



# Assignment of Benefits / General Consent to Treatment

1. **Consent to Treatment:** Patients should recognize that they may have a health care condition requiring medical care, diagnosis, and treatment, and voluntarily consent to medical care and treatment as ordered by a Western Wisconsin Health (WWH) provider. The patient understands that this care will be under the direction of a Medical Staff Member of WWH. This consent includes hospital services, diagnostic procedures, and all medical treatment rendered under the instructions of a provider, including x-ray and laboratory procedures and other tests, treatments, or medication, monitoring, and all other procedures that do not require specific informed consent. The patient should recognize that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made as to the result of treatments or examinations administered. The patient understands they may be released from the medical center before all of the medical problems are known or treated, and that it is the patient's responsibility to make arrangements for follow up care.
2. **Responsibility to Refuse Treatment:** Each patient has the right to consent to or refuse any proposed procedure or therapeutic treatment. The patient should speak to the provider if there is anything they do not want done. The provider will explain the nature of the condition and treatment and the other ways that this condition could be treated, if any. The provider will explain significant risks involved with the treatment, if any.
3. **Financial Agreement/Assignment of Benefits:** The patient can request that payment of authorized benefits for treatment at WWH be made on the patient's behalf to, and hereby assign benefits directly to WWH. The patient hereby assigns the benefits payable for the provider services to the provider/organization furnishing this service or authorize such provider/organization to submit a claim to Medicare for payment to the patient. The patient authorizes WWH or its agent, to release any and all information from the medical records need for payment of the claim. The patient understands they are financially responsible to the medical center for charges not covered by this assignment and agree to pay those charges. All charges are payable in full 30 days from date of discharge/service or third-party payment. In the event that legal action is necessary to collect this account, the patient agrees to pay reasonable attorney fees and collection expenses, including interest.  
Information regarding fees for service and insurance can be found on the WWH website at: <https://www.whealth.org/your-visit/payment-insurance/>. If the patient is unable to access the website, a paper copy will be provided. Please call the WWH billing department at 715-684-1565 or the insurance company for further questions regarding fees for service, copays, allotted visits, etc.
4. **Health Care Education:** The patient understands and agrees that the hospital maintains affiliation agreements with academic institutions and that at times, health care services may be observed and/or delivered by students under the supervision and responsibility of the attending provider or other authorized medical center personnel.
5. **Patient Rights:** The patient understands that they have access to the Patient Rights.
6. **Consent to Photograph:** The patient understands that photographs, videotapes, digital or other images of them may be recorded for the purpose of treatment and/or documentation in their record. The patient hereby consents to the use of these images for this stated purpose only. They also understand that if WWH or others request to photograph or take images of them for any purpose, a written consent to do this must be obtained from the patient prior to being done.
7. **Personal Valuables:** Patients are discouraged from bringing valuables to the medical center. WWH will not be responsible for valuables not deposited in safekeeping.
8. **Information Privacy:** The patient understands that WWH will use and disclose their personal health information for treatment, to receive payment for the care they receive, and for other health care operations. They understand that a Notice of Privacy Practices document that provides a more complete description of information uses, and disclosures is available to receive. The terms of this privacy notice may change with time and the medical center will post the current notice at its facilities, on its web site and have copies available for distribution. The patient acknowledges that they have access to and/or received a copy of the medical center's Notice of Privacy Practices.
9. **Authorization for Communication:** Western Wisconsin Health (WWH) and its third-party vendors may contact the patient via automated telephone dialing systems, prerecorded messages, voice calls, email, and text messages on any residential or mobile phone numbers and email addresses provided, including for the purposes of appointment reminders, billing, and other healthcare-related matters. The patient understands that they may revoke this consent at any time by providing notice to WWH.
10. **Nondiscrimination:** The patient understands that care will be provided without discrimination based on race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age, or disability, consistent with Section 1557 of the Affordable Care Act. Free aids and language assistance services are available to patients with disabilities or whose primary language is not English. More information, including how to contact our Civil Rights Coordinator, is available at our facilities and on our website.

### Behavioral Health Patients ONLY:

11. **Hours of Operation:** WWH Behavioral Departments are generally open Monday through Friday from 7:30 a.m. to 4:00 p.m. WWH has providers in the Baldwin, Roberts and Spring Valley offices on various weekdays. Behavioral Health providers schedules vary; if patients

Please Place a Current Admission Sticker Here When Available

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

need to talk to their provider and it is during office hours, they need to call and leave a message with the office staff. Providers will return a patient's call as soon as they are able; this may vary depending on their clinic schedule. **If patients have an emergency after hours, call 911, Northwest Connections Crisis line at 1-888-552-6642 or proceed to your nearest emergency room.**

12. **What to expect:** Each of WWH's therapists utilize different approaches in working with clients. These approaches may include but are not limited to: Cognitive Behavioral Therapy, Person Centered, Therapy, Solution-Focused Therapy, Trauma-Based Therapy, Play Therapy, Holistic Therapy, Psychodynamic Therapy, Family Systems Therapy, Dialectical Behavioral Therapy and more. The initial appointment is utilized as a time for providers to get to know their patient and presenting concern(s), assign a temporary diagnosis and discuss plans for treatment. Following approximately 2-3 sessions, patients and their therapist will work together to formulate a treatment plan with specific goals for treatment. Expected session length is approximately 50 minutes. Length of therapy is quite variable based on client motivation, number, and severity of issues to resolve, and work efforts outside of therapy sessions. On average, many patients feel they have obtained what they were looking for in 10-25 sessions. For some it is fewer and for others it may be longer.
13. **Risks, Benefits and Alternative treatment:** Psychotherapy is a process that has both benefits and risks. However, there are no guarantees that psychotherapy will have any specific desired effect. The therapeutic success relies heavily on the participation and effort of the client.
  - Risks: experiencing uncomfortable or painful feelings such as anger, sadness, and guilt.
  - Benefits: a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, conflict resolution, symptomatic relief, and improved self-esteem.
  - Alternatives: holistic stress management, twelve step programs, peer self-help groups, bibliotherapy, support groups, etc.
14. **No-Show and 24 hour Late Cancel Policy:** WWH understands that situations occur that may cause patients to miss or late cancel a scheduled appointment. If patients fail to inform the office staff of the need to cancel the appointment, cancel with less than a 24-hour notice, or no-show WWH will send the patient a letter via MyChart or via mail informing the patient of the non-adherence to the policy. If patients late cancel/no-show to three scheduled appointments, they may be placed on "same day" scheduling and will no longer be able to schedule appointments in advance or their care may be terminated. Patients should consult with their provider if there are further questions.
15. **Notice to Parents regarding divorce or separation situations:** Behavioral Health providers are often asked to get involved in very contentious situations involving divorce or post-divorce adjustments. Providers pride themselves on being able to assist children involved in these situations by providing children with a safe, trusting environment in which to express their emotions and learn how to cope with their family's situations effectively. However, that work is all too often interfered with by the legal processes occurring while child clients are in therapy. One very typical issue

which emerges is a request by an attorney, or sometimes directly by a parent, that WWH provides them (or the Courts) with recommendations as to the best physical placement for the child. Providers are even asked, at times, to provide opinions as to the mental health and stability of the parents even though they have not been working directly with parents as their clients and have not formally evaluated them. WWH wants clients and clients' parents to understand that all providers can do in a legal situation is provide facts about the ongoing work with the child-client. Providers cannot, and will not, be providing expert opinions as to the best placement of the child or the mental stability of parents or the former spouse. Providers will not disclose to attorneys or other interested parties with such information, no matter how much pressure may be exerted upon providers to do so. The focus remains on helping the child-client. All objectivity would be lost if providers allowed themselves to become embroiled in parental conflicts, or to become a part of the legal process. The therapeutic process would be compromised if this situation were to occur. If patients have any questions about this issue, patients should discuss it with the child's provider.

16. **Grievance Procedure:** Patients have a right to file grievance(s) under DHS 94.28. WWH will adhere to the resolution procedures outlined in DHS 94.29.
17. **Information for Employees and their Families:** Providers will discuss in the first appointment with patients about what boundaries will be set regarding communication, dual relationships, etc. Working in the same building as the Behavioral Health provider may at times include a conflict of interest and providers will do their best to avoid those situations and communicate with the patient if/when they occur. Patients should speak with their provider about any further questions/concerns they may have about this topic.  
**Exceptions:** At times, unique situations occur in which the provider may need to discuss/consult further with the Behavioral Health Team and Department Chief.
18. **Court Ordered Treatment:** WWH provides court ordered treatment in the Outpatient Program. Providers will work with appropriate parties as necessary to ensure compliance.

**I have read the above and understand it, and by signing I consent to the above. Any questions that I asked, have been answered to my satisfaction.**

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| _____   |
| <b>Patient Signature</b> [OR Parent/Guardian or Legal Representative] |
| _____   |
| <b>Date / Time</b>  |
| _____   |
| Relationship to patient, if patient is unable to sign                 |

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| Please Place a Current Admission Sticker Here When Available |       |                  |
| Patient Name:  | _____ |                  |
| Date of Birth:   | _____ | Med Rec #: _____ |