

Last name: _____ First name: _____

Birthdate: _____

Mercyland Psychiatry is required by law to maintain the privacy of your medical and mental health information. All providers of services in this practice follow the same privacy rules. Whenever, a MD or other provider treats you, medical and or/mental health information is generated. This information may be written (medical record), spoken (providers discussing our health), or electronic (billing information saved on the computer).

- The law permits Mercyland Psychiatry to use or disclose health information for the following activities: treatment, payment, health care operations, communication with you, and in some cases, appointment reminders.
- Examples of permitted uses and disclosures of health information without consent include: child abuse, adult and domestic abuse, mandated clinic review, judicial or administrative proceedings, serious threat to health or safety, workers' compensation, coroners, medical examiners, and funeral directors.
- Activities that require your written permission (authorization): We must receive your written authorization to release your information for purposes outside of treatment, payment, and healthcare operations.

When you receive services for mental health, alcoholism, drug abuse or a developmental disability as an outpatient, you have the following rights under WI Statute Sec 51.61:

- Treatment Rights and Related Areas:
 - To receive prompt and adequate treatment.
 - To request restriction on uses and disclosures of your medical or mental health information.
 - To be treated in the least restrictive environment possible.
 - To be free from having unreasonable or arbitrary decisions made about you.
 - To refuse any treatment or medications because of the voluntary nature of therapy, or because your religious beliefs prohibit it.
 - To refuse to participate in any drastic treatment or experimental research.
 - To be free from unnecessary or excessive medications.
 - To be free from physical restraint except in emergencies where you pose a danger to yourself, others, or are damaging property.
- Rights of Access to Court:
 - To petition the court for review of any civil commitment proceedings that might be initiated.
 - To be considered legally competent unless determined otherwise by a court and to make your own decisions.
 - To bring legal action for damages against those who violate your rights.
- Communication and Privacy Rights:
 - To refuse to be filmed or taped without your consent.
 - To request how we may contact you.
 - To inspect and copy your mental health records, medical records, or billing information.
 - To request corrections to your mental health, medical, or billing records.

- To receive a list of certain disclosures.
- To have your treatment records and conversation kept confidential at all times (Sec 51.61 WI Stats), information being released only with your written consent, except where you represent a threat to yourself and/or others, or the records are requested by a court of law.
- The treatment professionals affiliated with Mercyland Psychiatry are mandated by law to report instances of suspected child abuse or neglect and/or elder abuse/neglect.
- To have access to your treatment records after discharge and during treatment with the approval of the medical director or his designee and to have access at all times to records of medications prescribed or any treatment you receive for physical health reasons.

- Complaints and Grievances:
 - To implement the grievance procedure explained to you by your treatment provider at any time you have a concern or believe your rights have been violated.
 - To ask for and receive a copy of the grievance procedure currently in place.
 - To contact the complaint investigator or his/her designee and file a complaint or learn more about the process.
 - Complaint investigator contact information:
 - Mercyland Psychiatry, Medical Director
 - 530 W. Main St., Suite 5
Sun Prairie, WI 53590
(608) 318-2233

 - OR

 - Wisconsin Department of Health Services – Division of Quality Assurance
 - 1 W. Wilson St.
Madison, WI 53701
(608) 266-8481

I acknowledge that I fully understand the information listed above.

Patient/Guardian Signature

Date Time