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BEHAVIORAL HEALTH

What can I Expect from Today?

Today, you will be completing basic paperwork with the receptionist. Please be as specific as possible when providing information so we can provide the best care possible. If you have any questions or are unsure about anything you are filling out, please ask us. You will then get a tour of the building so you can learn a little about where everything is.

After you complete your paperwork, you will be meeting with a counselor for an initial assessment. This assessment includes a variety of questions related to your current and past experiences. Please let the counselor know if there is anything that can be done to make this experience more comfortable for you, we understand that difficult topics may arise. Please be aware that the counselor you see today for your assessment may or may not be the counselor you see moving forward. This could be due to your needs, comfort level or due to counselor availability. If this is a concern for you, let our staff know and we will work with you to best meet your needs.

We understand there is a lot of information you are getting today; we welcome all questions. We have included some information for you in this folder, where you can also keep copies of paperwork you received today. We hope that you enjoy your visit with us, and look forward to working with you towards your goals.

Sincerely,

BestSelf Behavioral Health

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Frequently Asked Questions

What am I signing?

There is a lot of paperwork that you are signing today. Make sure that you ask questions! Below are the things that you are signing today:

Releases of Information – This is a form that gives us written permission to talk to your doctors, past counselors, probation/parole officers, or any other relevant person in your life. We typically use this to request your records, but this can also be used to discuss your progress, medications and any concerns. Please know that we only release what is necessary to help you in your treatment or for the task at hand. If you are worried about what we can tell others, ask your counselor.

Emergency Contact – This is a person you identify that we can contact in case of an emergency to update them on you, or to get information about you to help you.

HEALTHeLINK Consent – This gives us permission to access HEALTHeLINK, which is an electronic database of your medical history and treatment. This allows us to see things like when you go to the hospital, past medical treatment and medications, and your doctors. This is very helpful to give us access to this information, as we can use lab work from other providers and see some of your medical treatment without having to wait, if there is an urgent decision we have to make.

PSYCKES Consent Form – This gives us permission to access information about your past and current treatment in PSYCKES. PSYCKES is a database that has information regarding your services that are paid for by Medicaid. This lists things like medical treatment, safety plans, medications, and test results. It helps us to have a better idea of your past treatment and can be helpful for when you may not remember certain things, like medication doses or past treatment providers.

Jonathan's Law – This gives you the ability to identify someone to be alerted if you ever experience an accident or injury that impacts your health or safety at our clinic. This person must be yourself, a legal spouse, a parent or other legal guardian, or an adult child. Should this be needed, this person can also access records to make sure that the proper steps and investigations happened.

Notice of Privacy Practices – This is an overview of your right to privacy and how we use your information.

Consumer Rights and Responsibilities – This is a list of your rights as well as the things that are expected of you as a client at our clinic.

Acknowledgement of Receipt of Controlled Prescriptions Guidelines – If you receive a medication from us that is a controlled substance, this is the policy that must be followed.

Client Fee Agreement – This agreement allows us to release your information to your insurance company for billing and auditing reasons. It also discusses financial responsibility being on you to pay for any balances that are left from your insurance, and reminds you to keep us up to date with any insurance changes.

Do I get medicine today? When do I see the doctor?

On your first visit, you are going to be meeting with a counselor. You will be scheduled to see a doctor after you are admitted to treatment, usually on your second visit. On your second visit, we will look at the doctors' current availability as well as your needs and get you scheduled for the soonest appointment that works for you. Please know that it may take some time to actually see the doctor. Please let your counselor know if you are currently running out of your existing medicine, we can try to find another option until you see our doctor. Our doctors get booked out quickly, so please make sure you keep your doctor's appointment. It may take some time to get seen after being rescheduled.

Do I have to take medicine?

You have to make the best decision for yourself and your treatment. It is not mandatory to see a prescriber, or to take medicine. If you are interested in what your options are, but are unsure about taking medicine, we suggest that you meet with the prescriber for an appointment to go over your options. If you decide not to take medicine, you can always change your mind later! If you decide that you would like to try medicine, and later change your mind, it is up to you to decide that you no longer want to take medicine. We ask that you let us know before you suddenly stop your medicine so we can make sure that it is safe for you to do so. If not, we will make a plan to wean you off the medicine.

I have paperwork that I need filled out.

Paperwork may or may not be completed on the first visit, depending on the type of paperwork. We must be able to fully assess you to complete most paperwork that we need to fill out. Other forms must be filled out by a prescriber and cannot be completed by a counselor, this includes FMLA paperwork. We typically ask for 5 business days for any paperwork to be completed.

I don't use drugs, why am I signing to do drug tests?

It is common for us to ask everyone to sign a release of information to be tested for drugs. We do this for a couple different reasons. One is because we treat the whole person – this means that we assess and help with all aspects of your life. We do not make any assumptions about anyone. We do not know what any person is coming into the clinic to be treated for, and some people are coming in for a drug and alcohol assessment. Some people use drugs and alcohol, even if they are just coming in for their mental health. Another reason is that it helps us to make sure that medicine we are prescribing is safe for you. Some medications are not safe to be given to you if you use alcohol or other drugs, so we want to make sure that we are prescribing the right thing. This is also a tool that prescribers may use to make sure you are taking your medication, depending on what you are prescribed. If you have any concerns about this, talk to your counselor.

Why are you taking a picture of me?

We take a picture of all of our clients as well as take a form of photo identification. This is for security reasons to ensure that your information stays safe, and helps us to know that we are serving the right person. You may have an old picture of you on your current photo ID, or may have made a change to your appearance that makes it hard to recognize you at first site. This helps us to have an up to date photo that we can look at before releasing your information when you come in. This is particularly helpful when we have new staff or someone covering who may not know you.

What if I miss an appointment?

It is really important that you have good attendance with your counseling appointments. This is because if you are not here, we cannot help you. You will get the most out of your counseling when you are regularly attending your appointments. Occasional cancellations are understandable and will not impact the ability to continue to receive services. However, if you begin to frequently cancel or miss scheduled appointments without notifying our office beforehand, your counselor will speak to you about this pattern and this could potentially lead to being discharged. If you need to miss an appointment, please try to give us 24 hours' notice when calling to reschedule.

I'm not sure what my insurance covers.

When you come to our clinic, we will check your insurance to make sure it is active and to check for any copays. The customer service representative will inform you of any payments that are due at the time of your appointment. Please know that it is your responsibility to update us on changes to your insurance. If you have any questions regarding your insurance coverage, you may call the number on the back of your card.

I don't have insurance at all.

If you don't have insurance, or have an insurance out of network, let our customer service representative know when you come in. One of our staff members may be able to help you obtain insurance. We also offer a sliding scale fee based on household income and family size to those that qualify. You must provide proof of income to be considered for a sliding scale fee. If you do not provide proof of income, you will be charged at the full agency rate for each visit. Please ask the customer service representative if you have any questions on this, or if you are curious if you qualify for it.

I can't afford my copay.

If you have a copay that we need to be respectful of, please talk to the counselor you are seeing. We may be able to work out a plan for your treatment that you are comfortable with.

My information changed. Now what?

If information changes at any point during your treatment, please let the customer service representative or your counselor know as soon as possible. This includes but is not limited to address, telephone, insurance coverage, medications, primary doctor, emergency contact, case managers or other counselors. It helps us to make sure we are coordinating with anyone working with you, so we can give you the best treatment possible.

Can my family or friends be involved?

Of course! We encourage you to have those who support you involved in your treatment. If there is someone specific that you would like to be involved, please let your counselor know.

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BEHAVIORAL HEALTH

BestSelf Behavioral Health
Consumer Rights & Responsibilities

BestsSelf Behavioral Health Inc. (BBH) is a community behavioral health organization licensed by the New York State Office of Mental Health (OMH) and the New York State Office of Alcohold & Substance Abuse Services (OASAS). In additon, our programs are monitored by the Erie County Department of Mental Health.

Consumer Rights

BestSelf Behavioral Health Inc. promises to all consumers who receive services in a BestSelf Behavioral Health program:

Your participation in treatment is completely voluntary, unless it has been court ordered or determined necessary by surrogate consent of a court appointed conservator or committee.
You have the right to receive considerate, competent, and respectful care, without regard to race, color, ethnicity, religion, gender, sexual orientation, disability, or source of payment.
You have the right to expect that treatment will be clinically appropriate and individualized to your personal needs. Staff will offer a full explanation of the services provided in accordance with your Service or Treatment plan.

Your participation in treatment is a central goal; however your objection to any portion of your Treatment or Service Plan will not result in your termination from the program, unless such objection renders continued participation in the program clinically inappropriate or would endanger your safety or the safety of others.

- You may end treatment at any time. You can expect staff will inform you of the risks of stopping treatment and the possible effects on your health. If your case is closed and you object, you have the right to a written explanation of the reasons behind the decision, the BBH appeal process, and help with linking to another provider.
- You have the right to confidentiality in accordance with Mental Hygiene Law Section 33.13, Article 27_f of the Public Health Law, the Health Insurance Portability and Accountability Act (HIPAA), and 42 CFR Part 2. Your information will not be released without your consent.

Please Note: Confidentiality may be breached legally for the following reasons:

1. To allow for the review of records or eligibility determinations by the Erie County Department of Mental Health, NYS OMH, NYS OASAS, and your health insurance carrier.
2. To report a known incidence or physical or emotional abuse, maltreatment or neglect to a child.
3. To release records in response to a subpoena.
4. To relesase information to Crisis Services, police, emergency room personnel, or other first responders in the event of an emergency.

Confidentiality and Disclosure of HIV Information is protected under Federal Title 42 CFR Part 2 as well as NYS Law regarding confidentiality of HIV (10 NYCRR 63.5). No HIV related information will be released to any other agencies unless:

1. You have signed a valid written authorization.
2. Written disclosures are accompanied by a prohibtion against redisclosure.
3. All Title 42 CFR Part 2 regulations have been followed.
Note: BBH may disclose HIV status under certain limited circumstances. Please discuss this with your counselor if you have further questions.

Within BBH:

- disclosure of HIV related information is limited to those staff who have a right to know in order to help develop your Treatment or Service Plan.
- You have the right to access your chart, in accordance with Mental Hygiene Law Section 33.15 and applicable Federal Law and regulations.
- You may request access to your chart, in writing, by submitting your request to the Program Director at your location. The agency will review your request and provide you with a written response within 10 days. If your request is denied due to the possibility of damaging consequences you may appeal the decision. BestSelf Behavioral Health Inc. may charge 0.75 per page for copies.
- You have the right to participate in the development of your individualized Treatment or Service plan.
- You have the right to help revise or amend this Plan.
- You have the right to question, complain, or object to any aspect of treatment.
- You have the right to freedom from abuse and mistreatment by BBH employees.

This includes:

1. Freedom from coercion, undue influence, intimate relationships, and personal financial transactions.
2. Your provider will be free from chemical dependence.
3. Freedom from performing labor or personal services solely for the provider that are not consistent with treatment goals.

You have the right to receive services in an environment that is safe, sanitary, and free from alcohol or other addictive substances.
You have the right to know the rules of conduct expected of you, to receive timely warnings about conduct that could lead to discharge, and to receive incremental interventions for non-compliance.

Consumer Responsibilities

- You are expected to provide to the best of your knowledge, accurate and complete information about present concerns, past difficulties, psychiatric treatment, hospitalizations, medications, substance use and other matters relating to your mental health.
- You are expected to report changes in your mental status or condition to your counselor and prescriber.
- You will treat others, staff and consumers alike with courtesy and respect.
- You will respect the privacy and confidentiality of others.
- You will keep appointments when unable to do so, will notify the treatment program 24 hours in advance.
- You will be responsible to the payment of accrued charges. You will notify the program when your insurance changes.
- You particpate in the development of your Treatment or Service Plan.
- You will not come to the program under the influence of drugs or alcohol. You will not enter any BBH program carrying a weapon.
- BBH programs may require a urine toxicology screening at admission. This is to assist in defining your course of treatment. Regular routine toxicology screening may be required over the course of treatment, as determined by your therapist.
- BBH are bound by the NYS Safe Act, Mental Health Law 9.46, which requires mental health professionals to report to the Erie County Designee when, in their reasonable professional judgement, one of the person for whom they are providing mental health treatment services is likely to engage in conduct that would result in serious harm to self or others.
- BBH strives to ensure the safety of everyone at the treatment program. Staff will not meet with anyone who is under the influence of street drugs or alcohol or with anyone carrying a weapon. Anyone who is loud disruptive, or threatening will be asked to leave.

BBH believes that most concerns or complaints can be resolved by bringing them to the attention of program staff. Consumers are encouraged to talk to their therapist if there is a problem. If the issue is not resolved, the consumer is asked to discuss the concern with the Program Director.
If still unresolved, the consumer should contact the following:

1. For Adult Mental Health services, the Vice President of Adult Clinic Services at 716-842-0440 ext. 106.
2. For Substance Abuse Disorders, the Vice President of Substance Use Disorder Services at 716-842-0440 ext. 338.
3. For Children's Mental Health services, the Vice President of Children's Mental Health Services at 716-842-0440 ext. 493.
4. For Health Home services, the Senior Vice President of Adult and Children's Health Homes at 716-842-0440 ext. 103.

If still unresolved, the consumer should contact the Chief Compliance Officer at 716-842-0440 ext. 131.

Additional resources to address complaints are:

NYS Justice Center of the Protection of People with Special Needs
161 Delaware Avenue
Delmar, N.Y. 12052
1-855-373-2122

Office of Alcohol and Substance Abuse Services
Western Region
295 Main Street, Suite 577
Buffalo, N.Y. 14203
716-847-3037

Office of Mental Health
44 Holland Avenue
Albany, N.Y. 12229
1-800-597-8481

Office of Mental Health
Western New York Field Office
737 Delaware Avenue- Suite 200
Buffalo, N.Y. 14209
716-533-4075

Erie County Department of Mental Health
95 Franklin Street- 12th Floor
Buffalo, N.Y. 14202
716-858-8530

NAMI
PO Box 146
Buffalo, N.Y. 14223
716-226-6264

BestSelf Behavioral Health

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

BestSelf Behavioral Health, Inc. (BBH) has adopted the following policies and procedures for protections of the privacy of the people we serve.

Our Obligation to You

BBH respects your privacy and has made confidentiality part of our code of ethics. We are required by law to maintain the privacy of "protected health information" about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. "Protected health information" means any information that we create or receive that identifies you and relates to your health or payment for services to you.

- We maintain privacy of your information to you by special means or at other locations.
- Tell you if we are unable to agree to a limit on the use of disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for reasons explained in this notice.
- We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice. Notices will also be posted on our website: www.bestselfwny.org.

Use and Disclosure of Information about You

- It is our policy to obtain written permission for every disclosure of protected health information in all of our programs. You will be asked to sign an authorization form for disclosure to each person or organization that receives the information.
- Limited information, such as your admission and discharge dates at any BBH site and your diagnosis, can be reviewed in our electronic medical record system by therapists in other BBH programs but unless those other therapists are also treating you, they are not permitted to use or disclose your health information.

Use and Disclosure for Treatment, Payment, and Health Care Operations

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff may see your clinical record in the course of our care for you. This includes support staff, nurses, physicians, and other therapists.
- It may be necessary to send urine samples to a laboratory for analysis to help us evaluate tour medical condition.
- We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
- We may contact you to remind you of appointments.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefits program and medically necessary. A health care provider that delivers services to you, such as a clinical laboratory, may need information about you in order to arrange payment of its services.

It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be that we meet national standards for quality of care. If you contact any local crisis services organization, crisis service team members may access your records to assist with the care they are providing to you.

Emergencies

If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosure to your family and friends

If you are an adult, you have the right to control disclosure of information about you to any other person, including family members and/or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, and there is a written release, we will share information with family members and/or friends involved in your care as needed to enable them to help you.

Disclosure to health oversight agencies

We are legally obligated to disclose protected health information to certain government agencies, including the Federal Department of Health and Human Services.

Disclosure to Child Protection Agencies

We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other disclosures without permission

There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- Pursuant to court order.
- In circumstances, where a client poses an immediate danger to self and/or others.
- To law enforcement, when a client commits or threatens to commit a crime on BSBH's premises against anyone or against program personnel anywhere.
- Research- we may use and disclose your protected health information for health research as long as such research has been approved by institutional review board or privacy broad that has reviewed the research

Proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment for the same condition. Before we use or disclose protected health information for research purposes, the research project will go through a special review and approval process. Even without special approval we may permit researchers to review your protected health information if it is necessary to help them prepare for a research project, as they do not remove or take a copy of any protected health information.

For our Chemical Dependency Programs, we follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected

health information to a third party without your written permission or a court order. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order.

Disclosures with your permission

No other disclosure of protected health information will be made unless you give written authorization for the specific disclosure.

*****Note: Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and/or alcohol information. See any special authorizations or consent forms that will specify what information may be released and when, or contact the Privacy Officer listed.*****

Your Legal Rights

Rights to request confidential communications

You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information

You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request. You have the right to limit disclosures to insurers if you had paid for the service completely out of pocket.

Right to revoke a Consent or Authorization

You may revoke a written consent or authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclose of your information.

Right to review and copy record

You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else if another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people.

At your request, we will make a copy of your record for you either by paper, electronic (such as CD), portable device, and/or memory stick. We will charge a reasonable fee for this service

If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate.

This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting

You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment, or healthcare operations. We will provide an accounting of other disclosures made in the investigation, we will suspend accounting of disclosures made to them

How to exercise your rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Privacy Officer.

Our Privacy Officer is the Chief Compliance Officer and can be reached at 716-842-0440 ex. 131.

Personal Representatives

A "personal representative" of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are "mature minors" may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic violence and child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a complaint to our Privacy Officer. If you wish, the Privacy Officer will give you a form that you can use to submit a complaint.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines: Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

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Client Fee Agreement/ Assignment of Benefits

Please read this form carefully. I understand that my signature indicates that I agree to the following:

1. Information will be used for billing purposes.
2. Your medical insurance will be billed for any services that may be covered.
3. I agree to the release of all assessment and treatment- related information requested by my insurance company or its agents for billing, authorization, and/or payment purposes. Release is subject to CFR 42 Part II, and CFR 45 Parts 160 & 164 of the Code of Federal Regulations and Mental Hygiene Law 33.13, prohibiting disclosure without my written consent unless otherwise provided for in the regulations under 42 CFR Part II.
4. I understand that I may revoke my consent for release of information in writing at any time, except to the extent that action has been taken n reliance upon it. I further understand that this release covers any referral of my account to a collection agency if I default on my account. This consent expires upon termination from treatment and agency receipt of reimbursement for services.
5. I agree to pay the full cost of service at each visit, unless all of my insurance payments are assigned to BestSelf.
6. I agree to pay any insurance deductibles and/or the difference between what the insurance company may pay and the per session charge, unless prohibited.
7. BestSelf makes no expression of implicit guarantee of insurance coverage for any of its services.
8. I have been informed of the fee for all services I may receive. A list of BestSelf rates are available upon request.
9. I will be responsible for the full cost of any treatment service rendered to me until I have provided the income information required to process any assistance for which I may be eligible.
10. If I do not make payment as service is rendered, my treatment may be terminated and my account released to a collection agency. This release is valid until my account has been satisfied.
11. The fee that has been set is valid until my treatment is terminated or there is a change in my financial/insurance status/ BestSelf's sliding fee scale is utilized ONLY BY CLIENTS WITHOUT INSURANCE to pay for services. By signing this Client Fee Agreement, I am authorizing BestSelf to bill my Medicaid or any third party insurance when it is activated, because I am no longer eligible to use BestSelf's Fee Scale.
12. These conditions have been explained to me. I understand and agree to them.
13. I agree to pay all bank charges if a check is returned for insufficient funds. There is a $30 charge.
14. I understand that a photograph or digital image of me may be taken or recorded for identification purposes. I understand that my photograph will not be released to anyone outside of BestSelf.

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Program Name: _____

Agreement for the receipt of controlled substance prescriptions

Controlled substance medications (i.e., benzodiazepines, sleeping pills, drugs for treating ADHA, etc.) are regulated by state and federal law. It is essential that you abide by the following guidelines:

By signing this agreement, I agree that:

1. I will have all prescriptions filled at one pharmacy: _____
2. I will not take any other controlled substances without the knowledge of my provider.
3. I will not take any illegal drugs (e.g. heroin, cocaine, marijuana, amphetamines, etc.).
4. I will take my medication as prescribed by my designated provider. I acknowledge that refills will not be processed early if I finish my medication sooner than expected.
5. I will submit to urine drug testing whenever requested by my provider.
6. Repeated occasions of lost or stolen medication or frequently missed appointments with either the physician/PNP or my counselor may result in discontinuation of medication.
7. I will not visit an emergency department for the sole purpose of obtaining controlled substances.
8. Refills of controlled substance medication will be processed once each month during a regularly scheduled office visit (unless other arrangements are agreed upon by my provider). If my designated provider is not available, only enough medication to last until my next appointment with my designated provider will be prescribed.
9. I agree to sign confidentiality waivers allowing communication between this agency and other prescribing, treating and dispensing entities/physicians.

10. I understand that if I violate any of the above conditions, the following may occur:
    - My provider may no longer prescribe controlled substances for me.
    - My provider may request that I seek treatment elsewhere.
    - Any involved providers and pharmacies may be notified of the misuse of my controlled substance.
    - If any state or federal laws are broken, I may be reported to the appropriate authorities, e.g., local law enforcement, the Drug Enforcement Agency (DEA), etc.

I understand the contents of this agreement and agree to its terms.

_____ _____

Patient Name (Print) Patient Signature (Date)

_____

Physician/PNP or Other Witness (Date)

I have reviewed the terms and requirements of the above agreement with my client:

_____

Counselor (Date)

Instructions:

1. Obtain necessary release of information forms (#9 above)
2. Give Original of the agreement to the client; place a copy in the record.

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What is a treatment plan?

A mental health treatment plan helps therapists and clients make positive change happen through purpose, focus, and direction.

At a basic level, mental health treatment plans help people manage mental health problems and develop opportunities for change and growth.

They help ensure safety through proper care and treatment. If you are engaging in mental health counseling as a client, you should have one in place.

The beauty of a mental health treatment plan is that it helps people separate who they are from the problems they're experiencing and become unstuck, able to move forward positively. A mental health therapist is like a tour guide, the client is the adventurer, and the treatment plan is a colorful map to the client's happy and healthy place.

Please see your counselor for a copy of your treatment plan!

TAKE CHARGE OF YOUR **MENTAL HEALTH**

Get Started

☐ ***Yes*, I want to learn more about myStrength.**

You will get an email from myStrength with instructions on how to sign up.

My first name is:

My email address is:

☐ ***No thanks*, I do not want to learn more right now.**

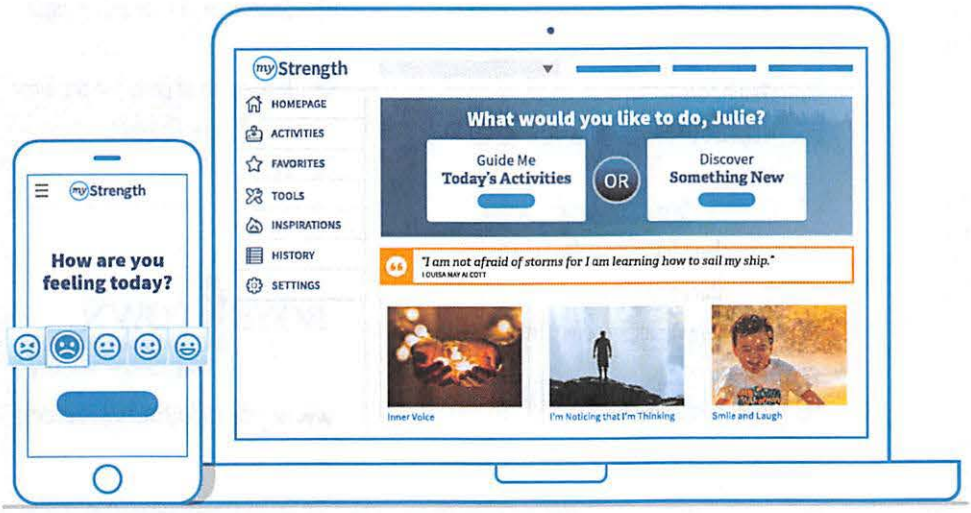
Proven **Personal** **Private**

myStrength is a free online tool to help you live your best life. myStrength is available 24/7 from your computer or mobile device.

On **myStrength** you will find:

- Hundreds of wellness resources
- Self-help tools
- Online health trackers
- Personalized activities
- Uplifting daily quotes

myStrength is private and secure, just for you.
Fill out this form to start your journey!



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BEHAVIORAL HEALTH

99 Coping Skills

1. Exercise (running, walking, etc.).
2. Put on fake tattoos.
3. Write (poetry, stories, journal).
4. Scribble/doodle on paper.
5. Be with other people.
6. Watch a favorite TV show.
7. Post on web boards, and answer others' posts.
8. Go see a movie.
9. Do a wordsearch or crossword .
10. Do schoolwork.
11. Play a musical instrument.
12. Paint your nails, do your make-up or hair.
13. Sing.
14. Study the sky.
15. Punch a punching bag.
16. Cover yourself with Band-Aids where you want to cut.
17. Let yourself cry.
18. Take a nap (only if you are tired).
19. Take a hot shower or relaxing bath.
20. Play with a pet.
21. Go shopping.
22. Clean something.
23. Knit or sew.
24. Read a good book.
25. Listen to music.
26. Try some aromatherapy (candle, lotion, room spray).
27. Meditate.
28. Go somewhere very public.
29. Bake cookies.
30. Alphabetize your CDs/DVDs/books.
31. Paint or draw.
32. Rip paper into itty-bitty pieces
33. Shoot hoops, kick a ball.
34. Write a letter or send an email.
35. Plan your dream room (colors/ furniture).
36. Hug a pillow or stuffed animal.
37. Hyperfocus on something like a rock, hand, etc.
38. Dance.
39. Make hot chocolate, milkshake or smoothie.
40. Play with modeling clay or Play-Dough.
41. Build a pillow fort.
42. Go for a nice, long drive.
43. Complete something you've been putting off.
44. Draw on yourself with a marker.
45. Take up a new hobby.
46. Look up recipes, cook a meal.
47. Look at pretty things, like flowers or art.
48. Create or build something.
49. Pray.
50. Make a list of blessings in your life.
51. Read the Bible.
52. Go to a friend's house.
53. Jump on a trampoline.
54. Watch an old, happy movie.
55. Contact a hotline/ your therapist.
56. Talk to someone close to you.
57. Ride a bicycle.
58. Feed the ducks, birds, or squirrels.
59. Color with Crayons.
60. Memorize a poem, play, or song.
61. Stretch.
62. Search for ridiculous things on the internet.
63. "Shop" on-line (without buying anything).
64. Color-coordinate your wardrobe.
65. Watch fish.
66. Make a CD/playlist of your favorite songs.
67. Play the "15 minute game." (Avoid something for 15 minutes, when time is up start again.)
68. Plan your wedding/prom/other event.
69. Plant some seeds.
70. Hunt for your perfect home or car on-line.
71. Try to make as many words out of your full name as possible .
72. Sort through your photographs.
73. Play with a balloon.
74. Give yourself a facial.
75. Find yourself some toys and play.
76. Start collecting something.
77. Play video/computer games.
78. Clean up trash at your local park.
79. Perform a random act of kindness for someone.
80. Text or call an old friend.
81. Write yourself an "I love you because..." letter.
82. Look up new words and use them.
83. Rearrange furniture.
84. Write a letter to someone that you may never send.
85. Smile at least five people.
86. Play with little kids.
87. Go for a walk (with or without a friend).
88. Put a puzzle together.
89. Clean your room /closet.
90. Try to do handstands, cartwheels, or backbends.
91. Yoga.
92. Teach your pet a new trick.
93. Learn a new language.
94. Move EVERYTHING in your room to a new spot.
95. Get together with friends and play Frisbee, soccer or basketball.
96. Hug a friend or family member.
97. Search on-line for new songs/ artists.
98. Make a list of goals for the week/ month/year/5 years.
99. Face paint.

BOYS TOWN National Hotline

www.yourlifeyourvoice.org

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BEHAVIORAL HEALTH

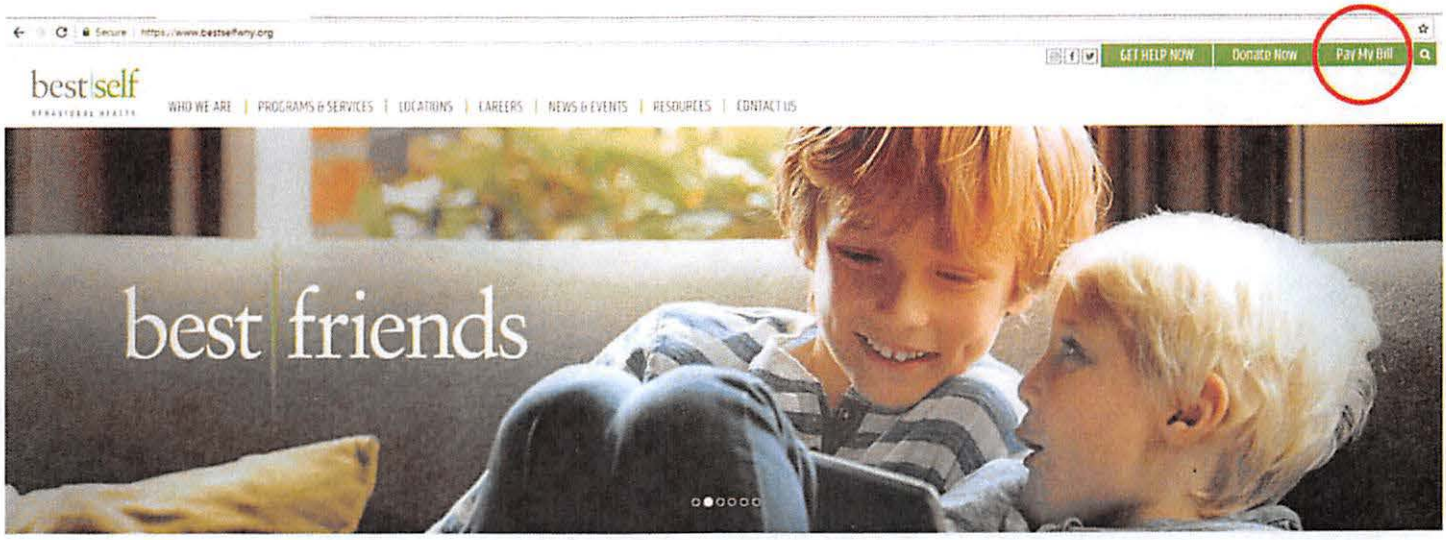
Important Phone Numbers

- **Adolescent Suicide Hotline**
  800-621-4000
- **Adolescent Crisis Intervention & Counseling Nineline**
  1-800-999-9999
- **AIDS National Hotline**
  1-800-342-2437
- **Casey House**
- 716-285-6984
- **CHADD-Children & Adults with Attention Deficit/Hyperactivity Disorder**
  1-800-233-4050
- **Child Abuse Hotline**
  800-4-A-CHILD
- **Cocaine Help Line**
  1-800-COCAINE (1-800-262-2463)
- **Compass House**
  716-886-0935
- **Crisis Services of Erie County**
- (716) 834-3131
- **Crisis Text Line**
  741741
- **Domestic Violence Hotline**
  800-799-7233
- **Drug & Alcohol Treatment Hotline**
  800-662-HELP
- **Ecstasy Addiction**
  1-800-468-6933
- **Eating Disorders Center**
  1-888-236-1188
- **Erie County Department of Social Services**
  716-858-8000
  ECMC CPEP
  898-3465
  ECMC Help Center
  898-1594
  Erie County Warm Line
  844-749-3848
- **Family Violence Prevention Center**
  1-800-313-1310
- **Gay & Lesbian National Hotline**
  1-888-THE-GLNH (1-888-843-4564)
- **Gay and Lesbian Youth Services**
  716-855-0221
  Haven House
  716-884-6000
- **Healing Woman Foundation (Abuse)**
  1-800-477-4111
- **Incest Awareness Foundation**
  1-888 -547-3222
- **Learning Disabilities - (National Center For)**
  1-888-575-7373
- **Medicaid Transportation**
  800-651-7040
- **Missing & Exploited Children Hotline**
  1-800-843-5678
- **National Alliance on Mental Illness (NAMI)**
  1-800-950-NAMI (6264)
- **Panic Disorder Information Hotline**
  800- 64-PANIC
- **Post Abortion Trauma**
  1-800-593-2273
- **Project Inform HIV/AIDS Treatment Hotline**
  800-822-7422
- **Rape (People Against Rape)**
  1-800-877-7252
- **Rape, Abuse, Incest, National Network**
  1-800-656-HOPE (1-800-656-4673)
- **Runaway Hotline**
  800-621-4000
- **Sexual Assault Hotline**
  1-800-656-4673
- **Sexual Abuse - Stop It Now!**
  1-888-PREVENT
- **Spectrum C.A.R.E.S.**
  716-882-4357
- **Suicide Prevention Lifeline**
  1-800-273-TALK
- **Suicide & Crisis Hotline**
  1-800-999-9999
- **Suicide Prevention - The Trevor HelpLine**
  1-800-850-8078
- **IMAlive-online crisis chat**
- **Teen Helpline**
  1-800-400-0900
- **Victim Center**
  1-800-FYI-CALL (1-800-394-2255)
- **WNY 2-1-1**
  211
- **Youth Crisis Hotline**
  800-HIT-HOME

GREAT NEWS!

You can now pay your bill on-line.

1. Go to our secure website, http://www.bestselfwny.org
2. Click on the "Pay My Bill" button.



We all want to be the best parent, the best friend, the best student, the best worker—the best version of ourselves that we can possibly be. If you're facing mental health and substance abuse issues, the road to becoming your best is often riddled with challenges and obstacles that are difficult to overcome on your own.

The journey to discovering your BestSelf begins here.

CLIENT #:_____

Amount for Today's Visit:

$ _____

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BEHAVIORAL HEALTH

Or you can mail payment to: → *Caring for individuals, families & the community*

255 Delaware Avenue, Suite 300, Buffalo, NY 14202