

Helios Psychiatry & Counseling
Notice of Privacy Policies and Practices

The following notice describes how your medical information may be used and made known, and how you can get access to this information. Please review the information carefully. Helios maintains HIPAA compliance.

- Your private healthcare information may be released to other healthcare professionals within Helios Psychiatry and Counseling for the purpose of providing appropriate care.
- Your private healthcare information may be released to your insurance company for the purpose of Helios Psychiatry and Counseling receiving payment for providing you with needed healthcare services.
- Your private healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your private healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your private healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or problematic event to a biological product (food or medication).
- Your private healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your private healthcare information may be shared with your PCP for coordination of care.
- Covered entities & business associates may be able to access your private healthcare information.
- With exception of the above, your private healthcare information may be released only after receiving written permission from you. You may withdraw your permission to release private healthcare information at any time.
- You may be contacted by Helios Psychiatry and Counseling to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- Helios Psychiatry & Counseling may order blood work and/or urine drug screenings to ensure we are providing the most complete care possible. Refusal to comply may result in discontinuation of services.
- You have the right to limit the use of your private healthcare information. However, the agency may choose to refuse your limitation if it is in conflict with providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive private communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
 - Preferred method requested may be subject to Medical Record charges. Please see Helios Psychiatry & Counseling Patient Financial Responsibilities.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your private healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Helios Psychiatry and Counseling is required by law to protect the privacy of its patients. It will keep private any and all patient healthcare information and will provide patients with a list of duties or practices that protect private healthcare information.
- Helios uses [Doxy.me](#), Doximity and Google Meet for telehealth appointments, all of which are a secure telemedicine virtual platform that is HIPAA compliant.
- Patients utilizing telehealth services must ensure they are in a safe, private location & have a secure WIFI connection. If you are in your vehicle, the vehicle must remain in park for the duration of the session.
- Helios Psychiatry and Counseling will abide by the terms of this notice. The agency reserves the rights to make changes to this notice and continue to maintain the privacy of all healthcare information.
- You have the right to complain to the agency if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to Helios Psychiatry and Counseling:

Helios Psychiatry and Counseling
ATTN: Office Manager
30472 23 Mile Road, Chesterfield, MI 48047

**All complaints will be investigated. No personal issue will be raised for filing a complaint with the agency. For further information about this Privacy Notice, please call us at 586-863-4000.

Helios Psychiatry & Counseling Code of Conduct for Patients

To provide a safe and healthy environment for staff, visitors, patients and their families, Helios Psychiatry and Counseling expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

As a patient visiting our practice, please consider the following:

- Treat staff & fellow patients with dignity and respect
- Bring grievances or concerns regarding services or care directly to our management team
- Arrive on time to any appointments
- Utilize appointment time appropriately
- Follow Helios Psychiatry & Counseling cancellation policy
- Questions about your billing can be addressed first with our Reception staff, and then with a Billing Support Specialist
- High balances will be investigated. Unless an agreed upon payment plan is set up and adhered to, there may be a disruption of services if the amount reaches \$300 or more.
- Our practice follows a zero-tolerance policy for aggressive behavior directed by patients against our staff.
- Please be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff, please put your devices away. Set the ringer to vibrate before storing away.
- Recording of any kind, including but not limited to audio, video, or photos, is not allowed anywhere in the clinic unless a provider gives explicit permission for a specific part of your own visit. This policy also extends to anyone accompanying Helios patients whether they attend the session or remain in the waiting areas. Violation of this policy may result in discharge from the practice and banning from company property.
- Minors are expected to be supervised at all times by parent/guardian.
- Helios does accommodate trained service animals only in accordance with ADA.
 - Helios requests appropriate documentation prior to bringing in a service animal.
 - Please speak to our administrative team regarding a Helios Service Animal Contract, if applicable under ADA guidelines
 - Emotional Support animals are not permitted.

The following behaviors are prohibited & can lead to discharge from the clinic:

- Bringing firearms or any weapon onto any Helios properties
- Intimidating or harassing staff or other patients
- Making threats of violence through phone calls, letters, voicemail, email or other forms of written, verbal or electronic communication
- Physically assaulting or threatening to inflict bodily harm to another person or property
- Making verbal threats to harm another individual or destroy property
- Making racial or cultural slurs or other derogatory remarks

If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

Revised 2026.3.27

Client Bill of Rights

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age or disability. The personal dignity of each client is recognized and respected in all care or treatment provided.
- Each client has the right to accept or refuse all or part of his/her care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by designating release of information, and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right and expectation to participate in the development of treatment plan and implementation.
- An individualized treatment which includes:
 - Personalized treatment goals
 - Services provided in the least restrictive environment possible, related to the patient's level of care needs
 - Definition of clinical services to be offered
 - Treatment plans will be reviewed periodically or as needed
- The client has the right to request referrals for services not offered through Helios or to support the discharge process.
- The client will be informed of his/her rights in a language they can understand.
- Each client has the right to refuse to participate in any research projects without compromising their access to the organization's resources.
- Each client has the right to be notified of any/all costs of services rendered, the source of the organization's reimbursement, and any limitations placed on duration of services.
- Patients have the right to report grievances and concerns to management staff.

Recipients have rights protected by state and federal law and promulgated rules. For information contact:

Helios Psychiatry and Counseling

Office Manager
30472 23 Mile Road
Chesterfield, MI 48047

HELIOS PSYCHIATRY & COUNSELING PATIENT FINANCIAL RESPONSIBILITIES

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with a billing support specialist. We provide the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- It is the patient's responsibility to contact their insurance carrier to review and confirm coverage for behavioral health services. Staff will work with patients on obtaining authorizations for select insurance carriers. A quote of benefits is not a guarantee of benefits or payment. Helios Tax ID# 46-2781294.
- Helios Psychiatry & Counseling requires that any known patient responsibility, such as insurance co-payments, be paid at the time of service unless alternative financial arrangements have been established in advance. In instances where the exact patient responsibility is not immediately determinable, the remaining balance will become due upon receipt of the Explanation of Benefits (EOB) from your insurance provider. Any credit can be applied to future services. All accounts sent to collections are subject to the following additional fees: Amounts under \$1000 will incur a \$50 fee. Amounts over \$1000 will incur a \$100 fee.
- Please note, most insurances will not cover two behavioral health sessions in the same day. Helios policy states no more than one service can be scheduled per day for an individual patient.
- Helios offers a cash payment option if you do not have insurance or do not want to utilize your insurance to cover services. If CASH paying, you must fill out a Cash Waiver Form which can be sent to you upon request. Please contact our Intake Department.
- For patients who have had bankruptcy cases submitted or approved, it is at the sole discretion of Helios Psychiatry & Counseling to decide if the patient may continue with their current treatment or re-enter care at a later date.
- For any forms to be completed by a Helios Psychiatry & Counseling provider, please allow at least 5-7 business days for forms to be completed, and additional time if they need to be returned via mail. Please ensure that all patient information is complete including insurance information. Fees will be assessed as follows:

1 to 2-page form: \$30

3 or more pages: \$60

- Medical records request – Paper copies will be charged as follows:
 - Initial Fee \$26.74
 - Per page (1-20) \$ 1.34
 - Per Page (21-50) \$ 0.67
 - Per Page (51+) \$ 0.27
 - Medical Statement Questionnaire form \$30.00
- Payment must be received in advance.
- Active Balance Policy: We will not schedule patients who carry a balance larger than \$300, unless a payment plan has been set up with our Patient Support Specialist and is being adhered to. Payments must be made in a timely manner.
- If a patient has an outstanding balance and makes a payment, the payment will be applied to the oldest outstanding balance.

***Patients may incur a \$75 fee for a no show or late cancellation, which is less than 48 hour's notice prior to the scheduled appointment start time.

Helios Psychiatry & Counseling Discharge Policy

- Helios Psychiatry & Counseling reserves the right to discharge any client who does not comply with practice policies and procedures.
- Helios Psychiatry & Counseling reserves the right to discharge any client who is not committed to and/or neglects personal responsibility in achieving mutually determined treatment goals.
- Discharge due to No-Call-No Show (NCNS)/Late Cancellations
 - A late cancellation is defined as any cancellation within 48 hours of the start of the appointment time. It is at the discretion of the provider to determine whether or not circumstances warrant an excused NCNS or cancellation.
 - Three unexcused no call no shows or late cancellations within a service line in a 6-month period may result in discharge from the practice and/or that designated service line.
 - All unexcused NCNS or late cancellations are subject to a cancellation fee. After 3 NCNS or late cancellations, all late fees must be paid prior to scheduling further appointments.
- A client who has an outstanding balance for 3 months or more, with the exception of having made incremental payments or maintaining compliance with a payment plan, is subject to being sent to collections as well as discharge from Helios Psychiatry & Counseling.
- Clients who have been sent to collections more than once may not be eligible to restart services with Helios Psychiatry & Counseling.



Any client discharged from Helios Psychiatry & Counseling, either partially or fully, has the option to contact front desk staff for other local provider information. Despite being discharged from therapeutic or medication management services at Helios, we sincerely wish for your continued success in your mental health journey.

Patient Name: _____

Signer Name: _____

Signature: _____ **Date Signed:** _____



Provider Name: To be scheduled

Clinic Group NPI#: 1447672944

Provider Phone #: (586)863-4000

Clinic Tax ID#: 462781294

Good Faith Estimate

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychiatric services provided to you. While it is not possible for a provider to know, in advance, how many psychiatric sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychiatric sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychiatric visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your provider. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

The fee for an outpatient psychiatric visit (in-person or via telehealth) is \$310.00 and for the evaluation and \$210.00 for follow-up sessions. The fee for a therapy evaluation (in-person or via telehealth) is \$260.00 and \$250.00 for follow-up sessions. Most patients will attend one visit per month, but the frequency of psychiatric visits that are appropriate in your case may be more or less than once per month, depending upon your needs. Based upon a fee of \$210.00 per visit, if you attend one visit per month after your evaluation, your estimated charge would be \$2520.00 for twelve visits provided over the course of one year. If you attend medication management for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Print Patient’s full name: _____ DOB: _____

Patient or Legal Guardian Signature:

_____ Date Signed: _____

