



Wellpoint Care Network Clinic Information

Welcome to Wellpoint Care Network's Integrative Behavioral Health Clinic! We are a non-profit focused on providing comprehensive, family-centered care that embraces diversity and empowers each person to improve the quality of their lives. We appreciate your patience and careful review of the documents provided to you prior to starting services. If you have any questions, we are here to assist.

Accessibility and CLAS Standards: Wellpoint Care Network implements the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care and is committed to ensuring individuals receive equitable, respectful and culturally responsive care. The agency will provide needed accommodation(s) and/or translation services in accordance with these standards. To request accommodations, or provide feedback regarding your experience, please contact our Clinic Services Manager; Aubrey (414) 465-5762.

Eligibility: Wellpoint Care Network provides behavioral health services within Level 1, Outpatient Services. If it is determined you require a higher level of care, or a service we do not provide, a referral to a more appropriate agency will be coordinated. After beginning services at Wellpoint Care Network, services may continue so long as there are identified treatment goals in progress, and there is evidence you are interested in pursuing these goals. A discharge may occur if you threaten the safety of others, require a higher level of care, or miss 3+ appointments without advanced notice.

Payment: We accept most forms of Medicaid and many private insurances. Please contact your insurance company to verify coverage of our services. We will submit claim forms to your insurance company, but we cannot guarantee that they will provide payment. You are responsible for any charges not covered. If you are uninsured or your insurance does not cover our services, payment is expected at time of service unless other arrangement is made in advance. Co-Payments are due at the time of service. If unable to pay at this time, coordination with our Care Navigation Team is expected to continue services.

Fees: We are committed to providing services for all clients in need. Our standard fees follow- separate charges may apply for additional assessments, consultation or complex needs/crisis services. Individuals choosing to self-pay for services receive a 20% discount, and will receive a good faith estimate and waiver prior to services.

- 80-Minute Initial Assessment: \$225 (self-pay \$180)
- 60-Minute Individual Session \$200 (self-pay \$160)
- 45-Minute Individual Session \$150 (self-pay \$120)
- 50-Minute Family Session \$175 (self-pay \$140)

Financial Assistance: If you are unable to pay the full charge for services, you may ask the receptionist or contact our office to discuss a payment plan or apply for our financial assistance program. The financial assistance program is a sliding fee discount based on family size and income.

Consultation: Your therapist consults with other licensed therapists at Wellpoint Care Network on their clinical work in accordance with their license requirements. Your therapist also reviews their work with a supervisor. You may request to speak or meet with the supervisor if you have any questions or concerns.

Care Navigation Services: Wellpoint Care Network has Care Navigation services available to help individuals facilitate resources and overcome potential barriers to care. A Care Navigator may contact you at the beginning of your treatment to identify if any needs are present, or after discussing a need with your therapist, they may submit a referral after receiving your permission to do so. You are not required to participate, if you are not interested. You may also request Care Navigation services directly by emailing carenavigator@wellpointcare.org.

Appointments: Appointments are scheduled with individual therapists. A therapy hour consists of a one 45–60-minute meeting with your therapist. If you need to cancel an appointment, please ensure to do so at least 24 hours in advance. If you do not provide advance notice for a missed appointment, you (not your insurance) will be billed for the appointment. If you have concerns with transportation to your appointment, a Care Navigator can assist you. Please be sure to request transportation assistance 3-5 business days before your appointment.

Hours: The clinic is open Monday through Friday 8:00 a.m. to 7:00 p.m., appointment availability is dependent on the assigned therapist's schedule.

Urgent/Emergent Service Need: You may call the office 24 hours, 7 days a week at 414-465-5770 to speak to your/a therapist. During non-working hours our answering system instructs how to contact the Wellpoint on-call phone number (414-531-1407) and other emergency services. Please remember:

**Call 911 if you are in danger of harming yourself or others
988: Crisis Lifeline 24/7 call of text**

Local Resources:

Mental Health Emergency Center: 1525 N 12th St. 414-966-3030

Milwaukee County Mobile Crisis: 414-257-7222

Walker's Point Youth Center: 414-647-8200 (24/7)

Community Access Clinic: 9455 Watertown Plank Rd. 414-257-7665

Waukesha Mobile Crisis: 262-547-3388

Domestic Violence Hotline: 800.799.SAFE (7233)

**This Notice Describes How Medical Information About You May Be Used And Disclosed And How
You May Receive Access To This Information.
Please Review It Carefully.**

Our Commitment to You

Wellpoint Care Network is committed to maintaining the privacy of your health information. During your treatment with us, physicians, nurses, and other personnel may collect information about your health history and your current health status. This Notice explains how that information, called “Protected Health Information” may be used and disclosed to others. The terms of this Notice apply to health information produced or obtained by Wellpoint Care Network.

Our Legal Duties

The HIPAA Privacy Law requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information and your rights concerning health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your protected health information (PHI). Other companies or persons that perform services on our behalf, called Business Associates, must also protect the privacy of your information. Business Associates are not allowed to release your information to anyone else unless specifically permitted by law. There may be other state and federal laws, which provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

Your Health Information May Be Used and Disclosed

The HIPAA Privacy Law permits Wellpoint Care Network to make uses and disclosures of your health information for purposes of treatment, payment and health care operations.

- **Treatment:** We will use and may share health information about you for your health care and treatments. For example, a nurse or medical assistant will obtain treatment information about you and record it in a medical record. Alternatively, one of our physicians may use information about you for a consultation with, or a referral to, another physician to diagnose your illness and determine which treatment option, such as surgery or medication, will best address your health needs. Except in emergency circumstances, we will make a “good faith effort” to get your permission prior to making disclosures outside Wellpoint Care Network for treatment purposes.
- **Payment:** We may use and disclose health information about you to obtain payment for the care and services that we have provided to you. For example, we may need to provide your health plan provider with information about you, your diagnosis, and the treatment provided to you at Wellpoint Care Network so that your health insurer will pay us, or reimburse you, for the treatment. We may also contact your health insurance to obtain prior approval about a potential treatment.
- **Health Care Operations:** We may use and share health information about you for Wellpoint Care Network’s health care operations, which include planning, management, quality assessment, and improvement activities for the treatments that we deliver. For example, we may use your health information to evaluate the skills of our physicians, nurses, and other health care providers in caring for you. We also may use your information to review quality and health outcomes. We will obtain your written permission before making disclosures to others outside Wellpoint Care Network for health care operations purposes.
- **Appointment Reminders:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.
- **Health-Related Benefits, Services and Treatment Alternatives:** We may also contact you about new or alternative treatments or other health care services. For example, we may offer to mail to you newsletters, coupons, or announcements.
- **People Assisting in Your Care:** In certain limited situations, Wellpoint Care Network may disclose essential health information to people such as family members, relatives, or close friends who are helping care for you or helping you pay your health care bills. We will disclose information to them only if these people need to know the information to help you. For example, we may provide limited information to a family member so that they may pick up a prescription for you. Generally, we will ask you prior to making disclosures if you agree to such disclosures. If you are unable to make health-related decisions or it is an emergency, Wellpoint Care Network will determine if it would be in your best interest to disclose pertinent health information about you to the people assisting in your care.
- **Research:** Federal law permits Wellpoint Care Network to use or disclose health information about you for research purposes, if the research is reviewed and approved by an Institutional Review Board to protect the privacy of your health information before the study begins. We may disclose your information if we have your written authorization to do so. In some instances, researchers may be allowed to use information about you in a restricted way to determine whether the potential study participants are appropriate. We will make a “good faith effort” to acquire your permission or rejection to participate in any research study prior to releasing any protected information about you.
- **As Required by Law:** We must disclose health information about you if federal, state, or local law requires us.

- **Serious Threat to Health or Safety:** Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Public Health Risks:** As authorized by law, we may disclose health information about you to public health or legal authorities whose official responsibilities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Organ and Tissue Donation:** Consistent with applicable law, we may release your health information to organ procurement organizations or others engaged in the transplantation of organs to enable a possible transplant.
- **Specialized Government Functions:** If you are a member of the military or a veteran, we will disclose health information about you as required by command authorities; or if you give us your written permission. We may also disclose your health information for other specialized government functions such as national security or intelligence activities.
- **Employers:** We may release health information to your employer if we provide health treatment to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will provide you with written notice of such information disclosure. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information.
- **Health Oversight Activities:** We must disclose health information to a health oversight agency for activities that are required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits. These activities are necessary to enable government agencies to monitor various health care systems, government programs, and industry compliance with civil rights laws. Most states require that identifying information about you, such as your social security number, be removed from information releases for health oversight purposes, unless you have provided written permission for the disclosure.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose health information about you in response to a court order or subpoena, other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may disclose your health information to a law enforcement official if required or allowed by law, such as for gunshot wounds and some burns. We may also disclose information about you to law enforcement that is not a part of your health record for the following reasons:
 - To identify or locate a suspect, fugitive, material witness, victim of a crime, or missing person
 - About a death we believe may be the result of criminal conduct
 - About criminal conduct at our location
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official only as required by law or with your written permission. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.
- **Required by HIPAA Law:** The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your health information is requested as part of an investigation, we must share your information with HHS.

Situations in Which Your Health Information May Be Disclosed with Your Written Consent

For any purpose other than the ones described above, we may only use or share your health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your health information to your life insurance company. You may revoke an authorization at any time.

- **Marketing:** We must also obtain your written authorization before using your health information to send you any marketing materials. The only exceptions to this requirement are that: We can provide you with marketing materials in a face-to-face

encounter or a promotional gift of very small value, if we so choose we may communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.

• **Highly Confidential Information:** Federal and state law requires special privacy protections for certain “Highly Confidential Information” about you, including any part of your health information that is about:

- Child abuse and neglect
- Domestic abuse of an adult with a disability
- Mental illness or developmental disability treatment or services
- Alcohol or drug dependency diagnosis, treatment, or referral
- HIV/AIDS testing, diagnosis, or treatment
- Sexually transmitted disease
- Sexual assault
- Genetic testing
- In Vitro Fertilization (IVF)
- Information maintained in psychotherapy notes

Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

Your Rights Regarding Health Information We Maintain About You

• **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI. A request to inspect your records may be made to your therapist or to the For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for copies of your PHI.

• **Right to Request Amendment:** If you believe that any health information we have about you is incorrect or incomplete, you have the right to ask us to change the information, for as long as Wellpoint Care Network maintains the information. To request an amendment to your health information, your request must be in writing, signed, and submitted to Wellpoint Care Network. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be maintained with your records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

• **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your health information.

To request restrictions, you must make your request in writing to Wellpoint Care Network. In your request, you must tell us:

- What information you wish to limit
- Whether you wish to limit our use, disclosure, or both
- To whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse.

You or your personal representative must sign it.

We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

• **Right to an Accounting of Disclosures:** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. Your accounting request must be in writing and signed by you or your personal representative and submitted to Wellpoint Care Network. Your request must specify the time in which the disclosures were made. These disclosures may not go back further than six years from the date of the request.

• **Right to Request Alternate Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. *You must submit your request in writing to The Clinic at Wellpoint Care Network. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

• **Right to Receive a Copy of this Notice:** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

• **Right to Cancel Authorization to Use or Disclose:** Other uses and disclosures of your health information not covered by this Notice or the laws that govern us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

For further information: If you have questions, or would like additional information, you may contact the HIPAA Compliance Officer at Wellpoint Care Network

Policy Statement

All children, parents and guardians have the right to file a grievance expressing dissatisfaction with treatment received, disposition of a consequence and/or dissatisfaction with services offered. Suggestions for changes in policy are also dealt with through grievance procedures.

Procedure

Wellpoint Care Network shall, as part of the intake process, share information with clients concerning informal methods for resolving client concerns and formal procedures by which clients may seek resolution of a grievance. Before using the formal grievance procedure, clients, parents and guardians are encouraged to discuss perceived problems directly with assigned staff. If the problem cannot be resolved at this level, then the following procedure is to be followed:

1. The complainant contacts Kim Bequest, Director of Quality Improvement to report their complaint at 414-465-5132, 8901 W. Capitol Dr. Milwaukee, WI 53222. Upon enrollment into a program, a client, parent or guardian is given a copy of this Grievance Policy and Procedures and Grievance Form. Additional copies of the procedure and form will be provided at any time upon request. A client, parent or guardian receiving services from any Wellpoint Care Network program may choose to file a grievance using Wellpoint Care Networks grievance procedure independent or in addition to any other state or contracted procedures.
2. If complainant is a minor, legal guardians are informed of the nature of the complaint and the process for resolution. A copy of the complaint will also be placed in the client's file. This is done within 24 hours of the initial complaint.
3. Complainant must fill out the "Description of Grievance" section on the Client Grievance Form. The Director of
4. Quality Improvement will assist a complainant who requests help with completing the form. Within 48 hours of writing of "Description of Grievance", a meeting is held between the complainant and the director/coordinator of the program in which the problem occurred. The director/coordinator of the program provides a typed summary of the meeting to the Director of Quality Improvement, including steps taken to ensure an appropriate resolution.
5. If the complaint was unable to be resolved, a meeting will be held between the complainant, Vice President of the program and Chief Executive Officer.
6. Every attempt will be made to resolve the grievance within a two-week period. When the complaint is resolved, the "Response to Grievance" form will be completed by the Director of Quality Improvement after they are notified of the resolution by the program director or Vice President. A copy will be provided to the client, as well as placed in the client's file.
7. The PQI Committee will review grievances on a quarterly basis and the governing body will review resolution of

Wellpoint Care Network assumes responsibility in providing the resources necessary (e.g., interpretive services, TDD phone line, etc.) in order to effectively and appropriately communicate this process.

No sanctions will be threatened or imposed against any client who files a grievance, or any person including an employee of the agency, the department, or a county department or a service provider, who assists a client in filling a grievance or participates in or testifies in a grievance procedure or in any action for any remedy authorized by law.

CLIENT ACCESS TO RECORDS: Under Wisconsin law, you have a right to review your treatment records. Ask your therapist for the procedures used in sharing your file with you. If you feel that it contains incorrect information, ask your therapist for the procedure used to request a change in record information.

FEE POLICY: A fee is charged for professional services provided by the therapists at Wellpoint Care Network (please refer to the Fee Policy & Fee Agreement). If you have private insurance or medical assistance, we will bill for services at the established rate. If you do not have insurance, or if our insurance does not pay in full, you will be responsible for paying the rate established on your Fee agreement. You are also responsible for continued payment at the agreed upon rate once your maximum insurance benefits have been used.

If you are receiving services under managed care, health insurance, medical assistance, or an EAP, the agency will need to obtain information about covered services, co-payments and deductibles, etc. The agency will either obtain the specific information required or ask you to obtain the information. Your signature on this form authorizes Wellpoint Care Network to release any information necessary to process insurance claims

Your Client Rights Specialist is: Director of Quality Improvement, Wellpoint Care Network, Inc., 8901 W. Capitol Drive, Milwaukee, WI 53222 Phone: 414-465 -5132

Parental Rights

As parents who have a child in one of Wellpoint Care Network's treatment programs, you and your child have a right to:

- Be treated with dignity and respect at all times
- Participate in the treatment decision-making process
- Expect a safe, clean environment
- Speak and visit with your child as frequently as permitted by the treatment plan
- To meet with the treatment team or contact individual members of the Team to discuss goals, interventions and progress
- Be informed of any injury, illness, runaway or other significant occurrences within a reasonable period of time

Parents/guardians are informed of and receive a copy of these rights upon enrollment into a program. If there is a need to address any special communication or language barriers, Wellpoint Care Network assumes responsibility in providing the resources necessary (e.g., interpretive services, TDD phone line, etc.) in order to effectively and appropriately communicate these rights.

Statement of Children's Rights

As an organization we believe every child, no matter the level of program involvement, is entitled to the right to:

- Enjoy freedom of thought, conscience and religion.
- Reasonable enjoyment of privacy.
- Receive non-coercive service that protects the person's right to self-determination.
- Have their parents or guardians, family members, and their opinions heard and to be included, to the greatest extent possible, when any treatment decisions affecting their life.
- Receive appropriate and reasonable adult guidance, support and supervision.
- Be free from physical abuse and inhumane treatment. Every child has the right to be protected from all forms of sexual exploitation.
- Receive adequate and appropriate medical care.
- Receive adequate and appropriate food, clothing and housing.
- Live in clean, safe surroundings.
- Receive an educational program, which will maximize their potential.
- Communicate with "significant others". "Significant others" include family members and close friends whom the family has approved

Clients are informed of and receive a copy of these rights upon enrollment into a program. If there is a need to address any special communication or language barriers, Wellpoint Care Network assumes responsibility in providing the resources necessary (e.g., interpretive services, TDD phone line, etc.) in order to effectively and appropriately communicate these rights.

The caregiver and child should receive a copy of this document.

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Procedure

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3. Complainant must fill out the "Description of Grievance" section on the Client Grievance Form. The Director of Quality Improvement will assist a complainant who requests help with completing the form. Within 48 hours of writing of "Description of Grievance", a meeting is held between the complainant and the director/coordinator of the program in which the problem occurred. The director/coordinator of the program provides a typed summary of the meeting to the Director of Quality Improvement, including steps taken to ensure an appropriate resolution.
4. If the complaint was unable to be resolved, a meeting will be held between the complainant, Vice President of the program and Chief Executive Officer.
5. Every attempt will be made to resolve the grievance within a two-week period. When the complaint is resolved, the "Response to Grievance" form will be completed by the Director of Quality Improvement after they are notified of the resolution by the program director or Vice President. A copy will be provided to the client, as well
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If you are receiving services under managed care, health insurance, medical assistance, or an EAP, the agency will need to obtain information about covered services, co-payments and deductibles, etc. The agency will either obtain the specific information required or ask you to obtain the information. Your signature on this form authorizes Wellpoint Care Network to release any information necessary to process insurance claims

Your Client Rights Specialist is: Kim Bequest, Phone: 414-465-5132 Email: kbequest@wellpointcare.org
8901 W. Capitol Drive, Milwaukee, WI 53222

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- Be treated with dignity and respect at all times
- Participate in the treatment decision-making process
- Expect a safe, clean environment
- Speak and visit with your child as frequently as permitted by the treatment plan
- To meet with the treatment team or contact individual members of the Team to discuss goals, interventions and progress
- Be informed of any injury, illness, runaway or other significant occurrences within a reasonable period of time

Parents/guardians are informed of and receive a copy of these rights upon enrollment into a program. If there is a need to address any special communication or language barriers, Wellpoint Care Network assumes responsibility in providing the resources necessary (e.g., interpretive services, TDD phone line, etc.) in order to effectively and appropriately communicate these rights.

Statement of Children's Rights

As an organization we believe every child, no matter the level of program involvement, is entitled to the right to:

- Enjoy freedom of thought, conscience and religion.
- Reasonable enjoyment of privacy.
- Receive non-coercive service that protects the person's right to self-determination.
- Have their parents or guardians, family members, and their opinions heard and to be included, to the greatest extent possible, when any treatment decisions affecting their life.
- Receive appropriate and reasonable adult guidance, support and supervision.
- Be free from physical abuse and inhumane treatment. Every child has the right to be protected from all forms of sexual exploitation.
- Receive adequate and appropriate medical care.
- Receive adequate and appropriate food, clothing and housing. Live in clean, safe surroundings.
- Receive an educational program, which will maximize their potential.
- Communicate with "significant others". "Significant others" include family members and close friends whom the family has approved.

Clients are informed of and receive a copy of these rights upon enrollment into a program. If there is a need to address any special communication or language barriers, Wellpoint Care Network assumes responsibility in providing the resources necessary (e.g., interpretive services, TDD phone line, etc.) in order to effectively and appropriately communicate these rights.

The caregiver and child should receive a copy of this document.



Rights Of Minors



Outpatient Behavioral Health Treatment

Information about the
 legal rights of children and
 adolescents in outpatient
 mental health and substance use
 treatment

Treatment Rights

You must be provided prompt and adequate treatment.

If you are **14 years or older**, you can refuse mental health treatment until a court orders it.

You must be told about your treatment and care.

You have the right to and are encouraged to participate in the planning of your treatment and care.

You and your relatives must be informed of any costs they may have to pay for your treatment.

Record Access and Privacy Rights

Staff must keep your treatment information private (confidential). However, it is possible that your parents may see your records.

If you want to see your records, ask a staff member.

If you are **younger than 14-years-old**, you must view your records in the presence of a parent/guardian, attorney, judge, or staff member. You may always see your records on any medications you take.

Regardless of your age, staff may limit how much you may see of your records. They must give you reasons for any limits.

If you are **at least 14-years-old**, you can consent to releasing your own mental health treatment records to others.

If you are **at least 12-years-old**, you can consent to releasing your substance use treatment records to others.

Personal Rights

You must be informed of your rights.

Reasonable decisions must be made about your treatment and care.

You cannot be treated unfairly because of your race, national origin, sex, gender expression, religion, disability or sexual orientation.

Patient Rights Help

If you want to know more about your rights or feel your rights have been violated, you may do any of the following:

- **Contact patient rights staff.** Their contact information should be provided to you by your treatment provider. Treatment providers should also list this information on a poster.
- **File a complaint.** Patient rights staff will look into your complaints. They will keep your complaints private (confidential); however, they may need to ask staff about the situation.
- **Contact Disability Rights Wisconsin.** They are the protection and advocacy organization for Wisconsin. Their advocates and attorneys can help you with patient rights questions. Call **608-267-0214** or **800-928-8778**.

For more information, visit:
www.dhs.wisconsin.gov/clientrights/minors

Wisconsin Department of Health Services
 Division of Care and Treatment Services
 P-20470B (06/2021)

Consent for Mental Health Treatment

If you are younger than

14-years-old, a parent or guardian must agree, in writing, to you receiving outpatient mental health treatment.

If you are 14 years or older, you and your parent or guardian must agree to you receiving outpatient mental health treatment.

If you want treatment but your parent or guardian is unable to agree to it or won't agree to it, you (or someone on your behalf) can petition the county mental health review officer for a review.

If you do not want treatment but your parent/guardian does, the treatment director for the clinic where you are receiving services must petition the mental health review officer for a review.

Regardless of your age, in an emergency, the treatment director for the clinic may allow you to receive outpatient mental health treatment, but no medication, for up to 30 days.

During the 30 days, the treatment director must get informed written consent of your parent or guardian, or file a petition for review for admission with the Mental Health Review Officer.

Review by Mental Health Review Officer and/or Court

Each juvenile court appoints a mental health review officer for their county. Find the mental health review officer for your county at:
www.dhs.wisconsin.gov/clientrights/mhros

The juvenile court must ensure that you are provided any necessary assistance in the petition for review.

If you request it and the mental health review officer believes it is in your best interests, review by the mental health review officer can be skipped and the review will be done by the court (judicial review).

If the **mental health review officer** does the review, a hearing must be held within 21 days of the filing of the petition for review, and everyone must get at least 96 hours (4 days) notice of the hearing.

To approve your treatment (against your will or despite the refusal of your parent/guardian) the mental health review officer must find that all these are true:

- The refusal of consent is unreasonable.
- You are in need of treatment.
- The treatment is appropriate and least restrictive for you.
- The treatment is in your best interests.

If you disagree with the decision of the mental health review officer, you and your parent/guardian will be informed of the right to a judicial review.

If the **court** does the review, within 21 days of the mental health review officer's ruling, you (or someone acting on your behalf) can petition the juvenile court for a judicial review.

A court hearing must be held within 21 days of the petition, and everyone must get at least 96 hours (4 days) notice of the hearing.

If you do not want the treatment, the court must appoint you an attorney at least 7 days prior to the hearing.

If it is your parent/guardian who does not want the treatment and you do not already

have a lawyer, the court must appoint you one.

To approve your treatment (against your will or despite the refusal of your parent/guardian), the judge must find that all these are true:

- The refusal of consent is unreasonable.
- You are in need of treatment.
- The treatment is appropriate and least restrictive for you.
- The treatment is in your best interests.

A court ruling does not mean that you have a mental illness.

The court's ruling can be appealed to the Wisconsin Court of Appeals.

Consent for Substance Use Treatment

Any minor can consent to substance use treatment at a public facility as long as it is for prevention, intervention, or follow up.

If you are **younger than 12-years-old**, you may only get limited substance use treatment (such as detox) without a parent or guardian's consent.

If you are **12-years-old or older**, you can be provided some limited treatment (assessment, counseling, and detox less than 72 hours) without your parent or guardian's consent or knowledge.

If your parent or guardian agrees to it, you can be required to participate in substance use treatment, including assessment and testing.