

# **Family & Children's Counseling Services**

## **Family/Mental Health Program**

### **Client Rights and Responsibilities**

#### Welcome

Family & Children's Counseling Services is available to help you. We look forward to our mutual participation and cooperation in the counseling process. Each of us has certain obligations. These obligations are outlined below.

#### General

Access to our treatment services is free of discrimination by race, religion, sex, ethnicity, sexual orientation, national origin, age or disability. The agency recognizes and respects the personal dignity of each client. Your counseling sessions may be observed by or discussed with other clinical staff for the purpose of supervision, staff development, and to guide treatment planning and service provision for your care. Services are planned to meet individual needs.

#### Visits

When you visit the clinic, please register with the receptionist as soon as you arrive. We ask that you be on time for your appointment. Your counselor will not keep you waiting unless an emergency occurs. Your scheduled counseling sessions are times that have been especially reserved for you. If you do not come in as scheduled, it deprives others of this time and also increases our cost of providing services. Therefore, we ask for your cooperation in letting us know in advance of any appointment you will be unable to keep. Regular attendance is essential to derive the maximum benefit from your counseling.

#### Program Rules

Participation in your Counseling Program is voluntary and may be discontinued at any time at your request. While involved in the program, clients are expected to adhere to the following rules:

- (1) Be available to meet with your counselor as indicated in your treatment recommendations
- (2) Parents/legal guardians are expected to accompany the youth to scheduled counseling sessions and remain on agency premises during the counseling session
- (3) Notify counselor in advance to change or reschedule an appointment
- (4) Be free from the influence of alcohol and drugs while meeting with a counselor
- (5) While meeting with a counselor, follow socially acceptable behavior as defined by your counselor
- (6) Notify the billing office with any changes to your insurance coverage or income

#### Fees and Payment

Your health insurance may pay for counseling sessions you attend. Be sure to let our office know about any health insurance coverage you have. The standard fee is \$140.00 per visit. The fee is based on our actual cost of providing services. For clients without insurance, the per visit charge may be reduced from \$140.00 by a sliding scale schedule which considers a client's income, resources, and number of dependents. The sliding scale fee never exceeds \$140.00 per visit. Payment is due at each visit. No one is expected to pay more than can be afforded. No one is ever denied service because of the inability to pay.

#### Client Rights

Each person served by our agency has the following rights:

- (1) The right to an individually designed plan of treatment services and to participate to the fullest extent

- consistent with an individual's capacity in the establishment and revision of that plan.
- (2) The right to a full explanation of the services provided in accordance with his or her treatment plan.
  - (3) Participation is voluntary and every patient is presumed to have the capacity to consent to such treatment. The right to participate voluntarily in and to consent to treatment is limited only to the extent that:
    - (i) section 330.20 of the Criminal Procedure Law and Part 541 of the Title provides for court-ordered receipt of outpatient services;
    - (ii) article 81 of the Mental Hygiene Law provides for the surrogate consent of a court-appointed guardian for personal needs; or
    - (iii) section 33.21 of the Mental Hygiene Law provides for the surrogate consent of a parent or guardian of a minor, or
    - (iv) a patient engages in conduct which poses a risk of physical harm to himself or others.
  - (4) While a patient's full participation in treatment is a central goal, a patient's objection to his or her treatment plan, or disagreement with any portion thereof, does not, in and of itself, result in the patient's termination from the program unless such objection renders the patient's continued participation in the program clinically inappropriate or would endanger the safety of the patient or others.
  - (5) The confidentiality of a patient's clinical records is maintained in accordance with section 33.13 of the Mental Hygiene Law.
  - (6) Patients are assured access to their clinical records consistent with section 33.16 of the mental Hygiene Law.
  - (7) The right to receive clinically appropriate care and treatment that is suited to their needs and skillfully, safely and humanely administered with full respect for their dignity and personal integrity.
  - (8) The right to receive services in such a manner as to assure non-discrimination.
  - (9) The right to be treated in a way which acknowledges and respects their cultural environment.
  - (10) The right to a maximum amount of privacy consistent with the effective delivery of services.
  - (11) The right to freedom from abuse and mistreatment by employees.
  - (12) The right to grieve any program policies and procedures, and to initiate any question, complaint or objection accordingly.
  - (13) The right to access his or her record in accordance with the Health Insurance Portability and Accountability Act and with section 33.13 of the Mental Hygiene Law.
  - (14) You have the right to receive a copy of the Family & Children's Counseling Services Notice of Privacy Practices.

Complaints may also be registered with any one of the following groups: Family & Children's Counseling Services: Executive Director, the Director of Community Services, 7 Clayton Avenue, Cortland, NY 13045, 607-758-6100; NYS Justice Center for the Protection of People with Special Needs: (Vulnerable Persons Central Register Hotline 1- 855-373-2122); NYS Regional Office of the Protection & Advocacy for Persons with Disabilities: Legal Services of Central NY, Inc, The Empire Bldg, 472 South Salina St, Suite 300, Syracuse, NY 13202 (866)475-9967 or (315) 475-3127; NYS OMH CNY Field Office, 545 Cedar Street, Syracuse, NY 13210 (315) 426-3930; Alliance on Mental Illness of NYS, 260 Washington Avenue, 2nd Floor, Albany, NY 12210: (518) 462-2000 Or (800) 950-3228 (NY Only)

If you need to speak to someone when the agency is closed and it is an emergency, please call the Cortland Regional Medical Center at (607) 756-3771.

#### Electronic Communication

Family & Children's Counseling staff will not respond to client email or other electronic communication.

#### Confidentiality

The confidentiality of patient records maintained by this program adheres to all rules and regulations of the Office of Mental Health regarding client confidentiality and case records and if you are receiving alcohol or drug treatment services, the Confidentiality Law, 42 U.S.C. § 290dd-2 C.F.R. Part 2 also applies. The confidentiality of client records maintained by this program also adheres to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (see 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164). Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported

to the FCS Privacy Officer by filling out a privacy complaint form in the district where the violation occurs. FCS may not disclose information to any outside person or agency that would identify any individual as a patient **unless**:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program; OR
- (5) Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Acknowledgement**

I have reviewed and understand the Client's Rights and Responsibilities of Family & Children's Counseling Services' Outpatient Mental Health Clinic.

Signature/Date/Time

---