

Essex



County

Community Services Board

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Mental Health Services

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STATEMENT OF UNDERSTANDING WITH ESSEX COUNTY MENTAL HEALTH SERVICES

We are glad you have chosen to seek mental health services at our clinic. To obtain as much as you can out your time here with us, there are a few things that need to be pointed out, such as what you can expect from us, and expectations we have of you. As these are presented briefly, please be sure to talk to your therapist in detail about any of these issues of concern to you.

TREATMENT TEAM We work with a treatment team approach. You will have a therapist assigned to you. You and your therapist will develop a treatment plan which lists your goals and objectives of treatment, what you want to accomplish, and will work on, during your time here. If you will need psychotropic medications, you may also see our psychiatrist or nurse practitioner for your medication needs. The psychotropic prescriber and therapist work together and discuss your care from time to time. Your care is also discussed periodically during a treatment team review.

COORDINATION OF CARE If you are receiving services from other providers such as a school, DSS, Families First, MHA, or a case manager, your therapist will need to contact these agencies to coordinate care in your best interest. If your primary care provider prescribes psychotropic medications for you, or is treating you for medical concerns, your therapist will need to contact him or her periodically as well. Any outside agency contact will require a release of information signed by you (or your parent/guardian, if a minor).

CONFIDENTIALITY is maintained to the standards outlined by the New York State Office of Mental Health as well as New York State and Federal Law. What you say in session is held confidential within the clinic. There are exceptions to confidentiality, such as in the reporting of child abuse, expression of suicidal/homicidal plan or intent, or a court order. Also, your insurance company or Medicaid has the right to access your records. Anyone to whom you authorize release of information, also has right of access to information. Please talk with your therapist for more details, and about your concerns of confidentiality.

KEEPING APPOINTMENTS The professionals in this clinic are committed to quality care and to working with you in achieving optimal mental health. They will make appointments with you with the expectation that you keep these appointments. Your frequency of sessions is based on your particular needs. If you cannot keep an appointment, please call at least 24 hours in advance so that we can schedule someone else in your place. If you miss any of your first three appointments, we may cancel your referral. Once you are an admitted client here, if you do not attend or cancel several of your appointments, your therapist will address this with you. If you miss more than half of your appointments in any three month period, you will be placed on standby status. This means that you will not be able to schedule appointments, but you will be able to be seen on a walk in basis. Please refer to the attendance policy in your referral packet for more specifics on "standby" status procedure. **Please be aware that our policy does call for immediate cancellation of your referral if you were just assigned to a therapist and you did not show for your first appointment.**

COMPLAINTS If you have a complaint as to your care, please try to discuss this with your therapist or psychiatrist first. If it is not resolved, please call the Assistant Director of the clinic. You may also request a copy of our grievance procedure, and a copy of the Outpatient Patient Bill of Rights, at any time.

PAYMENT is expected at the time of service.

(If reviewed in session) This has been reviewed with me. I understand and agree to the statement contained therein.

Client (parent/guardian) Signature _____ Date Reviewed _____

Therapist Signature _____