

Consumer Rights & Grievance Procedure

The mission of *Sankofa Behavioral & Community Health* is to provide the most effective and comprehensive treatment to the consumer, family, and community. *Sankofa Behavioral & Community Health* is a for profit organization providing counseling and psychotherapy for families. This sheet contains important information about our policies and procedures. Please read it carefully. Ask your therapist to answer any questions you may have.

Eligibility: Eligibility for *Sankofa Behavioral & Community Health* counseling and case management programs is based on the existence of a presenting problem. No one will be denied services because of an inability to pay. You may be referred to another community resource if you (1) do not meet the eligibility criteria; (2) there is not enough staff time available to help you; or (3) there is a more appropriate service provider elsewhere in the community or your insurance company has another counseling resource for you.

After you begin working with *Sankofa Behavioral & Community Health*, services may continue: (1) so long as there are identified treatment goals which have not yet been met; and (2) there is evidence that you are interested in pursuing these goals.

The agency may discontinue services if: (1) all treatment goals have been met; (2) you fail to demonstrate an interest in actively pursuing treatment goals, for example, by showing a pattern of regularly missing appointments; (3) you fail to pay for services as agreed upon in your Fee Agreement; or (4) upon the professional recommendation of your therapist.

Rights: Consumer's, families, and communities served by SankofaBCH are treated with dignity, privacy, humane care, and freedom from mental, emotional, sexual, and physical punishments, neglect, exploitation, and marginalization. Additionally, SankofaBCH works diligently to ensure confidentiality and the right to self-determination.

Appointments: Appointments are scheduled with individual therapists. A counseling or psychotherapy hour consists of a one 45-60 minute interview with your therapist. If you need to cancel an appointment, please do so at least 24 hours in advance. You, not your insurance, will be billed for missed appointments.

Hours: The agency is open Monday through Friday 8:00 a.m. to 5:00 p.m. Evening and weekend hours are available by appointment.

Consultants: Your therapist collaborates with other licensed therapists in his/her clinical work. Your therapist also has a supervisor who may be contacted if you have questions or concerns. The supervisor will meet with you when necessary or at your request.

Confidentiality: All contacts between staff and Consumers are strictly confidential and will not be revealed to any person or agency outside of *Sankofa Behavioral & Community Health*, without your written consent. The primary exception to this rule is those situations in which reporting is mandatory under Wisconsin law (e.g., abuse and neglect, harm to self or others' persons or property, threat to national security, or etc.) In addition, please note that your signature on the fee agreement gives the agency permission to release information necessary for the processing of claims for payment.

Emergencies: In a life-threatening emergency, Consumers are encouraged to call 911.

Crisis: If you are experiencing a crisis or please call 608.280.2700. During non-working hours our answering service takes messages for non-emergencies 24 hours, 7 days a week at 414.202.9146 or 608.239.9589

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Consent: It is the policy of *Sankofa Behavioral & Community Health* that each patient, or individual acting on behalf of the patient, will receive specific, complete and accurate information regarding the psychotherapy or other treatment they receive through the agency. You will be asked to read and sign the Informed Consent Policy form prior to beginning work with your therapist. Those patients receiving medication from an agency consultant will be asked to sign an Informed Consent specific to the medication being used.

Grievance Procedure: *Sankofa Behavioral & Community Health* shall information with Consumers concerning informal methods of resolving Consumer concerns and formal procedures by which Consumers may seek resolution of a grievance. At any time a complaint occurs, the Consumer or other complainant shall be provided with a copy of the agency's Consumer Grievance and Requests for Administrative Review Policies and Procedures. Program staff shall be familiar with Consumer rights and with this agencies' procedures. The program staff and their supervisor will forward the complaint to Dr. Valerie Henderson directly at SankofaBCH@gmail.com or 414.202.9146.

No sanctions will be threatened or imposed against any consumer who files a grievance. If you have any a concern about the services you are receiving, you are encouraged to discuss it with your therapist. If this does not resolve the issue, you may present a written complaint to the Dr. Valerie Henderson. If you are still not satisfied, please request a copy of the Grievance Procedure.

Records: Under Wisconsin law, you have a right to review your treatment record. 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.

Fees: A fee is charged for professional services provided by the therapists at *Sankofa Behavioral & Community Health* (please refer to the Reimbursement Policy & Payment 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 your 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 *Sankofa Behavioral & Community Health* to release any information necessary to process insurance claims.

My signature below indicates that I have been given a copy of this "Consumer Rights & the Grievance Procedure", Grievance Brochure, and the "*Sankofa Behavioral & Community Health* Joint Notice of Privacy Practices."

Signature (adult or minor age 12 or older): _____ **Date:** _____

Signature of Guardian if signer is under the age of 18: _____ Date: _____

Therapist Signature: _____ Date: _____