RIA Behavioral Health Ltd.
Tel: 920.843.9162
Fax: 920.610.7190

Patient Rights, Responsibilities and Expectations

PATIENT RIGHTS

As a client of RIA Behavioral Health Ltd., you have the right to:

- Be treated with dignity, respect, and consideration—free from verbal, emotional, physical, or sexual abuse—and with recognition of your individuality and privacy in treatment.
- Receive services without discrimination based on race, color, creed, national origin, sex, gender identity, age, religion, disability, sexual orientation, ancestry, marital status, newborn status, handicap, or payment source.
- A safe, clean, and secure treatment environment.
- Participate actively in the development and implementation of your individualized treatment plan.
- Access protective and advocacy services.
- Be informed of who has primary responsibility for your care and make informed decisions regarding treatment.

Note: RIA does not have a physician onsite after business hours. Messages can be left 24/7 and will be returned within the next **24 business hours**. In emergencies, call **911** or go to the nearest emergency room.

- Have a family member or representative of your choice and your physician notified of your admission (when applicable).

TREATMENT & RELATED RIGHTS

- You (or your representative) have the right to receive information about your diagnosis, treatment, and recovery plan in terms you can understand.
- You have the right to prompt and adequate care, including treatment, rehabilitation, and education services, appropriate to your needs and within available resources.
- You must be informed of alternatives and side effects of treatment, including medications.
- No treatment or medication may be provided without your **informed, written consent**, except in emergencies to prevent harm or if court-ordered.
- You may not be subjected to excessive or unnecessary medication.
- Electroconvulsive therapy, psychosurgery, or participation in experimental research requires your written consent.
- You must be informed in writing about any treatment-related costs for which you may be responsible.
- Restraint or seclusion may only be used in emergencies to prevent harm or as part of a treatment plan with your (or your guardian's) consent.

If any of your rights are suspended for therapeutic purposes, you will be notified in writing and given the opportunity to present your perspective.

If you believe your rights have been violated, you may file a grievance at any time.

To file a grievance:

- **RIA Grievance Officer:** Richa Aggarwal
  Phone: **920-843-9162**

- **Wisconsin DHS – DMHSAS**
  PO Box 7851, Madison, WI 53707-7851
  Phone: **608-266-8481** or **800-642-6552**
  Web: www.dhs.wi.gov

PATIENT EXPECTATIONS

Understanding your role in care helps us provide effective and personalized treatment. Failure to meet the expectations below may result in **involuntary discharge** from services.

- **Appointment Attendance:**
  Clients who miss appointments may be discharged after:
  - 3 late cancellations
  - 3 no-shows
  - Failure to attend at the frequency recommended by the clinician

Arrive early for check-in. Late arrivals may be rescheduled. Notify us if you require extra time for family sessions or paperwork.

- **Respectful Behavior:**
  Disrespectful, violent, unsafe, threatening, or disruptive behavior toward staff or other patients will result in discharge.
- **Cancellations:**
  Cancel appointments with **at least 24 hours' notice**. Fees for late cancellations or no-shows may apply and are **not covered by insurance**.
- **Follow Treatment Plan:**
  Follow all treatment recommendations, including therapy participation, lifestyle changes, and referrals to a higher level of care. Non-adherence may lead to discharge.
- **Medication Management:**
  - Contact your provider if medications are not effective.
  - Do not self-adjust or take non-prescribed medications.
  - Request refills at least **7 business days** in advance.
- **Controlled Substances:**
  Providers may decline to prescribe controlled substances due to past substance use, clinical concerns, or professional judgment. Drug screening may be required. A controlled substance agreement may also be required and enforced.
- **Safety:**
  Share responsibility for maintaining a safe therapeutic environment. In emergencies, contact:
  - **911** or nearest ER
  - **Crisis Line:** 920-832-4646 or 800-719-4418
  - **Suicide & Crisis Lifeline:** Dial **988**

You may also notify your clinician or follow your safety plan. If hospitalization is recommended, you are expected to comply.

- **Communication:**
  - Use the **patient portal** for non-urgent communication and refill requests.
  - Do **not** use email for clinical matters.
  - Avoid personal phone use and recording during appointments.
  - Staff cannot engage with clients on personal social media.

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Patient Responsibilities & Discharge Grounds

Patients must:

- Follow patient expectations, clinic rules and treatment recommendations.
- Provide accurate health and financial information.
- Respect clinic property (damages may result in financial liability to patient).
- Cancel appointments with appropriate notice.
- Attend visits at clinically recommended intervals.
- Follow the controlled substance policy.

Discharge May Occur If:

- There is repeated non-compliance, unsafe behavior, or unpaid balances.
- The patient is inactive for 6+ months (with attempted re-engagement).
- Patient Responsibilities and expectations outlined above are not followed, even after intervention.

Involuntary discharges will be communicated via certified mail, with reason, effective date, alternative care options, additional 30 days refills after effective discharge date if required and grievance procedures.

Confidentiality of Alcohol & Drug Abuse Records

Your records are protected by federal law. Disclosure is prohibited unless:

- You consent in writing,
- A court order is issued,
- There's a medical emergency or approved audit.

Exceptions: Crimes on premises, threats, or suspected child abuse must be reported by law.
See 42 U.S.C. 290dd-3, 42 CFR Part 2 for details.

Acknowledgment

By signing below, you confirm you've received and understand:

- Patient Rights & Responsibilities
- Discharge Policies
- Grievance Procedures
- Privacy Practices

Patient Signature: _____ **Date**: _____
Parent/Guardian: _____ **Date**: _____
Witness: _____ **Date**: _____