

RIGHTS AND RESPONSIBILITIES OF RECIPIENTS OF SERVICES

As a recipient of services at Cattaraugus County Department of Community Services, you have certain rights and responsibilities. Your rights and responsibilities are outlined below in a way we hope will be easy to understand.

Your Rights

You have a right:

1. To a plan of treatment tailored to your individual needs, a plan you help develop and which is explained in a way you understand. You have a right to receive care suited to your needs. You have a right to care provided skillfully and humanely, with respect to your dignity, privacy and cultural background, without discrimination and without regard to your ability to pay. If you require the services of an interpreter you have the right to have one provided.
2. To disagree or object to parts of the treatment plan without fear of being terminated from treatment, unless your objection or failure to participate makes continued treatment inappropriate or if your objection endangers your safety or that of others.
3. To have all records of treatment remain confidential (Mental Hygiene Law section 3.13). Records will not be released to others without your consent except in those emergencies where information must be released to insure your safety or the safety of others or when requested by a court order.
4. To access your clinical records consistent with Section 33.16 of the Mental Hygiene Law.
5. To be informed of the provider's complaint resolution policies and procedures, and to initiate any questions, complaints or objections accordingly.
6. To contact the Olean General Hospital Crisis Hotline (phone 1-800-339-5209) in the event of an emergency.
7. Your participation in treatment is voluntary. The exceptions to this include when treatment is court-ordered (Section 300.20 of the Criminal Procedure Law and Part 541 of OMH regulations), when the recipient is a minor and consent is given by a parent or guardian (Section 33.21 of the Mental Hygiene Law), when a recipient engages in conduct which poses a risk of harm to self or others, and when surrogate consent is provided by a court-appointed conservator or committee (Section 81 of the Mental Hygiene Law).

Your Responsibilities

You are responsible for participation in developing a plan of treatment and for making a good faith effort to participate in the treatment itself. We depend on you to help us help you.

You are expected to:

1. Review and follow the Attendance Policy of the Clinics. If an appointment must be canceled, 48-hour advance notice should be given whenever possible. You should come to your appointment on time, free of intoxicating substances and prepared to participate.
2. Share important and relevant information. Treatment works best when honest communication between you and your treatment provider exists. This is especially important however when a risk of harm to self or others is present and when substance abuse is involved.
3. Follow the instructions and guidance of your Therapist and Psychiatrist. When you disagree with recommended treatment, it is your responsibility to explain your objection and try to find a direction for treatment that you can agree on.
4. Update information regarding residence, home phone numbers, emergency contacts and insurance information.
5. Pay all fees and co-payments for services as agreed upon. This may include payment for appointments missed without timely cancellation.
6. Treat Counseling Center Staff, waiting room occupants and Department of Community Services' property considerately and respectfully.
7. Clients with Medicare coverage choosing to work with non-credentialed clinicians may do so, but agree to pay the Medicare rate for those services.
8. The therapeutic relationship is central to quality care; transfers and reassignment of clinicians is a normal and at times necessary process; we will ensure appropriately credentialed clinicians are available to care for you.

By agreeing to and signing the Consent for Treatment at Cattaraugus County Department of Community Services, you are accepting the above Rights and Responsibilities, you are acknowledging receipt of the Attendance Policy, and you are also acknowledging receipt of the Financial Policy.