

REMINDERS

- ✓ **COMPLIANCE WITH TREATMENT AND REGULAR ATTENDANCE FOR SCHEDULED APPOINTMENTS IS REQUIRED. IT IS A NECESSARY PART OF YOUR PARTICIPATION AND COMMITMENT IN YOUR MENTAL HEALTH TREATMENT IN THE CLINIC.**
- ✓ **APPOINTMENT CANCELATIONS - IF IT IS NECESSARY FOR YOU TO CANCEL AN APPOINTMENT, AT LEAST 24-HOURS ADVANCED NOTICE IS REQUIRED.**
- ✓ **INSURANCE / CO-PAY RESPONSIBILITIES**
IF YOUR INSURANCE REQUIRES ADVANCE AUTHORIZATIONS, IT IS YOUR RESPONSIBILITY TO ENSURE THEY ARE OBTAINED BEFORE SERVICES ARE PROVIDED. CO-PAY FEES ARE DUE AT THE TIME OF EACH SERVICE OR MAY RESULT IN YOUR APPOINTMENT BEING RESCHEDULED.
- ✓ **GROUP THERAPY IS A MANDATORY SERVICE WHEN CLINICALLY INDICATED.**
- ✓ **PHYSICAL HEALTH / WELLNESS SERVICES ARE INCORPORATED AS PART OF YOUR CLINIC TREATMENT AS NECESSARY.**
- ✓ **CURRENT MEDICATIONS - IN ORDER TO PROVIDE QUALITY MEDICATION MONITORING SERVICES, CLIENTS ARE REQUIRED TO PROVIDE INFORMATION ON ALL MEDICATIONS THEY ARE TAKING AND ANY MEDICATION CHANGES/ADDITIONS THAT OCCUR THROUGHOUT TREATMENT.**
- ✓ **NON-SMOKING POLICY – THE NIAGARA COUNTY LEGISLATURE PROHIBITS ALL SMOKING WITHIN 50 FEET OF ANY NIAGARA COUNTY BUILDING OR STRUCTURE TO PROMOTE YOUR SAFETY AND HEALTH.**
- ✓ **CLINIC SAFETY – FOR BOTH CLIENT AND STAFF SAFETY THERE ARE NO WEAPONS, ILLEGAL SUBSTANCES/DRUGS, OR ALCOHOL PERMITTED IN THE CLINICS.**
- ✓ **AFTER HOURS CRISIS COVERAGE – IF YOU NEED TO SPEAK TO SOMEONE AFTER HOURS, CRISIS COVERAGE IS AVAILABLE 24 HRS A DAY / 7 DAYS A WEEK, THROUGH OUR CRISIS SERVICES AT 285-3515.**
- ✓ **TOXICOLOGY TESTING – CLINIC CLIENTS WILL BE REQUIRED TO COMPLETE TOXICOLOGY TESTING AS PART OF CLINIC TREATMENT AS CLINICALLY NECESSARY.**
- ✓ **RECORDING A SESSION AND/OR INTERACTIONS VIA AUDIO OR VIDEO TECHNOLOGY BY THE CLIENT OR BY THE STAFF MEMBER IS PROHIBITED.**

**NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES**

Niagara County Counseling and Wellness Services

**CLIENT RIGHTS AND RESPONSIBILITIES
AND
STATEMENT OF VOLUNTARY PARTICIPATION
AND
STATEMENT OF INTEGRATED SERVICES IN CLINIC**

STATEMENT OF VOLUNTARY PARTICIPATION:

All clients who ask for services at the Niagara County Counseling and Wellness Services are doing so voluntarily. Niagara County Counseling and Wellness Services cannot and does not force anyone to enter treatment or to stay in treatment. All clients may leave treatment at any time. Certain other agencies, such as Probation, Parole, Drug Court and Child Protective Services may sometimes tell an individual that they should attend treatment in order to avoid a situation the individual does not want such as returning to jail or having one's children placed in foster care; or to obtain something the individual does want such as to have one's children returned to them. However, it is very important to remember that **you are choosing to ask for treatment** services at this time in your life. The right to participate voluntarily and to consent to treatment shall be limited only to the extent that: (i) Clients are court ordered to participate, (ii) Article 81 of Mental Hygiene Law provides for the surrogate consent of a court appointed conservator, (iii) Clients engage in conduct that poses a risk of physical harm to themselves or others, and (iv) a client is enrolled in an assisted outpatient treatment (AOT) program established pursuant to section 9.60 of the Mental Hygiene Law.

STATEMENT OF INTEGRATED SERVICES IN THE CLINIC:

Niagara County Counseling and Wellness Services provide integrated services in the clinics. Services are provided to meet an individuals whole health. Services may include treatment for mental health, substance use, and physical health needs. Clinic staff work together as a team to provide comprehensive care to best meet all the needs of an individual in clinic treatment. As the clinic staff operate as an integrated treatment team they have access to, may provide services to, and may provide consultation in all clinic cases, as deemed appropriate and necessary. All clinic staff are bound by confidentiality requirements. Though you may not require each type of service at this time the integrated care team approach in the clinic will still be in effect.

CLIENT'S RIGHTS:

While in treatment at the Niagara County Counseling and Wellness Services, you have the following rights:

1. To receive services without regard to race, gender, creed, color, religion, sexual preference, physical or mental disability, national origin, HIV/AIDS status, pregnancy, history of contact with the criminal justice system, or lack of cooperation by significant others in your treatment. Clients have the right to receive services in a manner as to assure non-discrimination.
2. To receive clinically appropriate care and treatment that is suited to your needs. Care should be skillfully, safely and humanely administered with full respect and consideration for your dignity and personal integrity.
3. To be treated in a way which acknowledges and respects your cultural environment.
4. To have all information in the possession of the agency maintained confidentially in accordance with Section 33.13 of the Mental Hygiene Law, and/or Federal Law 42CFR-Part II, and/or the Federal Health Insurance Portability and Accountability Act (HIPAA), whichever is more stringent.
5. To have a maximum amount of privacy consistent with the effective delivery of services.
6. No individual shall be denied admission to the outpatient service based solely on prior treatment history, referral source, maintenance on methadone or other medication prescribed by a patient's health care provider. If you are taking medication that the Program objects to, we will obtain a signed consent form for your medical practitioner in accordance with 42 CFR-Part II which authorizes the release of information. Further, we will consult with your medical practitioner regarding your use of this medication. If your medical practitioner believes that you should be permitted to continue to use this medication, we cannot deny you treatment for this reason.
7. To have an individualized plan of treatment services and to participate fully in the development and revisions of that treatment plan that includes goals and activities that address the problems/needs in your life.
8. To have a full explanation of the services provided in accordance with your treatment plan.
9. To know what services the agency can provide for you and to be referred to other needed services which the agency cannot provide directly.
10. To have assured access to your clinical records consistent with Section 33.16 of the Mental Hygiene Law and HIPAA.
11. To have freedom from abuse and mistreatment by our employees.
12. To be informed of our client grievance policies and procedures, initiate any questions, express complaints or concerns regarding the services received. Your counselor will inform you how complaints are made.
13. While a clients' full participation in treatment is a central goal, an objection to the treatment plan, or disagreement with any portion thereof, shall not, in and of itself, result in termination from the program unless such objection renders continued participation in the program clinically inappropriate or would endanger the client or others safety.
14. Recording a session and/or interactions via audio or video technology by the client or by the staff member is prohibited.
15. **I understand that the Niagara County Department of Mental Health and Substance Abuse Services offers a 24 hour crisis phone system that I may call if I feel I need to talk to someone about problems I may be having. I understand that the phone number for Crisis Services is 285-3515 and are printed on my appointment cards.**

CLIENT RESPONSIBILITIES/AGENCY RULES

While in treatment you are expected to meet the following responsibilities and follow these rules:

1. No consumption or possession of alcohol or drugs is permitted on the premises.
2. No weapons of any kind are permitted on premises.
3. No physical abuse of staff or clients, or of the property of the staff, clients or County is permitted or tolerated. The agency reserves the right to press legal charges if such behavior occurs.
4. Compliance with treatment and regular attendance for your scheduled appointments is required. It is a necessary part of your participation and commitment in your clinic treatment.
5. Co-pay fees are required and due at the time of each service, not doing so will result in the rescheduling of your appointment.
6. You are expected to engage in a serious program of treatment and recovery.
7. Physical health / wellness services are incorporated as part of your clinic treatment.
8. Attendance while impaired by use of chemical substances is counter-therapeutic, and is grounds for cancellation of appointments by the agency. Individuals arriving in an impaired condition for groups will be expected to leave the group.
9. You are to keep confidential the names of other people who you might see in group, waiting room, etc. You are also expected to keep confidential any information shared by another person. Breaking of confidentiality is considered a serious violation of agency rules and may result in your being referred to another program for continued treatment.
10. You are expected to abstain from alcohol and other mood-altering drugs. If you struggle with stopping all use, you will discuss this with your primary counselor and the treatment plan will be adjusted accordingly. You are expected to inform your counselor of any drug or alcohol use.
11. You are expected to report all prescription medication use and cooperate with your counselor in securing confirmation of the prescription, if so requested.
12. You are expected to comply with your counselor's/doctor's request/orders for urine toxicology and breathalyzer tests.
13. Group therapy is a mandatory service when clinically indicated.
14. You are expected to comply with your doctor's/nurse practitioners blood work and lab orders.
15. You are expected to assume responsibility for any fees connected with treatment, including laboratory charges.
16. Should you need to cancel and appointment you are expected to notify the program at least 24 hours prior to the appointment time.
17. Recording a session and/or interactions via audio or video technology by the client or by the staff member is prohibited.
18. **I understand that the Niagara County Integrated Services Program is a Niagara County operation and that there is NO SMOKING within 50 feet of all county buildings. I understand that I may not smoke near the building or in front of building entrances.**

DISCHARGE: Clients are discharged after successful completion of treatment goals or for non-compliance with the program rules, for non-attendance, for lack of movement toward goals, continued substance use, or therapeutic referral to a different level of care. Persons who disregard the rules of the agency may be terminated and provided with written notice of such a decision by the staff. Clients may appeal termination decisions with the Program Manager.

I have read or have had the Statement of Voluntary Participation, Statement of Integrated Services, the Client's Rights and Responsibilities and Summary of Discharge Criteria explained to me. I understand these segments, have received a personal copy and agree to meet my responsibilities in my treatment and abide by the program expectations of the Niagara County Integrated Services Program.

Client Signature: _____ Date: _____

Print Client's Name: _____

Niagara County Counseling and Wellness Services also wants clients to be aware of the following agencies that may be of help to them:

NYS Justice Center for the Protection of People with Special Needs

161 Delaware Avenue
Delmar, New York 12054-1310
General Phone: (518) 549-0200 (Voice)
TTY: Dial 7-1-1 for the NYS Relay and give the operator 1-518-549-0200

Vulnerable Persons Central Register (VPCR) Hotline Number:
To Report Abuse: 1-855-373-2122 (staffed 24 hours a day, 7 days a week)
TTY: Dial 7-1-1 for NYS Relay and give the operator 1-855-373-2122

Individual and Family Support Unit (IFSU): 1-800-624-4143 **TTY:** dial 7-1-1 and give the operator 1-800-624-4143

Information & Referral: 1-800-624-4143 **TTY:** Dial 7-1-1 for the NYS Relay and give the operator 1-800-624-4143

National Alliance on Mental Illness in Buffalo, Erie & Niagara County

P.O. Box 146
Buffalo, NY 14223
Telephone: 716-226-6264

NYS Office Of Mental Health – Western New York Field Office

737 Delaware Avenue, Suite 200
Buffalo, NY 14209
Phone: 716 – 533- 4075

Client Advocacy Services @ the Mental Health Association

36 Pine Street
Lockport, NY 14094
716 -433-3780

Informed Consent to Participate in Service Intervention

NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE
SERVICES
NIAGARA COUNTY COUNSELING AND WELLNESS SERVICES
INFORMED CONSENT

I, _____ (and/or) _____,
(Client Name – Please Print) (Legal/Authorized Representative – Please print)

am requesting to engage in services and voluntarily consent to receive services from Niagara County Counseling and Wellness Services. I understand services provide through Niagara County Counseling and Wellness Services may include:

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- Screening, assessment, and diagnosis, including risk assessment.
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- Outpatient mental health and substance use services.
- Outpatient clinic primary care screening and monitoring of key health indicators and health risks (e.g., BMI, blood pressure, tobacco use, HIV/Viral Hepatitis).
- Targeted case management.
- Psychiatric rehabilitation services.
- Peer support, counselor services, and family supports.
- Intensive, community-based mental health for members of the armed forces and veterans.

(I understand my treatment may include some or all of these services depending on my specific treatment needs.)

Client Signature Date: _____

Legal/Authorized Representative Signature (as applicable) Date: _____

Program Staff Signature Date: _____

Print Client's Name: _____

Informed Consent for Participation in Data Collection Component

Consent for Data Collection for SAMHSA CCBHC

Niagara County Counseling and Wellness Services is working toward becoming a Certified Community Behavioral Health Center (CCBHC) through a process and funding with the Substance Abuse and Mental Health Services Administration (SAMHSA) our program will be collecting information and data for reporting to SAMHSA on individuals served, program services and program effectiveness. As a recipient of services you are able to participate in this process which will help improve services in our community and even a broader level. The information/data provided to SAMHSA will not individually identify you. This form will provide you with information so you can make an informed decision about participating.

- Purpose of Data Collection - Niagara County Counseling and Wellness Services is required to collect and report information/data to SAMHSA for funding and program evaluation/tracking. If you agree to participate this will help our program improve the services we provide.
- Type of Information/Data that will be collected – The type of information that will be collected may include, but not limited to,: Demographic information (such as age, gender, race, ethnicity, DOB); substance use information; mental health information; Education; Housing; level of functioning; criminal/legal involvement; military involvement; risk/violence; physical health indicators; social connections/determinates.

For recipients who agree to participate, this information will be gathered using the SAMHSA National Outcomes Measures (NOMS) by program staff who are meeting with the individual at certain time periods during treatment such as upon admission to services, during the active episode of care and at discharge from services.

- Collected Data/Information and Use – The data/information obtained is entered by program staff into a SAMHSA data base which is a secure, password protected system. This data base is the Performance Accountability & Reporting System (SPARS). The data/information is input into the database using a created tracking number assigned by the program. The information input does not include identifying information such as your name, social security number, etc. As a participant you have the right to not answer any question you do not wish to.

The data/information will be used by our program to help us assess effectiveness and enhance and improve our services for you, all our program recipients and the community we serve. The data/information will be used by SAMHSA to monitor program effectiveness and evaluation for funding.

Niagara County Counseling and Wellness Services has policies and procedures in place to protect your health information as required by law. Furthermore, the data/information provided to SAMHSA does not individually identify you.

(cont'd)

Your participation is voluntary. You will not be denied services if do not want to participate and your treatment will not be effected if you do not participate. If you do participate you can withdraw your consent to participate at anytime.

Consent

I understand, heave read and have had the opportunity to ask questions regarding this process and Niagara County Counseling and Wellness Services SAMHSA/CCBHC data/information gathering and reporting. I understand the program has policies and procedures in place to protect my health information and the confidentiality of documentation related to my involvement in this process. I consent to the use and disclosure of my data/information as noted above and to disclosure of that information to SAMHSA and the SPARS database. I understand that this is voluntary and that I can choose not to participate and that if I do participate I also can choose at any time to withdraw my consent and I would not be denied services and my treatment would not be effected.

By signing I am indicating agreement to participate in the SAMHSA CCBHC data/information collection process at Niagara County Counseling and Wellness Services:

_____ Date: _____
Client Signature

_____ Date: _____
Legal/Authorized Representative Signature (as applicable)

_____ Date: _____
Program Staff Sign

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
-

Do research

- We can use or share your information for health research.
-

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
-

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.



**NIAGARA COUNTY DEPARTMENT OF
MENTAL HEALTH & SUBSTANCE
ABUSE SERVICES**

DIRECT SERVICES PROGRAMS

Laura J. Kelemen, LCSW-R
Director

USE OF BENZODIAZEPINES IN TREATMENT

ADULT MENTAL HEALTH CLINICS:

X **LOCKPORT CLINIC**
5467 Upper Mountain Road, Suite 200
Lockport, NY 14094-1854
716/439-7400
716/439-7521 Fax

X **NIAGARA FALLS CLINIC**
Trott Access Center
1001 Eleventh Street
Niagara Falls, NY 14301
716/278-1940
716/278-1943 Fax

CRISIS SERVICES:

 24 HOUR CRISIS HOTLINE
716/285-3515

FROM: NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

TO: ALL CLIENTS

Benzodiazepine/Controlled substances may or may not become part of your clinic medications. Should the doctor choose to prescribe a benzodiazepine medication, for example, Klonopin, Xanax, or Ativan, or other Controlled Substance. This is to inform you that this class of medication is mostly used to treat Panic Disorders and Generalized Anxiety Disorder, if your symptoms have not first improved with behavioral relaxation techniques.

You could develop a tolerance to this medication that may require an increase to the dose if on for a period of time. The **potential for dependency** is present in this class of psychotropic or mental health medication with higher doses in extended use. The use of benzodiazepines or other controlled substance medications for individuals with **chemical dependency issues is not advised**. Interaction with other drugs/substances could be severe.

Sudden stoppage of this medication may cause acute withdrawal effect. Ideally, the use of this class medication is **time-limited**.

Additionally, continuation of a benzodiazepine/controlled substances from another provider is not guaranteed for automatic continuation or renewal. Cases are assessed by the clinic prescribers who will determine the medication regime they will prescribe.

In order to prevent physiological dependency and for clinical safety, the doctor may eventually taper your benzodiazepine medication, and discontinue in consideration of your treatment plan. In this case, the doctor may substitute your benzodiazepine with a medication to treat your anxiety that does not have the potential to create dependence and decreases any risk.

You must make it **your responsibility to keep all appointments** with the doctor and your therapist. You will also be responsible to pick up refill prescriptions, when appropriate, on a monthly basis. Lack of compliance with appointments, or **any sense of abuse, will not be tolerated**, and the doctor may elect to taper or discontinue your medication while assisting you to deal with physiological withdrawal.

Toxicology testing will be ordered and is a required part of treatment services.

**NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES**



NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

SUBJECT: Client No Shows and/or Cancellations of Clinic Appointments

POLICY: Niagara County Department of Mental Health and Substance Abuse Services holds individuals, along with legal guardians for minors, responsible for attending scheduled appointments. Missed and/or cancelled appointments impact treatment, available access to schedule services, and financial revenue. When individuals fail to keep or cancel their appointments, their treatment process is negatively impacted, the clinicians are unable to generate revenue, and valuable scheduling spots for others who could benefit are lost.

Definitions:

- No Show/Late Cancellation - the individual either misses the appointment without notifying the clinic, or notifies the clinic less than 24 hours before their appointment, making it unable or very difficult for the provider to arrange another productive use of the appointment time.
- Cancellation- the individual notifies the clinic at least 24 hours in advance that they will miss their appointment; 24- hour notice or more usually allows the provider to reschedule their time productively.

PROCEDURE:

1. After each missed clinic appointment: The service provider follows up with the individual, along with legal guardian for minors, first by phone and then by letter if call is not answered to notify of the missed appointment and attempt to reengage the individual in services and compliance with attendance.
2. When an individual misses and/or cancels any two clinic appointments in a row: No further routine appointments are scheduled for the individual, until they speak with their provider. The service provider arranges for a “10-day letter” to be sent, advising that unless they and/or legal guardian for minors, contact their primary service provider within 10 days to discuss reasons for missed appointments and negotiate an alternative scheduling plan, we will assume they are no longer interested in further services and will close their case. Options for alternative scheduling plans may include:
 - Scheduling appointments during off-peak hours only;
 - Motivation to Treatment Group
 - Seeing the provider during any established personal walk-in hours if available
 - Same-day appointments- individuals, and/or legal guardian for minors, can call and ask to see the service provider that day; if the service provider has no openings that day, the individual, and/or legal guardian for minors, can call again on another day to keep checking for a same-day appointment.
 - Discontinuing or pausing services

**NIAGARA COUNTY DEPARTMENT OF
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES**

This conversation and the resulting plan are documented in an incidental note and in a letter to the individual and/or legal guardian for minors. An attendance contract may be completed with them, as clinically indicated.

If an individual does not respond within the 10 day period their case is placed on pause with the clinic.

3. When an individual responds within the 10 day period but then misses and/or cancels their next appointment, making it three missed and/or cancelled appointments in a row, their case will be placed on pause with the clinic and the primary service provider will send a letter to notify.
4. Additionally, when the missed and/or cancelled appointment is a doctor/nurse practitioner visit and the individual will be out of their medications they may be given the following options:
 - They will be informed to reschedule for the doctor/nurse practitioner at their regularly scheduled interval and then informed they need to attend the next available medication no show clinic, where they will be seen briefly and provided just enough medication to cover them, until their next regularly scheduled doctor/nurse practitioner appointment. They may have to wait to be seen based on a first come first served basis. Attending the medication no show clinic is limited and not for ongoing use in treatment services. Individuals are limited in attending the medication no show clinic to no more than twice a year.
 - They may call the keep checking to see if there are any cancellations for the doctor/nurse practitioner to get in sooner, if not attending the medication no show clinic.
 - Medications are not called in or released after missed and/or cancelled appointments without the face to face visit.
5. Exceptions: Any exceptions would require the clinic's supervisor and/or designees approval prior to any action taken along with documentation of reasons why this course is appropriate.

NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Grievance Procedure

It is important to us that individuals we serve receive quality services that meet their unique needs. Should any concerns arise during care, we encourage individuals to tell us their concerns right away so we may address them accordingly. Concerns and / or complaints should be attempted to be resolved at the lowest level possible, when appropriate, following the steps below:

1. Client and/or family will address grievances / complaints with Primary Clinician / Provider / Staff Member. If unable to resolve;
2. Client and/or family will contact the Program Supervisor to discuss the concern / complaint, and, if possible, submit the concern / complaint in writing so that they can be followed up on and addressed accordingly.
3. If the client and/or family are unable to reach the Program Supervisor at time of call, the Program Supervisor will make initial contact with the client and/or family to discuss the issue within one (1) business day of receiving the concern / complaint, or sooner in accordance with the urgency of the issue.
4. Following contact and obtaining necessary information, the Program Supervisor will also speak with the staff member, and determine the best possible response to address the concern / complaint. If the concern / complaint cannot be resolved at this level;
5. The Program Supervisor will discuss the situation with the Deputy Director (or the Director if the Deputy Director is unavailable), who will notify the Department Director of the concern / complaint for awareness and/or further direction as to whether or not the County Attorney should be consulted. The Deputy Director (or Director) may provide further direction to the Program Supervisor and / or provide further mediation services. *The Deputy Director (or Director) can be reached at (716) 439-7410.*
6. If the client and/or family is not satisfied with the decision / resolution, they may request further review of the matter by the Department Director who will respond to the request accordingly. *The Director can be reached at (716) 439-7410.*
7. If the decision / resolution is concluded through the assistance of staff at a higher level of authority than the Primary Clinician / Provider / Staff Member, the client will receive the outcome in written form. Additionally:
 - a. Within five (5) business days of receiving a concern / complaint, a plan of action will be devised to resolve it; and where appropriate:
 - b. There will be thirty (30) day and ninety (90) day follow up, which will include follow up with the client and/or family, after the development of the plan of action to ensure appropriate action has taken place and the client is receiving appropriate services.
8. If the resolution of the concern / complaint is not satisfactory to the client and/or family, they may also contact the New York State Office of Mental Health Customer Relations, which is listed below, or any of the following agencies that may help if needed:

NYS OMH CUSTOMER RELATIONS PHONE

1-800-597-8481

for questions or complaints about mental health services in NY

NYS OFFICE OF MENTAL HEALTH – WESTERN NEW YORK FIELD OFFICE

737 Delaware Avenue, Suite 200, Buffalo, NY 14209

Phone: (716) 533- 4075

NYS JUSTICE CENTER FOR THE PROTECTION OF PEOPLE WITH SPECIAL NEEDS

161 Delaware Avenue, Delmar, New York 12054-1310

General Phone: (518) 549-0200 (Voice)

TTY: Dial 7-1-1 for the NYS Relay and give the operator 1-518-549-0200

Vulnerable Persons Central Register (VPCR) Hotline Number:

To Report Abuse: 1-855-373-2122 (staffed 24 hours a day, 7 days a week)

TTY: Dial 7-1-1 for NYS Relay and give the operator 1-855-373-2122

Individual and Family Support Unit (IFSU): 1-800-624-4143

TTY: dial 7-1-1 and give the operator 1-800-624-4143

Information & Referral: 1-800-624-4143

TTY: Dial 7-1-1 for the NYS Relay and give the operator 1-800-624-4143

DISABILITY RIGHTS NEW YORK (DRNY) REGIONAL OFFICE

44 Exchange Blvd, Suite 110, Rochester, New York 14614

Phone: (518) 432-7861

TTY: (518) 512-3448

Toll Free: (800) 993 – 8982

Fax: (518) 427 – 6561

Email: mail@DRNY.org

NATIONAL ALLIANCE ON MENTAL ILLNESS IN BUFFALO, ERIE & NIAGARA COUNTY

P.O. Box 146, Buffalo, NY 14223

Telephone: (716) 226-6264

CLIENT ADVOCACY SERVICES @ THE MENTAL HEALTH ASSOCIATION IN NIAGARA COUNTY

36 Pine Street, Lockport, NY 14094

(716) 433-3780