

**Helios Psychiatry & Counseling**  
Notice of Privacy Policies and Practices

The following notice describes how your medical information may be used and made known, and how you can get access to this information. Please review the information carefully. Helios maintains HIPAA compliance.

- Your private healthcare information may be released to other healthcare professionals within Helios Psychiatry and Counseling for the purpose of providing appropriate care.
- Your private healthcare information may be released to your insurance company for the purpose of Helios Psychiatry and Counseling receiving payment for providing you with needed healthcare services.
- Your private healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your private healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your private healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or problematic event to a biological product (food or medication).
- Your private healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your private healthcare information may be released only after receiving written permission from you. You may withdraw your permission to release private healthcare information at any time.
- You may be contacted by Helios Psychiatry and Counseling to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- Helios Psychiatry & Counseling may order blood work and/or urine drug screenings to ensure we are providing the most complete care possible. Refusal to comply may result in discontinuation of services.
- You have the right to limit the use of your private healthcare information. However, the agency may choose to refuse your limitation if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive private communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your private healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Helios Psychiatry and Counseling is required by law to protect the privacy of its patients. It will keep private any and all patient healthcare information and will provide patients with a list of duties or practices that protect private healthcare information.
- Helios Psychiatry and Counseling will abide by the terms of this notice. The agency reserves the rights to make changes to this notice and continue to maintain the privacy of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the agency if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to Helios Psychiatry and Counseling:

Helios Psychiatry and Counseling  
ATTN: Office Manager  
30472 23 Mile Road  
Chesterfield, MI 48047

All complaints will be investigated. No personal issue will be raised for filing a complaint with the agency. For further information about this Privacy Notice, please call us at 586-863-4000.

Patient's Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient/Legal Guardian Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## HELIOS PSYCHIATRY & COUNSELING PATIENT FINANCIAL RESPONSIBILITIES

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We provide the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- It is the **patient's responsibility** to contact insurance carrier to review and confirm coverage for behavioral health services. Staff will work with patients on obtaining authorizations for select insurance carriers. A quote of benefits is not a guarantee of benefits or payment. Helios Tax ID# 46-2781294.
- It is the policy of Helios Psychiatry that full payment is due **at the time of service** unless other financial arrangements are made in advance. Payment plans must be arranged for outstanding balances or the account will be sent to a collection agency. Any credit can be applied to future services.
- Please note, most insurances will not cover two behavioral health sessions in the same day. Helios policy states psychiatric & therapy services cannot be scheduled on the same day.
- Helios offers a cash payment option if you do not have insurance or do not want to utilize your insurance to cover services. This is NOT an option for people with a form of Medicaid insurance.
  - If you choose to use this option, and do NOT have a form of Medicaid insurance please initial here: \_\_\_\_\_
  - **Please select Waiver of Insurance billing packet from our website and complete along with this intake packet. Or call or office at 586-863-4000 to request that this packet be sent to you.**
- Helios Psychiatry is happy to complete forms as needed for patient care. Allow at least 5 business days for forms to be completed, and additional time if they need to be returned via mail. Please ensure that all patient information is complete including insurance information. Fees will be assessed as follows:
  - 1-2 page form: \$30
  - 3 or more pages: \$60
- Any Disability, FMLA, or government **forms** for any New Patients will require **2 - 3 office appointments** for proper evaluation and assessment by provider. Established patients must come in for a consult as these matters cannot be handled over the phone. This is not a guarantee of approval/ denial for such legal forms as it is up to the Provider's discretion for authorization.
- **Medical records request** – Paper copies will be charged as follows: \$1.00 per page for the first 20 pages; \$0.25 each for every additional page. Payment must be received in advance.
- **Active Balance Policy:** We will not schedule patients who carry a balance larger than \$300, unless a payment plan has been set up with our Patient Support Specialist and is being adhered to. Payments must be made in a timely manner.
- Patients may incur a \$75 fee for a no show or late cancellation, which is less than **48 hour's notice** prior to the scheduled appointment start time.

Printed Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Bill of Rights

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age or disability. The personal dignity of each client is recognized and respected in all care or treatment provided.
- Each client has the right to accept or refuse all or part of his/her care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by designating release of information, and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right and expectation to participate in the development of treatment plan development and implementation.
- An individualized treatment which includes:
  - Personalized treatment goals
  - Services provided in the least restrictive environment possible, related to patient's level of care needs.
  - Definition of clinical services to be offered.
  - Treatment plans will be reviewed periodically or as needed.
- The client has the right to request referrals for services not offered through Helios or to support the discharge process.
- The client will be informed of his/her rights in a language they can understand.
- out compromising their access to the organization's resources.
- Each client has the right to be notified of any/all costs of services rendered, the source of the organization's reimbursement, and any limitations placed on duration of services.
- Each client has the right to make decisions regarding the withholding or resuscitative measures with these decisions respected per agency policy.
- Patients have the right to report grievances and concerns to management staff.

**Recipients have rights protected by state and federal law and promulgated rules. For information contact:**

Office Manager  
30472 23 Mile Road  
Chesterfield, MI 48047

**Patient Printed name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient or Legal Guardian Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

## **Helios Psychiatry & Counseling Code of Conduct for Patients**

To provide a safe and healthy environment for staff, visitors, patients and their families, *Helios Psychiatry and Counseling* expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

As a patient visiting our practice, please consider the following:

- Treat staff & fellow patients with dignity & respect.
- Bring grievances or concerns regarding services or care directly to our management team.
- Arrive on time to any appointments
- Utilize appointment time appropriately.
- Follow Helios Psychiatry & Counseling cancellation policy.
- Questions about your billing can be addressed first with our Patient Support Specialist, and then with Elite Medical Billing.
- High balances will be investigated. Unless an agreed upon payment plan is set up and adhered to, there may be a disruption of services if the amount reaches \$300 or more.
- Our practice follows a zero-tolerance policy for aggressive behavior directed by patients against our staff.
- Please be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff, please put your devices away. Set the ringer to vibrate before storing away.
- Minors are expected to be supervised at all times by parent/guardian.
- Helios does accommodate trained service animals only in accordance with ADA.
  - Helios requires appropriate documentation prior to bringing in a service animal.
  - Emotional Support animals are not permitted.

### **The following behaviors are prohibited & can lead to discharge from the clinic:**

- Firearms or any weapon are not permitted on any Helios properties
- Intimidating or harassing staff or other patients
- Making threats of violence through phone calls, letters, voicemail, email or other forms of written, verbal or electronic communication
- Physically assaulting or threatening to inflict bodily harm to another person or property
- Making verbal threats to harm another individual or destroy property
- Making racial or cultural slurs or other derogatory remarks

If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

**Your signature confirms understanding of Helios Code of conduct.**

**Patients printed name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient or Legal Guardian signature:** \_\_\_\_\_ **Date of signature:** \_\_\_\_\_



### Helios Psychiatry & Counseling Discharge Policy

- Helios Psychiatry & Counseling reserves the right to discharge any client who does not comply with practice policies and procedures.
- Helios Psychiatry & Counseling reserves the right to discharge any client who is not committed to and/or neglects personal responsibility in achieving mutually determined treatment goals.
- Discharge due to NCNS/Late Cancellations
  - A late cancellation is defined as any cancellation within 48 hours of the start of the appointment time. It is at the discretion of the provider to determine whether or not circumstances warrant an excused NCNS or cancellation.
    - A patient is allowed 3 unexcused no call no shows or late cancellations within a 6-month period, any additional no call no shows or late cancellations may result in discharge from the practice.
    - All unexcused NCNS or late cancellations are subject to a cancellation fee. After 3 NCNS or late cancellations, all late fees must be paid prior to scheduling further appointments.
- A client who has an outstanding balance for 3 months or more, with the exception of having made incremental payments or maintaining compliance with a payment plan, is subject to being sent collections as well as discharge from Helios Psychiatry & Counseling.
  - Clients who have been sent to collections more than once are not eligible to restart services with Helios Psychiatry & Counseling.

Any client discharged from Helios Psychiatry & Counseling, either partially or fully, has the option to contact front desk staff for other local provider information. Despite being discharged from therapeutic or medication management services at Helios, we sincerely wish for your continued success in your mental health journey.

**Your signature confirms that you have read and understand the above Policy.**

Patient Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient or Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_