



CRUZ CLINIC

**PSYCHIATRIC AND
PSYCHOLOGICAL CARE**

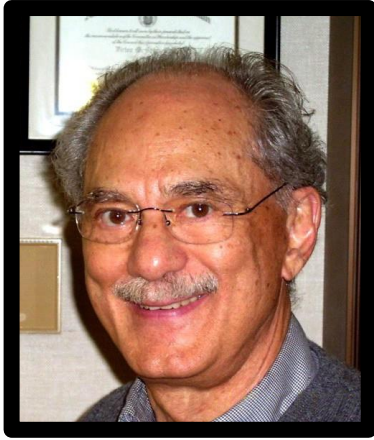
**IMPORTANT
INFORMATION
FOR PATIENTS**

**Office Hours:
Monday-Thursday: 8am-9pm
Friday: 8:00am-4:00pm Saturday: 8:00am-2:00pm
Phone: (734) 462-3210**

www.cruzclinic.com

**OUR GOAL . . . YOUR
PEACE OF MIND**

WELCOME TO CRUZ CLINIC



Victor M. Cruz, M.D.
Medical Director

We welcome you as a patient of Cruz Clinic. This pamphlet has been prepared to provide you with important information regarding our program. If you have questions after reading the pamphlet, please discuss them with a member of the staff.

Our Mission:

To provide accessible, comprehensive, affordable, cost-effective, quality, mental health, and substance abuse diagnostic and treatment services in a professional and compassionate manner through a systematic approach to patients who seek treatment because their thoughts, feelings and/or behaviors are causing problems for themselves and/or others.

To help patients identify problems, find resolutions, increase personal comfort, improve their quality of life, make healthier lifestyle choices, improve coping skills, and maximize their independent and human potential.

Staff & Services:

Cruz Clinic has an interdisciplinary clinical staff of licensed, certified, and credentialed Psychiatrists, PA's (Physician Assistants), Nurse Practitioners, Psychologists and Clinical Social Workers. We are committed to providing quality care to children, adolescents, adults, and families. Your concerns and suggestions are valuable to us. If you have any questions or are in anyway dissatisfied with Cruz Clinic, please contact the Administrator at (734) 462-3210.

Appointments:

Your appointment time at Cruz Clinic has been reserved specifically for you. We ask that you be prompt for all appointments. ***If you cannot keep an appointment, please give us 24 hours notice or you will be charged a late cancellation fee.*** Health insurance companies do not pay this fee and **you will be responsible** for this charge. If an emergency arises, please call your therapist. We do our utmost to respond promptly to emergencies. After office hours, a 24 hour, 7 day a week answering service will contact your therapist for you.

First Session:

The first session will be to gather information about you and your situation. During this visit, a determination will be made about how Cruz Clinic may be of assistance to you.

Payment of Fees:

Payment of fees are due at time of service. If you are unable to maintain regular payments, please discuss this with the Administrator. For your convenience we accept cash, personal checks, Visa, Master Card and American Express.

We are happy to work with you on insurance matters. We verify your insurance coverage and determine, when possible, any out of pocket fees you will be responsible for. Please note that our usual and customary fees may differ from amounts reimbursed by your insurance. Any difference is payable by you unless other arrangements have been made. If you are insured by more than one insurance carrier; we will coordinate your benefits.

In the case of a child whose parents are divorced, only the parent who has legal custody may make arrangements for services for that child. The parent is also responsible for payment of services provided to the child.

Additional Information:

- Arrive on time for all appointments.
- Check in with the Receptionist when you arrive.
- Notify us of any changes to your insurance, address, or phone number.
- Notify us if you are no longer considered a dependent on your parents' insurance plan.
- Tell us if your messages are not being returned within 24 hours.

Confidentiality:

We safeguard your personal information shared with us. The only individuals with access to our files are clinical staff members providing direct services to you and clerical personnel well versed in confidentiality matters. If there is a reason to share information about you with someone else, you will be contacted first and asked to sign a form authorizing the release of information. You may revoke your permission in writing at any time.

There are certain instances where we are legally or otherwise obligated to release information to others without your specific, written consent.

These are as follows:

1. If you use health insurance or government funding to pay for our services.
2. For billing your insurance company for your services.
3. Formal court orders to release information.
4. If you threaten to harm either yourself or others.
5. If we have reason to believe you are being abused or if we suspect child abuse or neglect.
6. If it is determined that you or your dependent has any communicable disease.
7. If we are required to release information to accrediting, regulatory and /or licensing bodies to aid them in determining the quality of care being provided.
8. For use in activities concerning the monitoring and evaluation of quality of care being provided at Cruz Clinic.
9. For internal education and research programs.

A patient may be discharged or dismissed from treatment if:

We cannot provide services in manner that is professional and ethical. The patient fails to maintain contact with Cruz Clinic for 30 days, unless special arrangements have been made.

The patient fails to comply with the provisions in the Consent to Service and/or Clinic rules.

The patient is using the program to manipulate a third party such as, but not limited to, an employer, third-party payer, probation officer, or spouse.

The patient demonstrates inappropriate behavior relative to self, staff or other patients that is disruptive to the therapeutic process and /or any aspect of Cruz Clinic.

The patient uses illegal substances or alcohol on the premises of Cruz Clinic or the building in which it is housed, or comes to an appointment "under the influence" of such substances.

The patient violates the confidentiality of another patient.

Appeal of a Dismissal from Treatment:

A patient has the right to appeal a dismissal from treatment at Cruz Clinic by making this appeal in writing to the Administrator of Cruz Clinic.

Your Rights and Responsibilities:

You are entitled to:

1. All civil rights guaranteed by State and Federal law, including but not limited to, not being denied appropriate care on the basis of race, religion, creed, color, national origin, political beliefs, ethnicity, sex, age, physical disability, marital status, sexual preference, or source of payment.
2. The right to know who is responsible for and who is providing your direct care, to receive information concerning your continuing care needs and alternatives for meeting those needs, and to be involved in discharge planning if appropriate.
3. The right to privacy, to be treated with consideration, respect, dignity and recognition of your individuality.
4. The right to receive support for your psychological, social, emotional, and spiritual needs, and respect for your values, religion and philosophy.
5. The right to receive adequate and appropriate care based on your condition regardless of the source of payment.

6. The right to receive information about your condition, the proposed course of treatment and prospects for recovery in terms that you can understand. Any contraindication needs to be documented in the your clinical record.
7. The responsibility to advise Cruz Clinic, or a member of it's staff, regarding information you do not understand or about which you need additional information.
8. The right to inspect, or to obtain a copy or summary of your record for a reasonable fee, unless your therapist, the psychiatrist, the Administrator, or Chief Executive Officer recommends otherwise.
9. The right to confidential treatment of personal and clinical records, including the right to refuse their release to persons outside Cruz Clinic except as explained in the "Information for Patients" brochure.
10. The right to refuse to be a part of any human subject research project without jeopardizing continuing care.
11. The right to participate in the development of your plan of treatment.
12. The right to request a referral to another clinic, agency or organization.
13. The right to be free from performing activities that are not included for therapeutic purposes in the plan of treatment.
14. The responsibility to provide clear and accurate information of the treatment plan being developed.
15. The right to an investigation of complaints and grievances and to suggest program changes in writing.
16. The right to have information regarding the initiation, review and resolutions of complaints and grievances.
17. The right to refuse our services and be informed of the consequences of refusal.
18. The responsibility to comply with the rules of the program and the provisions of consents and agreements that you, or your legal guardian has signed.
19. The right to request a review of your treatment plan by our staff.
20. The right to know when a violation of program rules could lead to dismissal.

21. The responsibility to provide the program with information regarding any use of your health insurance during the current contact year.
22. The right to know how much our services cost and how much you are responsible for;
23. The responsibility to pay for services provided.
24. The right to receive an explanation of benefits of your bill regardless of the source of payment.
25. The right to know about the risks, side effects and benefits of any medications prescribed to you.
26. The responsibility to sign forms for the release of confidential information when it is in your best interest to do so.
27. The right to not be discriminated against based on race, national origin, age, gender identity, sexual orientation, and disability.

Notice Regarding your Rights:

If you think your rights have been violated, please discuss this with the Cruz Clinic Administrator, who is the Recipient Rights Advisor.



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