash
COMMUNITY MENTAL HEALTH CENTER

200 Maine Street | Suite A
Lawrence, KS 66044
(785) 843-9192 | (785) 843-0264 (fax)
www.bertnash.org

The Bert Nash Center does not discriminate in admission to or provision of services based on religion, sex, race, color, national origin, disability or age. The Bert Nash Center is committed to becoming a culturally competent health care provider. We strive to develop a workforce and services that address the needs of consumers and families with diverse values, beliefs, racial and ethnic backgrounds, languages and sexual orientation. The Bert Nash Center is an equal opportunity employer and service provider. A private, not-for-profit organization, the Bert Nash Center contracts with, and may receive grants from city, county, state and federal governments.

FINANCIAL ISSUES

Unless prior arrangements have been made with our business office, payment on a sliding scale fee is due at the time services are received. However, no one is denied service because of inability to pay. Services not covered by private health insurance, Medicare, Medicaid (medical card) or MediKan are your responsibility. These services may include, but are not limited to:

- Telephone consultations
- Prescription renewals
- Special Reports
- Any service needed that exceeds benefits or is needed after benefits expire.

Please stay informed about changes in your health care benefits and notify our business office of these changes. Each year we will reassess your fee, assuring your fee reflects your fair ability to pay. In the meantime, please inform our business office about changes in your income that affect your ability to pay for your services and keep a current mailing address on file with our business office. If, for any reason, your check is returned, a \$25 fee will be charged. For your convenience, the Bert Nash Center accepts American Express, Discover, Visa and MasterCard.

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Thank you for choosing the Bert Nash Center as your behavioral health care provider. We are committed to working with you and delivering complete and affordable services in an atmosphere that is sensitive to your personal values and beliefs. We are glad that you have chosen to come to the Bert Nash Center for services! We believe trust is the heart of the health profession. Laws that govern professional ethics define how we provide services to you, but in addition to these guidelines, we believe in working with you as partners in your care, working together in mutual respect and good faith. This handbook is your guide to understanding your rights and responsibilities as a client of the Bert Nash Center. Please read the information carefully and save this guide for questions and concerns you may have in the future.

AS A CLIENT, YOU HAVE THE RIGHT TO:

1. Be treated with dignity, respect, and professionalism and not be subjected to any verbal or physical abuse or exploitation and receive services without discrimination.
2. Not be subjected to any type of treatment, technique, intervention or practice, including the use of restraint or seclusion done solely as a means of coercion, discipline, retaliation, or convenience of staff or volunteers.
3. Receive treatment in the least restrictive and most appropriate manner.
4. Receive an explanation of potential benefits and any known side effects or other risks associated with all medications that are prescribed.
5. An explanation of potential benefits and any known adverse consequences or risks associated with any treatment included in the treatment plan.
6. Be provided with information about other clinically appropriate medications and alternative treatments, even if these services are not the recommended choice of the treating professional.
7. Refuse any voluntary treatments or medication to which you have not consented.
8. Be informed that there may be consequences if you fail or refuse to comply with court ordered involuntary treatment, including compliance with the treatment plan and taking prescribed medication.
9. Be informed of any experimental medication or to participate in any experimental treatment or research project. Such participation will require your express consent or as consented by the consumers guardian. Your refusal to participate in or withdrawal from these activities will not stop you from receiving services or change the services you are receiving.
10. Participate in creating an individualized treatment plan, request changes in services being provided, or request other staff members be assigned to provide these services to the consumer.
11. Receive services from us along with services from a psychiatrist or other health care professional that is not affiliated with or on the Center's staff, subject to conditions the Center may establish to assure coordination of your care.
12. Be accompanied or represented by a person of your choice during all contacts with the Center unless determined by our staff that the presence of that person would compromise your rights of confidentiality, significantly interfere with your treatment or be disruptive to the Center's operations.
13. See and review your clinical record unless the Chief Executive Officer or designee has determined specific portions of the record should not be disclosed. Such determination will be made in writing and placed within the clinical record explaining why disclosure of the record would be injurious to your welfare or others closely associated with you.

14. Confidential services. Staff of the Center will refrain from disclosing any information, materials, or the fact you have previously received or are receiving any type of mental health services or treatment without written consent from you or your guardian, unless staff are required to disclose by law or a proper court order. You have the right to cancel such written consents at any time.

15. Exercise rights by substitute means including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.

16. Make a complaint at any time concerning a violation of these rights or any other matter with the Chief Executive Officer and will receive a written reply within 30 days after the complaint has been received.

17. Be informed of financial responsibilities and receive explanations of fees, billing statements and any possible consequences for not paying for services.

18. Please refer to the Notice of Privacy Practices (HIPAA) if you have questions about protected health information.

YOUR RESPONSIBILITIES AS A CENTER CLIENT

As our client it is your responsibility to help us create and maintain a safe and effective climate for personal growth. We ask you to:

1. Participate in your treatment with sincerity and good faith.
2. Follow the agreed upon plans and instructions for care.
3. Pay for the services you receive in a timely manner (as determined by the sliding fee scale or your payment plan).
4. Treat clients and staff with courtesy and respect.
5. Keep appointments or cancel them in a timely manner. We request a 24-hour notice when possible.
6. Let us know if you need special arrangements due to a disability or special condition.
7. Arrange for care of children while receiving services.
8. Respect the confidentiality of other clients.
9. Inform us of changes in any of the following: Name, address, telephone number, insurance and financial status.
10. Tell us if medications are discontinued or problems with medications are occurring.
11. Let us know if you are not satisfied with the services you are receiving. The complaint process is described in the next section.
12. Tell us if a crisis or emergency situation exists. If you have additional questions about your rights and responsibilities, please ask your counselor for more details. We want you to have all the information you need to make informed decisions about your mental health services.

YOUR SATISFACTION

The Bert Nash Center is concerned about the quality of services you receive. We want to hear your opinion about our staff and the services we provide. From time to time, you may be receiving a call or written questionnaire presented in person or by mail, asking you to participate in a short, confidential survey. We hope that you will take the time to give us your feedback so that we may improve our services. Thank you! You are important to us! We are eager to serve and assist you. If you are not satisfied with the services you are receiving or if you feel your rights have been violated, please:

Talk to your counselor about your concerns; if you are not satisfied with your counselor's response, talk to the counselor's supervisor; or obtain a complaint form at the reception desk - our receptionists can help you complete the form if needed.