

Request Amendment. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this practice or if it is the opinion of the opinion of the health care provider that the information is accurate and complete.

Request Restrictions. You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations. For example – you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our practice manager.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. If we do agree, we will comply with your request except for emergency treatment.

An Accounting of Disclosures. You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (our legal obligation to retain information).

Your first request for a list of disclosures within a 12-month period will be free. If you request an addition

list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications. You have the right to request how we communicate with you to preserve your privacy. For example – you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint. If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice or directly to the Secretary of Health and Human Services.

To file a complaint with our manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer.

Uses or Disclosures Not Covered

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

For More Information

If you have questions or would like additional information, you may contact our Privacy Officer Cindy Grajkowski, 2217 Vine St., Suite 206, Hudson, WI 54016. Phone: (715) 441-1828.

Effective Date - April 14, 2003



HIPAA Notice of Privacy Practices

2217 Vine St. Suite 206
Hudson, WI 54016

(p) 715-441-1828 (f) 888-802-9673
www.couplesandfamilytherapycenter.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to provide you with this notice that explains privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

Ways in Which We May Use and Disclose Your Protected Health Information:

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. All of the ways we are permitted to use and disclose your health information fall within one of these categories.

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. For example – we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

Payment. We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example — we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations. We will use and disclose your protected health information to support the business activities of our practice. For example — we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription, or other services for our practice.

Other Ways We May Use and Disclose Your Protected Health Information:

Appointment Reminders. We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives. We will use and disclose your protected health information to tell you about or recommend possible alternative treatments or options that may be of interest to you.

Others Involved in Your Care. We will use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

Research. We will use and disclose your protected health information to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required by Law. We will use and disclose your protected health information when required to by federal, state, or local law.

To Avert a Serious Threat to Public Health or Safety. We will use and disclose your protected health information to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation. We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates. We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be

necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

Your Health Information Rights

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy for a fee. However, the most secure method is through the portal of the electronic health record.

Inspect and Copy. You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying, by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer: Attention: Cindy Grajkowski, 2217 Vine St., Suite 206, Hudson, WI 54016. Phone: (715) 441-1828. You may mail your request, or bring it to our office with your ID. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

Sexual and Social Behavior:

Therapists are not to engage with clients in an intimate or inappropriate way. They are not under any circumstances to date, to be sexual, or to use their position to foster a non-therapeutic relationship with client. This prohibits attending social functions jointly, and going to lunch/dinner with a client.

At times in a small area, clients may find themselves in a social situation with their therapist. The client is welcome to acknowledge the therapist should they choose, but the therapist will not approach clients, or engage in any interaction that would reveal the client-therapist relationship.

Complaints:

If clients are dissatisfied with services at CFTC, they can first discuss their concerns with their therapist. Therapists rely on honest feedback to be most effective. If clients feel uncomfortable approaching their therapist with their concerns, please contact another therapist on the staff. (Also refer to the Client Rights section.)

Clients have a right to file a complaint with the licensing board if deemed necessary. They can also reference ethics codes through professional organizations regarding their concerns and complaints:

- ACA (American Counseling Association)
- NASW(Nat'l Association of Social Workers)
- AAMFT (American Association for Marriage & Family Therapy)
- APA (American Psychological Association)

CFTC FINANCIAL POLICY

- Cash sessions & co-pays: due at session.
- Credit cards required & balances charged regularly; high balances not permitted.
- Returned Check Fee: \$25.00
- Balances exceeding 90 days may be reported to a collection agency.

Insurance:

We may accept assignment of insurance benefits. Clients are responsible for the balance regardless of insurance payments. Clients must provide insurance information for benefits to be utilized. CFTC often will help with identifying benefits for your services. However, it is the sole responsibility of the client to ensure the accuracy and status of their benefit information. Client will be held liable for the cost of services regardless of the benefits inquired or received, including claims rejected by insurance.

Fee Schedule as of January 1, 2025:

First Session Diagnostic Interview: \$230.00
45 Minute Psychotherapy Session: \$185.00
60 Minute Psychotherapy Session: \$200.00
Couples/Family Therapy Session: \$200.00
No Show or Late Cancel Fee: \$75.00

CASH CLIENTS: For those without insurance, please speak with your therapist about possible reduced rates available on a limited basis.

CANCELLATION POLICY: CFTC requires a minimum of 48 hour notice for cancelled session to allow time to fill that session hour with awaiting clients. The first missed/late cancelled session is often free of charge, but subsequent sessions will be billed directly to the client with exceptions of weather advisories or illness. Telehealth is also available in lieu of a cancelation.

Differing and separate fees apply for group therapy, workshops, court testimony, phone consultation, etc. These might not be covered by insurance and will be billed at an hourly rate. Please speak with your therapists about any questions or concerns.

Financial Hardship: Please inquire about options available for affordable services, available grants, and payment arrangements.



Important Information, Client Rights

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Clinic Financial Policy

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IMPORTANT INFORMATION

The following is some important information about your care at Couples and Family Therapy Center (CFTC).

YOUR INSURANCE COMPANY

When choosing to utilize your insurance benefits, please remember that your insurance carrier will have access to all of your records. Also know that insurance companies will only provide mental health benefits to those diagnosed with a mental disorder. Therefore, client files must obtain a mental disorder diagnosis for coverage. If the client does not meet criteria for any diagnosis, the insurance company will not pay for services. It is also important to determine if your insurance company pays for couple or family therapy, especially as it may impact the client's diagnosis.

CONFIDENTIALITY

The majority of the information a therapists collects about a client will be classified as confidential. However, when insurance benefits are utilized, CFTC will not have full control over this confidentiality. Employees/contractors of CFTC and the insurance companies will have access to your charts as needed. This is provided for in the insurance policy between you and your insurance company.

The client record is legally the property of CFTC. However, clients may have access to information contained in the file, except in those cases where the release of such information may be deemed harmful to the client's well-being.

In some cases, information will NOT be available to the client. Certain confidential data may be only available to the therapist and certain government agencies. Classified material falling into this category might deal with adoption, civil or criminal investigations, some medical data and the names of persons who report suspected abuse of children or vulnerable adults.

EXCEPTIONS TO CONFIDENTIALITY

All therapists and staff at CFTC will keep client information confidential EXCEPT under the following circumstances which do not require a release:

1. If a client threatens to harm someone or themselves, the CFTC staff is required by law to take appropriate action to ensure safety.
2. If therapists suspect that a child or vulnerable adult is being neglected, physically or sexually abused by the client or named other, the therapist is required by law to report this to the proper authorities.
3. If a client is under age 18 and the therapist judges it is in the best interest of the client to share information for client's progress or safety.
4. Court orders to release information.
5. Exceptions detailed in the Notice of Privacy Practices.
6. Requests from your insurance company.

Consultation/Supervision: Therapists at CFTC seek frequent consultation and supervision to ensure ethical and competent therapy services. Therapists within CFTC seeing members of the same family or significant others may also discuss cases and collaborate as a treatment team. If you have any questions or requests to limit this communication, please feel free to speak with your therapist.

CHILDREN VISITING CFTC

If children come to CFTC as a client or accompanying a client, please be advised that CFTC cannot assume responsibility for them in the waiting area. Please make sure they are monitored by someone specifically responsible for their care. Parents are to stay on location during children's sessions.

EMERGENCIES

Please note that outpatient mental health services are consultative in nature. CFTC is not equipped to handle emergencies, **please call 911 or go the nearest emergency room in a crisis.** Other phone numbers you may desire and/or call in a crisis:

- St. Croix County Health & Human Services: 715-246-6991
- Pierce County Human Services:
715-273-6766
- Polk County Human Services: 715-485-8400
- Washington Co. Social Services Division:
Adult/Child Mental Health: 651-430-6484
- National Domestic Violence Hotline: 1-800-799-SAFE (7233)

CLIENT RIGHTS

Bill of Rights: Consumers of professional mental health services have the right:

1. to expect that professionals have met at least the minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary standards.
2. to be informed of the credentials of those by whom they are served;
3. to be informed of the cost of professional services prior to receiving the services;
4. to privacy as defined by rule and law;
5. to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
6. to have access to their records as provided in WI and/or MN statutes;
7. to be free from exploitation for the benefit or advantage of a therapist.
8. to obtain a copy of the code of ethics from the licensing board and the state in which therapy is provided;
9. to report complaints to the appropriate licensing board including WI/MN Boards of Marriage & Family Therapy, Social Work, Professional Counseling, and/or Psychology.