

## **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 CANCELLATIONS** - 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 in 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 individual's 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 an 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 provided 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, have 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:

\_\_\_\_\_  
Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Legal/Authorized Representative Signature (as applicable) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Program Staff Sign Date: \_\_\_\_\_

## 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 paper or electronic medical record
- Correct your paper or electronic medical record
- 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:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

► *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:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- 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 an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is 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 say “yes” to all reasonable requests.

#### 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### 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/](http://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 your care
- Share information in a disaster relief situation
- Include your information in a hospital directory (not applicable at NCDMH)

*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
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## 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.

**Treat you**

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

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

*\*Please note we never market or sell information*

*We do not create or manage a hospital directory.*

*We do not create or maintain psychotherapy notes at this practice.*

**Substance Use Treatment Records:**

*We will not share your substance use treatment records for civil, criminal, administrative, or legislative proceedings against you unless you provide your consent in writing, or we receive a court order.*

*We can use and share your substance use treatment records for treatment, payment, and operations if we obtain your consent.*

*We can disclose your substance use treatment records without your consent to public health authorities, provided that records disclosed are de-identified according to the standards established by the HIPAA Privacy Rule.*

*We can share your substance use treatment records for oversight purposes. Records obtained in an audit or evaluation of a 42 CFR Part 2 Substance Use Treatment program cannot be used to investigate or prosecute patients, absent written consent of the patients or a court order that meets Part 2 requirements.*

*continued on next page*

### **Patient Consent**

- A single consent can be used for all future uses and disclosures for treatment, payment, and health care operations.
- A separate patient consent is required for the use and disclosure of records for civil, criminal, administrative, or legislative proceedings and cannot be combined with patient consent for any other use or disclosure.
- HIPAA covered entities and business associates that receive records under this consent can redisclose the records in accordance with the HIPAA regulations.

### **Reproductive Health Care Records:**

*We will not share your reproductive health care records for the purpose of health oversight activity, judicial or administrative proceedings, law enforcement purposes, or to coroners or medical examiners, unless they provide a signed attestation that the information will not be used for prohibited purposes.*

*Disclosures to law enforcement is only permitted where all three of the following conditions are met:*

- The disclosure is not subject to the prohibition.
- The disclosure is required by law.
- The disclosure meets all applicable conditions of the Privacy Rule permission to use or disclose PHI as required by law.

*Example: We cannot release records about reproductive health care you received legally in another state to a law enforcement official for investigative purposes.*

*Example: If a health oversight agency requests records about your legally obtained reproductive health care, the agency must agree in writing not to use those records to conduct a criminal, civil, or administrative investigation related to that health care. Information released in accordance with these requirements may be redisclosed and no longer protected.*

**New York State or other federal laws:** We will follow other laws if they have greater limits on how we disclose your information.

## 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](http://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, in our office, and on our web site.

**Effective Date of Notice: 09/15/25**

**This Notice of Privacy Practices applies to the following organizations.**

*This notice applies to Niagara County Department of Mental Health & Substance Abuse Services.*

---

**Privacy Officer:** Myrla Gibbons Doxey, LMFT, Deputy Director

**Address:** 475 South Transit Street, Lockport, NY 14094

**Phone:** (716) 439-7410

**Email:** [Myrla.Doxey@niagaracounty.gov](mailto:Myrla.Doxey@niagaracounty.gov)

**Department Website:**

[https://www.niagaracounty.gov/departments/m-r/mental\\_health\\_substance\\_abuse/index.php](https://www.niagaracounty.gov/departments/m-r/mental_health_substance_abuse/index.php)





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

### DIRECT SERVICES PROGRAMS

Laura J. Kelemen, LCSW-R  
Director

### USE OF BENZODIAZEPINES IN TREATMENT

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

#### ADULT MENTAL HEALTH CLINICS:

**X** **LOCKPORT CLINIC**  
475 South Transit Street, Suite 500  
Lockport, NY 14094-5564  
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

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 with 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 an 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 doctors/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 & Substance Abuse Services



**You have the right to receive a “Good Faith Estimate”  
explaining how much your medical care will cost**



**Effective 1/1/2022**

Under the law, health care providers need to give **clients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

-  You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
-  Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
-  If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
-  Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call Niagara County Department of Mental Health & Substance Abuse Service's Billing Representative at **(716) 439-7519**.



**Niagara County Department of Mental Health & Substance Abuse Services**

**CORPORATE COMPLIANCE REPORTING**

**NOTICE to MEDICAID RECIPIENTS OF SERVICE**

**1. Expectations**

- Open lines of communication between NCDMH's Director, Senior Leadership/Management, Senior Staff, the Compliance Officer, each Affected Individual and NCDMH Medicaid Recipients of Service subject to this Compliance Plan are essential to the success of NCDMH's Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of Medicaid or Medicare fraud, waste, and abuse.
- All Affected Individuals must report compliance concerns. Failure to report is deemed misconduct and a violation of this requirement.
- Every Affected Individual and Medicaid Recipients of Service have an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

**■ Reportable items include, but are not limited to:**

- Any known or suspected fraud waste, and abuse
- Illegal or unethical acts
- Actual or suspected violations of Federal or State Laws and regulations;
- Actual or suspected violations of the Standards of Conduct, the Compliance Program, and NCDMH's Policies and Procedures;
- Improper acts in the delivery or billing of services (*i.e. false reports of time spent with clients, failure to complete timely progress notes, poor or negligent care, failure to have a fully executed treatment plan, making false claims for billing, not being properly credentialed for the services provided*); and
- Other wrongdoing (collectively referred to as "compliance concerns")

For more information, please refer to the NCDMH Compliance Plan and Standards of Conduct located on the NCDMH Webpage at the link below or you may request a copy from your NCDMH provider.

[https://www.niagaracounty.gov/departments/mr/mental\\_health\\_substance\\_abuse/ncdmh\\_compliance\\_program.php](https://www.niagaracounty.gov/departments/mr/mental_health_substance_abuse/ncdmh_compliance_program.php)

Scan QR Code



**2. How to Report:**

Reports may be made via any one of the confidential Compliance Reporting Mechanisms listed below: in person; by mail, phone, fax, or email.

- >Contact the Compliance Officer directly:

**Myrla Gibbons Doxey, LMFT-D  
Deputy Director/ Compliance Officer  
475 South Transit Street, Lockport, NY 14094  
(716) 439-7420**

[Myrla.Doxey@niagaracounty.gov](mailto:Myrla.Doxey@niagaracounty.gov)

- Compliance Hotline: (716) 438-3160
- Compliance Fax: (716) 438-3161
- Compliance Email: [NCDMHCompliance@niagaracounty.gov](mailto:NCDMHCompliance@niagaracounty.gov)
- Anonymous reporting also available through the following:
- Office / Mailing Address: 475 South Transit Street, Lockport, NY 14094
- Compliance Boxes located at in each program area

---

### 3. Protections

- NCDMH shall, as much as is possible, protect the anonymity or identity of the Affected Individual and Medicaid Recipients of Service who report a compliance concern or raises a question about NCDMH's Compliance Program and Standards of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

---

### 4. Non-Retaliation and Non-Intimidation

- NCDMH will not take any retaliatory action against an Affected Individual or Medicaid Recipient of Service who, in good faith, reports a compliance concern, as defined by the Compliance Policies and Plan or for good faith participation in the Compliance Program. Please reference the Compliance Plan for more information.

---

### 5. Guidance:

- Any Affected Individual or Medicaid Recipient of Service may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.

**Ideas for updates to the Corporate Compliance Program are welcome and you may make suggestions in the same manner as reporting outlined above.**

# 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 / Manager 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 / Manager at time of call, the Program Supervisor / Manager 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 / Manager 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 / Manager will discuss the situation with the Deputy Director, 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 may provide further direction to the Program Supervisor / Manager 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](mailto:mail@DRNY.org)

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

737 Delaware Avenue, Suite 217, Buffalo, NY 14209

Telephone: (716) 226-6264

**CLIENT ADVOCACY SERVICES @ THE MENTAL HEALTH ASSOCIATION IN NIAGARA COUNTY**

36 Pine Street, Lockport, NY 14094

(716) 433-3780