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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-00380 (06/2024) | **STATE OF WISCONSIN**Page 1 of 2 |
| **MENTAL HEALTH OR SUBSTANCE USE TREATMENT PROVIDER****CLOSING CERTIFICATION** |
| This form is intended to assist Behavioral Health, Substance Use and Mental Health certified providers under the authority of Wisconsin Administrative Codes, to withdraw from certification and be compliant with Wisconsin State Statutes for the protection of consumer (patient) rights and treatment records.Chapter 51, Wis. Stats, and DHS Chapter 94, Wis. Admin. Code, mandate a consumer’s right to continuity of care in the least restrictive setting available and establishes confidentiality requirements for care and treatment records. Chapter 51 and DHS 92 set requirements for maintenance and access to treatment records. If a clinic decides to withdraw or terminate certification or disband, provision must be taken in a timely manner for consumers to receive notification and counseling for transfer or referral to appropriate alternate care. Chapter 51 sets penalties for each instance of violation.**RESOURCES** Questions on patient rights may be directed to the DHS, Office of Client Rights at:[www.dhs.wisconsin.gov/clientrights/](http://www.dhs.wisconsin.gov/clientrights/)To subscribe (or cancel your subscription) to email notices from DMHSAS and DQA, go to:[www.dhs.wisconsin.gov/aboutdhs/alerts](http://www.dhs.wisconsin.gov/aboutdhs/alerts)Further assistance, including a **checklist of best practice steps for closing a certified clinic** and a list of applicable statutory and administrative code references, is available via e-mail through your surveyor or at:DHSDQAMentalHealthAODA@dhs.wisconsin.gov**INSTRUCTIONS**Complete applicable items and mail this form to: DHS/Division of Quality AssuranceBehavioral Health Certification SectionPO Box 2969Madison, WI 53701-2969 |
| Name – Clinic      | Certificate Number      |
| Name – Entity/Owner/Administrator      |
| Address – Street      | City      | State    | ZIP Code      |
| Email Address      | Telephone Number      |
| ***The clinic voluntarily withdraws the certification from the Department of Health Services’, Division of Quality Assurance on the effective date indicated below:*** |
|  | Termination Effective Date      |  |
| **SIGNATURE** – Agency Designee  | Date Signed      | Name - Agency Designee *(Print or type)*      |
| The clinic will remain open without State certification: [ ]  Yes [ ]  No  |

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| **IMPORTANT CLINIC RESPONSIBILITIES** **Client Rights**Clinics remain responsible for protecting the rights of their consumers and safeguarding the confidentiality of the treatment records.There are penalties for failure to follow state statutes, administrative rules, and standards of practice. These rights include:**Informed Consent**The clinic shall inform its clients/patients of the change in clinic status and of any changes in the cost of care or practices ofclinical care, including complaint resolution procedures. Documentation shall be recorded in the case record.**Continuity of Care**The clinic shall provide access to continued care in a new clinic or consultation and referral to an alternative provider. Referralsshall be individualized to the least restrictive setting appropriate to the client. Discharge summaries or documentation of clinicaltransition shall be completed when warranted and entered into the treatment record.**Grievance Procedures**The clinic shall notify, in writing, each patient to whom the professional provides services of the procedures to follow to resolve agrievance.**The Maintenance and Confidentiality of Each Patient’s Treatment Record**The treatment records belong to the certified clinic, not its clinical practitioners nor its clients. The entity/owner of the certifiedclinic is responsible for safeguarding the patient treatment record. This includes:1. Arranging for secure storage with procedures for confidential access to treatment records for the period specified in DHS 92.12 (typically 7 years) and for the eventual destruction of treatment records; and
2. Establishing a consent process to access any patient’s treatment record and for release to any subsequent entity or provider (including former clinic practitioners).

**Record Storage** Identify where existing client treatment records will be stored and may be accessed.  |
| 1.  | Name – Contact Person |       |
| 2. | Address |       |
| 3. | Telephone Number  |       |
| 4. | Other Descriptive Information |       |