Libertas
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Bill of Rights

When you receive any type of service for behavioral care, substance use, or a developmental disability, you have the following rights under Wisconsin Statute §51.61 (1) and DHS 94 Wis. Administrative Code:

PERSONAL RIGHTS:

- You shall be treated with dignity and respect, free of any verbal, physical, emotional, sexual abuse or harassment.
- You have the right to contact a family member, representative and/or personal physician to notify them of your admission or have a staff member do so on your behalf. You may refuse to have others contacted.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You have the right to participate in religious services and social, recreational and community activities away from Libertas to the extent possible. If it is in line with treatment goals and issues of safety. [2]
- You shall not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid, with certain minor exceptions.
- If legally competent and over eighteen (18), you shall make your own decisions about things like getting married, voting, and writing a will.
- You shall not be treated differently because of your race, national origin, sex, age, religion, disability, identified gender, or sexual orientation.
- Your surroundings shall be kept safe and clean.[1]
- You shall be given the chance to exercise and go outside for fresh air regularly and frequently, except for health and security concerns.[1]

TREATMENT AND RELATED RIGHTS:

- You shall be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you, within the limits available by Libertas
- You shall be allowed to participate in the planning of your treatment and care.
- You shall be informed of your treatment and care, including alternatives and possible side effects of medications, and the possible consequences of refusing treatment.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or unless ordered by a court.
- If you have a guardian, your guardian can consent to treatment and medications on your behalf.
- You shall not be given unnecessary or excessive medication.
- You shall not be subject to electro-convulsive therapy or any drastic treatment measures, such as psychosurgery or experimental research, without your written, informed consent.
- You shall be treated in the least restrictive manner and setting necessary, to safely and appropriately meet your care and treatment needs.
- You shall not be physically restrained or placed in isolation, unless in an emergency, when it is necessary to prevent physical harm to you or to others.
- You shall be informed about your illness, course of treatment, and prognosis for recovery and to have your legally authorized representative or any other person you have authorized in writing, obtain this information as well.
- You shall be informed in writing of any costs associated with your care and treatment, which you may be financially responsible for, and you have the right to examine your bill and receive an explanation of the bill, regardless of payment source.
- You have the right to formulate Advance Directives.

COMMUNICATION AND PRIVACY RIGHTS:

- You shall be allowed to call or write to public officials, your lawyer or advocate.
- You shall not be filmed or taped unless you agree to it.
- You shall use your own money as you choose, within some limits.
- You shall send and receive private postal mail. [1]
    - Staff shall not read your mail unless you or your guardian asks them to do so.
    - Staff shall, however, check your mail for contraband and may only do so in your or your guardian's presence.
- You shall use the telephone daily[1,2]
- You shall see (or refuse to see) visitors daily.[1,2]
- You shall have privacy when using the restroom.[1,2]
- You shall wear your own clothing.[1,2]
- You shall be given the opportunity to have your clothes washed.
- You shall keep and use your own belongings unless determined to be potentially harmful to you or others.[1,2]
- You must be given a reasonable amount of secure storage space.[2]

[1] Rights generally apply to facility inpatients and in residential settings.

[2] Some of your Rights may be limited or denied for purposes of treatment and/or safety of yourself and others. Your wishes and the wishes of your guardian shall be considered. If your Rights are limited or denied, you shall be informed of the reasons why and you may request to discuss with the Libertas staff. Or you may also file a grievance if you have concerns about your Rights

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AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Bill of Rights

RECORD PRIVACY AND ACCESS LAWS:

Under Wisconsin Statute §51.30 and DHS 92, Wisconsin Administrative Code:

- Your care and treatment information shall be kept private (confidential) unless law permits disclosure.
- Your records shall not be released without your consent, unless the law specifically allows for it.
- You may request to see your records.
    - You shall be shown any records about your physical health or medications.
    - Staff may limit certain elements of your record, that you shall see while you are receiving services at Libertas. You shall be informed of the reasons for any such limits. You may challenge those reasons in the grievance process.
    - After discharge, you have the right to request your entire record.
    - If you believe something in your record is incorrect, you may challenge its accuracy. If staff does not agree to change (amend) the part of your record which you have challenged, you shall be allowed to document your own version into your record.

GRIEVANCE RESOLUTION PROCESS:

- Libertas shall inform you of your rights and how to use the grievance process.
- If you feel your rights have been violated, you may file a grievance.
- You shall not be threatened or penalized in any way for filing a grievance.
- You may, at the end of the grievance process, or any time during it, choose to take the matter to court.
- If you have a grievance, please contact any Libertas staff member or the staff can provide information as to how to schedulean appointment with the Client Rights Specialist.
- You may also communicate your concerns directly to the Wisconsin Division of Quality Assurance, PO Box 2969, Madison, WI 53701-2969. Telephone number: 608-266-8481.
- If Medicare is paying for your services, you may also request review of your medical treatment by the peer review organization called MetaStar at 2909 Landmark Place, Madison, WI 53713.

RIGHT OF ACCESS TO COURTS:

- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief, if you believe your rights have been violated.
- Involuntary patients have the right to ask a court to review to review your commitment or placement order.[1]

YOU HAVE THE RESPONSIBILITY:

- To be honest about matters that relate to you as a patient;
- To attempt to understand your substance use disorder;
- To attempt to follow the directives and advice offered by the staff;
- To know the staff who are caring for you;
- To report changes in your condition to those responsible for your care and welfare;
- To be considerate and respectful of the rights of both fellow patients and staff;
- To honor the confidentiality and privacy of other patients;
- To use the grievance procedure, if you feel your rights are being violated;
- To keep appointments and cooperate with the staff;
- To avoid making unreasonable demands;
- To follow the policies and expectations of Libertas;
- To take an active part in your rehabilitation program; and
- To take an active part in daily group therapy sessions.

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature. By electronic signature, I hereby acknowledge that I have received a copy of and understand my rights and responsibilities as a patient of Libertas.

Signature of Patient _____ Date _____ Time _____ Signature of Witness _____

Signature of Legal Representative _____ Date _____ Time _____

Staff Member Signature _____ Date/Time _____

Libertas

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

HSHS/LIBERTAS NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

HSHS/Libertas Notice of Privacy Practice describes how my health information is used and shared. I understand that HSHS/Libertas has the right to change this Notice at any time. I may obtain a current copy by contacting Patient Registration, by visiting the HSHS/Libertas website or any Libertas location as brochures are available on-site.

- ○ I agree to receive an electronic copy of HSHS/Libertas Notice of Privacy Practice, see https://www.libertastreatment.org/top-navigation/patient-privacy. By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

- ◉ I prefer to obtain a paper copy and understand I will be provided one at my upcoming visit. At that time, I understand that I will be asked to acknowledge that I have been provided a copy of the HSHS/Libertas Notice of Privacy Practice.

Patient Signature Date Time:

Legal Representative Signature Date Time Relationship to Patient

Libertas

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Patient label

Financial Responsibility

There is a fee for the services you are receiving at Libertas.

OUTPATIENT CHARGES

o Initial Assessment	$275.00
o Individual Counseling Session – 30 minutes	$125.00/session
o Individual Counseling Session – 1 hour	$250.00/session
o Adult Intensive Outpatient Program	$275.00/session
o Adult Continuing Care	$140.00/session
o Adult EIP Group	$200.00/session
o Adolescent Intensive Outpatient Program	$220.00/session
o Adolescent Continuing Care	$155.00/session
o Adolescent EIP Group	$200.00/session
o Drug Screen	$ 61.00/per test

INPATIENT CHARGES

o Medically Managed Detoxification	$1,850.00/day
o Medically Managed Treatment	$1,215.00/day
o Medically Monitored Treatment	$ 995.00/day
o Residential Treatment	$ 745.00/day
o Pharmacy & lab services as ordered by a Libertas provider	

As a patient at Libertas, please note that you will receive a HSHS St. Vincent Hospital billing statement. A copy of your insurance card(s) is required. As a courtesy to you, we will bill your insurance. If your insurance company requires pre-certification, a referral from your physician, or Employee Assistance Program referral, it will be your responsibility to obtain such information. If you have any questions about your statement, please inquire at the Libertas Business Office at 920-498-8600.

PLEASE NOTE: You are responsible for all costs not covered by insurance.
"For Marinette Outpatient Medicaid Only, the charge is $25.00 per unit. Each unit is 15 minutes."

I understand my responsibility in the payment of services offered to me. I have read the above information and agree to my responsibility as a patient at Libertas.

ASSIGNMENT OF BENEFITS: *I hereby authorize payment directly to Libertas/HSHS St. Vincent Hospital of the insurance benefits otherwise payable to me.*

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

Signature of Patient _____ Date _____ Time _____ Signature of Witness _____

Signature of Legal Representative _____ Date _____ Time _____

Printed Name of Legal Representative _____ Relationship to Patient _____

Libertas
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

NOTICE OF FEDERAL CONFIDENTIALITY REQUIREMENTS

This notice describes how medical and drug and alcohol related information about you may be used and disclosed.

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §1320d *et seq.,* 45 C.F.R. Parts 160 & 164 (See the HSHS Notice of Privacy Practice) and the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under the Confidentiality Law, Libertas may not say to a person outside of the hospital that you attend our program, nor may we disclose any information identifying you as an alcohol or drug patient, or disclose any other protected information except as permitted by federal law.

Libertas must obtain your written consent before we disclose information about you for payment purposes. Generally, we must obtain your written consent before we share your information for treatment or health care operations. However, federal law permits us to disclose information without your written consent:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit and evaluations;
3. To report a crime committed on our premises or against our staff;
4. To medical providers in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

Violation of federal laws and regulations by a program is a crime. Suspected violations may be reported to:

Libertas
Privacy Officer
1726 Shawano Avenue
Green Bay, WI 54303
(920) 433-8513

United States Attorney Office
517 E. Wisconsin Avenue
Suite 530
Milwaukee, WI 53202
(414) 297-1700
(414) 297-1088 TTY

Substance Abuse and Mental
Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(877) 726-4727
(800)487-4889 TTY

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

Signature of Patient	Date	Time	Signature of Witness
Signature of Legal Representative	Date	Time	
Print Name of Legal Representative	Relationship to Patient		

Libertas
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Patient label

INFORMED CONSENT

I understand the nature and purpose of the treatment program(s) at Libertas is to effectively evaluate and treat substance use. The clinical staff responsible for my care will include a Substance Use Counselor specifically trained in the treatment of substance use, and a provider (i.e., physician or non-physician practitioner) on Libertas's medical staff who provides oversight to all treatment programs. Inpatient services are provided by a Registered Nurse, as well as a provider from the medical staff.

The purpose of substance use treatment at Libertas is to assist the individual and family/friends in understanding and accepting the effect of substance use on their life.

The benefit of a successful treatment program means recovery from substance use and the long-term ability to remain in recovery. Often, patients also experience better physical health, improved personal relationships, a more consistent work environment, as well as more financial stability. Additional benefits can include promoting recovery thinking and lifestyle, coping with triggers, dealing with psychological and physical cravings of substance use and relapse prevention.

Treatment begins with an initial assessment and treatment planning. The level of care will be determined by the Substance Use Counselor upon conclusion of the assessment. The philosophy is consistent with evidenced-based treatment and encouragement of recovery, and other community support activities. Treatment includes individual, group and family counseling sessions including but not limited to community outings.

Alternatives to inpatient treatment include less restrictive services provided on an outpatient basis. Patient and treatment history, as well as established clinical criteria from the American Society of Addiction Medicine (ASAM), may preclude outpatient services.

Without proper treatment, I may experience deterioration in life areas such as personal relationships, finances, school, work, legal, and/or my physical health.

I may experience anxiety, frustration, and anger as possible side effects of withdrawal from substances. In cases where there is possible withdrawal, I will be assessed by the Libertas provider or may be referred elsewhere for appropriate medical attention.

One risk associated with entering a treatment center is the risk of communicable diseases. A communicable disease is the spread from one person to another or from an animal to a person. The spread happens via airborne viruses or bacteria and also through blood or other bodily fluid. Known communicable diseases are: Hepatitis, AIDS/HIV, Influenza, Chlamydia, Malaria, Cold Sores, Pink Eye, Lice, Scabies and Ring Worms. Risk is brought about by people committing risky behaviors such as, but not limited to intravenous substance use and unprotected sex. Libertas staff will take the necessary precautions to reduce exposure. Such precautions may include asking myself or someone else that may be ill, to take extra precaution(s), including but not limited to, leaving the facility, if the risk is too great of a threat to myself or others.

I understand that telemedicine services may be used as part of my care and if so, this will be explained at the time of service. I understand that telemedicine includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video or data communications.

Telemedicine services have risks, including but not limited to, poor resolution of transmitted data such as images, delays in treatment and evaluation due to equipment failure, unauthorized access by third parties during data transmission, and the inability of the physician to physically exam me. I understand I will be informed of the nature of the telemedicine visit, the potential benefits, and risks (including those identified above) of the visit.

I may, upon presentation of an executed "Release of Information" form, have the opportunity to inspect my health care records during business hours with appropriate staff present. Refer to *Patient Bill of Rights*.

I understand and consent to the use of security cameras in common areas for security purposes only. I understand that if I do not want to be recorded, my admission is voluntary, and I may leave at any time.

◯ I agree to filming ◉ I disagree to filming which means I will not be a patient at Libertas.

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Patient label

INFORMED CONSENT

I understand and acknowledge that communications transmitted via email and text message are unencrypted and are inherently unsecure, and there is no assurance of confidentiality of information communicated in this manner.

I consent to receive services at Libertas. I acknowledge that the service policies and procedures were explained to me. This Informed Consent will be effective for a period of one year. Informed Consent can be withdrawn at any time.

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

Signature of Patient	Date	Time
Signature of Parent or Legal Representative	Date	Time
Printed Name of Parent or Legal Representative	Relationship to Patient	
Provider Signature	Date	Time
Provider Printed Name		

Sexually Transmitted Infection, Communicable Disease Risk Factors, and/or Prenatal Care Coordination

Drugs and alcohol can lead to risky behaviors. This includes being exposed to the transmission of multiple diseases including HIV/AIDS, Hepatitis C, and TB.

HIV/AIDS

HIV/AIDS is a viral infection that can make a person very sick or even cause death. HIV can be transmitted through sexual contact, sharing needles to inject drugs, and mother to baby transmission during pregnancy, birth, or breastfeeding.

To protect yourself and others get tested at least once or more often if you are at risk. Use condoms during every sexual encounter. Limit your number of sex partners. Don't inject drugs, or if you do, don't share needles or syringes.

Hepatitis C

Hepatitis C is a viral infection that attacks your liver. It is spread, most commonly through the exposure to blood of an infected person by sharing contaminated needles. It is also spread by sexual contact, and mother to baby during pregnancy.

To protect yourself and others get tested, and use condoms during every sexual encounter. Don't inject drugs or, if you do, don't share needles or syringes.

Tuberculosis

TB (tuberculosis) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body. TB is spread when an infected person sneezes, speaks, or sings. The germs stay in the air for several hours.

To protect yourself and others get tested if you think you have come in contact with a person with known TB.

If you have questions or concerns about any of these communicable diseases talk to your primary care provider or Substance use provider for referral for care.

Using drugs and alcohol during Pregnancy

Using drugs and alcohol during pregnancy and lead to harm of the unborn child including premature birth, low birth weight, and behavior problems as the child gets older.

If you are or think you may be pregnant speak to your primary care physician immediately. If you do not have a primary care provider talk with substance use provider for a referral for medical care.

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COMMUNICABLE DISEASE / TUBERCULOSIS SCREENING QUESTIONNAIRE

Patient Name:

COMMUNICABLE DISEASE SCREENING

Are you experiencing any of the following symptoms?

◯Yes ◉No	1. Sore Throat
◯Yes ◉No	2. Rash / vesicles on skin
◯Yes ◉No	3. Cold sore
◯Yes ◉No	4. Fever and rash
◯Yes ◉No	5. Fever and respiratory symptoms-cough, runny nose
◯Yes ◉No	6. Drainage from eyes, ears
◯Yes ◉No	7. Skin lesion, cyst, boil
◯Yes ◉No	8. Nausea, vomiting
◯Yes ◉No	9. Diarrhea
◯Yes ◉No	10. Cough lasting more than three weeks
◯Yes ◉No	11. Swollen lymph nodes
◯Yes ◉No	12. Non healing wound
◯Yes ◉No	13. Returned from travel in another country within the last month

Have you ever been told by a physician or other health care provider that you have any of the following conditions?

◯Yes ◉No	14. Hepatitis A, B or C
◯Yes ◉No	15. Tuberculosis
◯Yes ◉No	16. HIV / AIDS

TUBERCULOSIS (TB) SCREENING

Are you experiencing any of the following symptoms?

◯Yes ◉No	17. Persistent coughing
◯Yes ◉No	18. Coughing up bloody sputum or blood
◯Yes ◉No	19. Night sweats
◯Yes ◉No	20. Unexplained fatigue
◯Yes ◉No	21. Recurring fever
◯Yes ◉No	22. Unexplained weight loss
◯Yes ◉No	23. Positive for TB – either skin test or blood test
◯Yes ◉No	24. Have you ever been told by a health care provider that you have had active TB?
◯Yes ◉No	25. Have you ever cared for or lived with anyone diagnosed with active TB?
◯Yes ◉No	26. Have you worked or volunteered in a setting where TB may be more common, e.g. homeless shelter, nursing home, group home, prison?

Depending on the responses to the above questions, the counselor reviewing this document may refer you for a follow up appointment with your physician, nurse practitioner (NP), or physician's assistant (PA).

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SEXUALLY TRANSMITTED INFECTION, COMMUNICABLE DISEASE RISK FACTORS, AND/OR PRENATAL CARE COORDINATION

- ☐ Counseling and education about HIV and Tuberculosis (TB)
- ☐ Counseling and education about Hepatitis B
- ☐ Counseling and Education about Hepatitis C
- ☐ Risk of needle sharing
- ☐ Risks of transmission to sexual partners and infants
- ☐ Steps that can be taken to ensure that HIV and TB transmission does not occur
- ☐ Referral for HIV or TB treatment services if necessary
- ☐ For pregnant women
  - ☐ Counseling on the effects of alcohol and drug use on the fetus
  - ☐ Referral for prenatal care

I, _____, understand this information is being provided to me in accordance with Federal Law 45 CFR 96.121, in response to interim substance abuse services for Pregnant Women and people who IV Drug Use. I have received information pertaining to the above from my Substance Use Therapist.

I attest that the answers I have provided above are correct and accurate to the best of my knowledge.

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

_____ _____

Patient or Guardian Signature Date

OFFICE USE ONLY	☐ Yes ☐ No I have conducted a review of the information on this form. ☐ Yes ☐ No Referral to Physician, NP, or PA
	Provider Signature: Date:

1701 Dousman Street • Green Bay, Wisconsin 54303 • P: 920-498-8600 • F: 920-496-2027
1409 Cleveland Avenue • Marinette, Wisconsin 54143 • P: 715-735-0095 • F: 715-735-0094