

## **WILLOW OAK COMMUNITY BEHAVIORAL HEALTH CENTER**

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Willow Oak Community Behavioral Health Center is committed to diversity within the delivery of treatment services. In order to accomplish this, we will not discriminate based on race, gender, spiritual beliefs, national origin, sexual orientation, socio economic status and language.

As a participant in services, you have many rights and responsibilities. Do you know what these rights are? Do you know what these responsibilities are? This information is provided to you when you enter services but if at any point you would like to speak with someone regarding your rights and responsibilities, you may speak with your provider. If you feel that your rights or the rights of another participant have been violated, contact your Individual Rights Representatives below.

### **Individual Rights Representative**

Willow Oak Community Behavioral Health Center

37 Calumet Parkway, Bldg J, Suite 101 & 102

Newnan, GA 30263

(770) 683 – 6946 phone

(770) 783 – 6949 fax

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## INDIVIDUAL RIGHTS

Willow Oak Community Behavioral Health Center is committed to diversity within the delivery of treatment services. In order to accomplish this, we will not discriminate based on race, gender, spiritual beliefs, national origin, sexual orientation, socio economic status and language.

You have the:

1. Right to a humane treatment environment that affords reasonable protection from harm, exploitation, and coercion;
2. Right to be free from physical and verbal abuse;
3. Right to be free from the use of physical restraints and seclusion unless it is determined that there are no less restrictive methods of controlling your behavior to reasonably insure the safety of individuals;
4. Right to be informed about treatment plans and to participate in the planning process;
5. Right to be promptly and fully informed of any changes in the treatment plan;
6. Right to accept or refuse treatment, unless it is determined through established authorized legal processes that you are unable to care for yourself or are dangerous to yourself;
7. Right to be fully informed of the charges for treatment;
8. Right to confidentiality of health record;
9. Rights to have and retain personal property which does not jeopardize the safety of individuals or staff and have such property treated with respect;
10. Right to converse privately, have convenient and reasonable access to telephone;
11. Right to be informed of the complaint policy and procedure and the right to submit complaints without fear of retaliation;
12. Right to present complaints, either orally or in writing, and to have complaints investigated within a reasonable period of time and resolved as appropriate;
13. Right to receive a written notice of the address and telephone number of the state licensing authority which explains the responsibilities of investigating client complaints which appear to violate licensing rules;
14. Right to obtain a copy of our most recent state licensing inspection upon request.

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## FINANCIAL EXPECTATIONS

Willow Oak Community Behavioral Health Center (WOCBHC) is committed to providing affordable but effective treatment services. Acceptance of individual responsibility for recovery includes being knowledgeable of the financial responsibilities associated with recommended treatment. Payment is expected prior to the delivery of treatment services through one of the following payment options:

### Payment Options:

Private Insurance  
Medicaid  
Medicare  
Cash  
Visa, Discover, Master Card, American Express

It is your responsibility to notify us of any changes in your insurance coverage. We are responsible for providing you with treatment based on your identified needs. As a result, we will process your insurance claim forms.

Your insurance company will make final determination once treatment is completed and the claim is submitted. Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.

I am aware past due accounts will be subject to a charge of 1.5% per month interest.

I am responsible for all collection costs incurred by the dental office and on a returned check, a fee of \$30.00.

### No Show Appointment Policy:

WOCBHC requires a minimum of 48 business hours to change, cancel or reschedule an appointment, with exception to specific individual circumstances. You may be charged a missed appointment fee if you fail to cancel or reschedule your appointment.

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## INDIVIDUAL RESPONSIBILITIES

On behalf of the employees at Willow Oak Community Behavioral Health enter, we congratulate on taking this first step towards a lifetime of recovery and resiliency. We are honored you have chosen us to assist you along this path.

We want to help you but you will be expected to be an active participant in your treatment. Active participation is demonstrated by adhering to the expectations indicated below.

### **Expectations:**

1. You are responsible for attending every group on time. If you will be unable to attend sessions, please notify the office a minimum of 24 hours in advance to not incur a bill for services. Failure to call will result in a no show charge based on your pre-arranged ability to pay.
2. You are responsible for paying for services at our center at each session. Proof of treatment completion will not be provided unless your bill is paid in full.
3. You are responsible for dressing appropriately and comfortably for treatment sessions. No attire displaying alcohol/drug related logos, clothing, trademarks, sayings will be allowed. No hats or any head gear will be worn inside the building unless for pre-disclosed religious purposes.
4. You are responsible for identifying whom can and cannot participate in treatment with you. This authorization must be documented and in your clinical record.
5. While smoking is discouraged, you are responsible for only smoking in the areas allocated outside of the office.
6. You are expected to treat others with respect. This means you are responsible for not making threats, cyber-bullying, or demonstrating emotional/verbal/physical aggression to others.
7. You are expected to treat recovery as a priority and not engage in romantic and/or sexual pairings with other individuals in care at Willow Oak.
8. You are responsible for maintaining the privacy and confidentiality of all group members. Everything that is discussed in groups is CONFIDENTIAL. Your participation in this program is confidential. You may be asked to grant authorization for communication with other service providers in order to ensure continuity of care.

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9. You are expected to attend all scheduled court appearances and any other legal proceedings. These appearances may be discussed with counselors and the treatment team in advance.
10. You are responsible for not bringing the following to treatment sessions:
  - a. Legal & illegal drugs, alcohol, e-cigarettes
  - b. Weapons
11. You are responsible for submitting to random urine drug screens. When you are asked to provide a urine sample, it is expected that you will do so within one hour unless there is a verified medical reason or it will be counted as a dirty urine screen. In addition you will be screened for the use of alcohol.