



Caring for individuals, families and the community.

Children's Orientation Packet Contents

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Welcome to BestSelf Behavioral Health!
We are glad that you are here!

What we would like you to know before starting:

- **Walk in hours are first come, first serve.** We will request that you complete some paperwork, meet with a case manager and nurse before meeting with a counselor. This appointment may take approximately 60 to 90 minutes. If you are unable to stay for this length of time, you can take the paperwork home and return it at your earliest convenience during our clinic walk in hours.
- **Our walk-in hours for our children sites are the following:**
 - **Buffalo East: 1000 Main Street Buffalo, NY 14202**
 - Tuesdays: 8:30 am - 11:00 am
 - Thursdays: 11:00 am - 2:00 pm
 - **South Towns: 140 Pine Street Hamburg, NY 14075**
 - Mondays: 8:30 am - 11:30 am
 - Wednesdays: 11:00 am - 2:00 pm
 - **University: 3350 Main Street Buffalo, NY 14214**
 - Tuesdays: 12:30 pm - 3:00 pm
 - Wednesdays: 8:30 am - 11:30 am
 - **West Side: 430 Niagara Street Buffalo, NY 14201**
 - Mondays: 8:30 am - 11:30 am
 - Tuesdays: 11:00 am - 2:00 pm
 - Wednesdays: 1:00 pm - 4:00 pm
- You must be the legal guardian of the child you are with if they are under the age of 18.
- At this time we are experiencing a high volume of families and currently have limited evening appointments for new or returning clients. However once you start working with your counselor, every attempt will be made to accommodate your schedule.
- **All sites are open Monday - Thursday 8:00 am - 8:00 pm and Friday 8:00 am-4:00 pm.**
- Please complete the **yellow sheet** and give it to the receptionist when you are done.



What can I Expect from Today?

You may have called our Central Intake (716-884-0888) line before arriving today; that helps reduce the amount of time you spend filling out paperwork when you arrive for your first appointment. If you did not call ahead of time, we will work with you today to complete your paperwork and get you registered.

Please know that our assessments are done on a first come first serve basis and that you may have to wait while others are ahead of you. You can check in with the receptionist at the front desk to get an estimate on how long you may have to wait, if at all. Please know that it may take 60 to 90 minutes to complete the entire process of completing paperwork and meeting with a counselor. If you cannot stay today, let the receptionist know and we can work with you to get the paperwork done today. You are more than welcome to take the paperwork home with you and return on a day that is more convenient for you.

Today, you will be completing basic paperwork. Please be as specific as possible when providing information so we can best provide care to you. If you have any questions or are unsure about anything you are filling out, please ask us! Do not sign anything you do not understand.

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. At times, clients may be switched to a different counselor after their first appointment due to your needs, comfort level or due to case load capacities. If this is a concern for you, please let our staff know and we will work with you to best meet your needs.

We know you are receiving a lot of information today, please do not hesitate to ask questions. We have included some information for you in this folder, where you can also keep copies of your paperwork you received today. We hope that you enjoy your visit with us. We look forward to working with you.

Sincerely,



About Amherst Clinic

The Amherst Clinic opened in March 2020, providing individual and family mental health counseling services. We work with children and families for the treatment of anxiety, depression, post traumatic stress disorder, attention deficit and hyperactivity disorder, life changes, and eating disorders. We offer a variety of counseling services including individual, family and group therapies, medication management and health monitoring services. Our clinic works closely with primary care physicians, schools, and other providers to ensure coordination of treatment and providing comprehensive care for our clients and families. If there is something that we do not offer that you think would be helpful in your recovery, our staff would be happy to refer you to get that extra support.

If you are having any problems at our clinic, or have general concerns, please do not hesitate to contact the Assistant Program Director, Meghan Policella, LCSW, 716-539-5255 X2104.

If you or your other workers need to contact us, our contact information is listed below:
BestSelf Behavioral Health

Amherst Clinic
19 Hopkins Drive
Amherst, New York 14221
Phone: 716-539-5255
Fax: 716-559-1574

We are open:

Monday: 8-4pm

Tuesday: 8-5pm

Wednesday: 8-5pm

Thursday: 8-5pm

Friday: 8-4pm

Saturday: Closed

Sunday: Closed

We are closed the following holidays:

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

If one of these holidays falls on a Saturday, we will be closed that Friday. If it falls on a Sunday, we will be closed the following Monday.



The Buffalo East Office

1000 Main Street
Buffalo, NY 14202
(716) 881-2405

The Buffalo East Office provides treatment to individuals ages 2 years old to 21 most commonly. However, we can accommodate treating individuals older than 21 as well as the family members of the children we serve. We have a staff of licensed master's level counselors, a medical team that includes: Nurse Practitioners and a Registered Nurse. We provide individual and family counseling (mental health and drug/alcohol), Case Management, Health Monitoring and Advocacy with a strong emphasis on family focused treatment.

We also provide treatment in 3 collaborative sites:

Delaware Pediatrics
Lackawanna Schools

If you are having any problems at our clinic, or have general concerns, please do not hesitate to contact:

Program Director, Carly Adornetto – 716-881-2405

We are open:

Monday: 8 am – 8 pm
Tuesday: 8 am – 8 pm
Wednesday: 8 am – 8 pm
Thursday: 8 am – 8 pm
Friday: 8 am – 4 pm

We are closed the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

If one of these holidays falls on a Saturday, we will be closed that Friday. If it falls on a Sunday, we will be closed the following Monday.

The SouthTowns Office

140 Pine Street
Hamburg, NY 14075
(716) 646-4991

The SouthTowns Office provides treatment to individuals ages 2 years old to 21 most commonly. However we can accommodate treating individuals older than 21 as well as the family members of the children we serve. We have a staff of licensed master level counselors, a medical team that includes: a child and adolescent psychiatrist, nurse practitioners and a registered nurse. We provide individual and family counseling (mental health and drug/alcohol), Case Management, Health Monitoring and Advocacy with a strong emphasis on family focused treatment.

We also provide treatment in 3 collaborative sites:

Springville Pediatrics
LakeShore Schools Family Support Center
Gowanda Community Center

If you are having any problems at our clinic, or have general concerns, please do not hesitate to contact:

Program Director, Mary Kruszka, 716-646-4991
Assistant Program Director, Kelly Gorkiewicz, 716- 646-4991

We are open:

Monday: 8 am – 8 pm
Tuesday: 8 am – 8 pm
Wednesday: 8 am – 8 pm
Thursday: 8 am – 8 pm
Friday: 8 am – 4 pm

We are closed the following holidays:

New Years Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

If one of these holidays falls on a Saturday, we will be closed that Friday. If it falls on a Sunday, we will be closed the following Monday.



The University Office

3350 Main Street
Buffalo, NY 14214
(716) 835-4011

The University Office provides treatment to individuals ages 2 years old to 21 most commonly. However we can accommodate treating individuals older than 21 as well as the family members of the children we serve. We have a staff of licensed master's level counselors, a medical team that includes: a child and adolescent psychiatrist, nurse practitioners and a registered nurse. We provide individual and family counseling (mental health and drug/alcohol), Case Management, Health Monitoring and Advocacy with a strong emphasis on family focused treatment.

We also provide treatment in 7 collaborative sites:

Amherst Pediatrics
Wheatfield Pediatrics
Lancaster-Depew Pediatrics
Sweet Home High School
Tonawanda High School
North Tonawanda High School
Roy-Hart High School

If you are having any problems at our clinic, or have general concerns, please do not hesitate to contact:

Program Director, Tara Benson, 716-835-4011
Assistant Program Director, Caryn Domzalski, 716-835-4011
Assistant Program Director, Evelyn DeSantis, 716-835-4011

We are open:

Monday: 8 am – 8 pm
Tuesday: 8 am – 8 pm
Wednesday: 8 am – 8 pm
Thursday: 8 am – 8 pm
Friday: 8 am – 4 pm

We are closed the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

If one of these holidays falls on a Saturday, we will be closed that Friday. If it falls on a Sunday, we will be closed the following Monday.



The WestSide Office

430 Niagara Street
Buffalo, NY 14201
(716) 853-1335

The WestSide Office provides treatment to individuals ages 2 years old to 21 most commonly. However we can accommodate treating individuals older than 21 as well as the family members of the children we serve. We have a staff of licensed master's level counselors, a medical team that includes: a child and adolescent psychiatrist, nurse practitioners and a registered nurse. We provide individual and family counseling (mental health and drug/alcohol), Case Management, Health Monitoring and Advocacy with a strong emphasis on family focused treatment.

If you are having any problems at our clinic, or have general concerns, please do not hesitate to contact:

Program Director, Rose Gordy, 716-853-1335

We are open:

Monday: 8 am – 8 pm

Tuesday: 8 am – 8 pm

Wednesday: 8 am – 8 pm

Thursday: 8 am – 8 pm

Friday: 8 am – 4 pm

We are closed the following holidays:

New Years Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

If one of these holidays falls on a Saturday, we will be closed that Friday. If it falls on a Sunday, we will be closed the following Monday.



Frequently Asked Questions

Will my child have to miss school?

We realize that your child's education is important; however, we also understand that if your child is experiencing depression, anxiety, attention/hyperactivity or other difficulties, his/her education may be impacted as well. So we may ask that you take your child out of school to attend appointments if that is all we have available. We will provide medical excuses at each session if your child misses school for an appointment. We will make every effort to schedule the most convenient appointment time for you and your family.

Does my child's other parent need to be a part of treatment?

If you have shared custody, both parents may be entitled to have access to the child's/adolescent's medical records. It is highly recommended that both parents are aware that the child/teen is currently receiving services. If a parent, who did not request services for the child/teen contacts our agency to inquire if the child is in treatment, we may be legally obligated to provide this information. We would inform you that an inquiry had been made by the child's/teen's other parent.

Do I have to provide court documents?

In regards to children under the age of 18 (17 and under), court documents are helpful as the document clearly states who has custody, guardianship as well as what information each parent (or guardian) is entitled to. To prevent any misunderstandings and/or confusion, we request that you provide all court documentation related to your child.

What if I cannot bring my child to counseling, can someone else bring them?

At the first session, we do need a parent or legal guardian to attend. We prefer that parents or guardians attend counseling; however, we understand that this may not always be possible and someone else may need to bring your child to counseling.

My child was released from the hospital with medication, how quickly can we get medication refilled?

When a child is discharged from the hospital a 30 day supply of medication is provided. It is extremely important that they continue on medication. When your child is discharged from the hospital, please contact our office as soon as possible to schedule a follow-up appointment (if the hospital has not already done so), so your child can be scheduled for ongoing medication assessment and monitoring.

I would like my child to be seen to be assessed for medication, how soon can that occur?

Unless your child is in a high risk state (severe depression, suicidal thoughts) our medical staff requests that prior to being referred for medication assessment, that the child is seen by the counselor for four sessions. This allows time for the counselor to gain helpful information from you about your child and family (family history, health history, school/work history) as well as to request and receive information

from other sources (primary care physician, school) that will be helpful to ensure a comprehensive assessment of your child.

I would like other family members/adults to participate in my child's counseling, Is that possible?

Of course! We welcome working with anyone you and your family identify as wanting to be a part of your child's treatment, for example, grand- parent, step-parents, etc. You will be asked to sign a release of information giving this individual(s) permission to be a part of the counseling process.

I am a foster parent, Can I sign the paperwork?

Unfortunately, as a foster parent, you are not the legal guardian of the child and are unable to sign the required paperwork.

Foster parents are given documentation by the Foster Care Agency or Erie County Department of Social Services, which states their designation as a foster parent for the child. We request that you provide us with a copy of this documentation. The child's therapist will work with you and the child's foster care case worker to ensure all required signatures are obtained.

What if I miss an appointment?

It is 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.

I don't know how my insurance works.

When you come to our clinic for services, we will check your insurance to make sure it is active and to determine if you have a copay. The customer service representative will inform you of any payments that are due at the time of your appointment. Please know that there are times that your insurance information may have changed, or that the information that we can see may not be accurate. Please know that it is your responsibility to know your insurance. You can call the phone number on the back of your insurance card with any questions you may have, or speak to our billing department about any concerns about coverage. If you are having a hard time with talking to your insurance company, please let our staff know, we can try to help. Our Billing Department can be reached at 716-458-2071.

I don't have insurance at all.

If you don't have any insurance, let our customer service representative know when you come in. A sliding scale based on household income and family size is available 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. BestSelf offers the sliding fee scale to clients that have no insurance coverage or have insurance coverage, that BestSelf does not participate with and there are no out-of-network benefits. In order to get set-up with this, you need to bring in proof of monthly income for your household. Please ask the customer service representative, or our Billing Department, if you have any questions regarding this, or if you are curious if you qualify for this. Our Billing Department can be reached at 716-458-2071.

I can't afford my copay.

If you have a co-pay 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. Our Billing Department can be reached at 716-458-2071.

My information changed. Now what?

If at any point during your treatment you change any of your contact information, please let the customer service representative or your counselor know as soon as possible. This helps us to make sure we have your correct information to help remind you of your appointments and contact you if needed. Please let us know if any of your information changes, to include your insurance coverage, primary doctor, 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.

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. The choices for Jonathan's Law can be yourself, a legal spouse, a parent or other legal guardian, or an adult child (18 years or older). 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 a 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.

BestSelf Behavioral Health Consumer Rights & Responsibilities

BestSelf 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 Alcohol & Substance Abuse Services (OASAS). In addition, 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 release 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 prohibition 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 participate 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



Psychiatric Treatment Safety Information Handout

During the course of treatment some patients may present with emergency situations that can compromise the safety of the patient and others around them. In the event that this is the case for your child we ask that you follow our recommendations as outlined here.

- In order to provide the best quality service for you and your child and in order to obtain the benefits of treatment, it is important for you and your child to attend scheduled appointments.
- Be sure that a reliable adult secures and dispenses any medication to your child.
- We recommend that there be no guns in the homes of patients who have thought about suicide, engages in self-injury or demonstrated problematic aggression/threats to hurt or kill others.
- For immediate safety concerns including suicidal patients/severe violence, calling 911 is the best first option.
- The CARES Team (716-882-4357) provides telephone crisis services to families with children or teenagers in crisis 24/7 and when necessary, a mobile intervention team can assist.
- Erie County Medical Center has a psychiatric emergency room to provide emergency service 24/7. Their CPEP center (716-898-3465) evaluates patients and determines whether inpatient psychiatric hospitalization is needed.
- You can always call our office at (716-) to see if a treatment provider can give some guidance in emergency situations.
- We suggest that if you have a child who is struggling with safety issues, you enter important numbers into your phone for reliable access.

Keep this information handy in the event you may need to utilize it. If this is lost, just ask and we will gladly replace it.



PSYCHIATRIC TREATMENT SAFETY INFORMATION HANDOUT

During the course of treatment some patients may present with emergency situations that can compromise the safety of the patient and others around them. In the event that this is the case for your child we ask that you follow our recommendations as outlined here.

- In order to provide the best quality service for you and your child and in order to obtain the benefits of treatment, it is important for you and your child to attend scheduled appointments.
- Be sure that a reliable adult secures and dispenses any medication to your child.
- We recommend that there be no guns in the homes of patients who have thought about suicide, engages in self injury or demonstrated problematic aggression/threats to hurt or kill others.
- For immediate safety concerns including suicidal patients/severe violence, calling 911 is the best first option.
- The CARES Team (716-822-4357) provides telephone crisis services to families with children or teenagers in crisis 24/7 and when necessary, a mobile intervention team can assist.
- Erie County Medical Center has a psychiatric emergency room to provide emergency service 24/7. Their CPEP center (716-898-3465) evaluates patients and determines whether inpatient psychiatric hospitalization is needed.
- You can always call our office at (716-) to see if a treatment provider can give some guidance in emergency situations.
- We suggest that if you have a child who is struggling with safety issues, you enter important numbers into your phone for reliable access.

Keep this information handy in the event you may need to utilize it. If this is lost, just ask and we will gladly replace it.

The Childhood Trust Events Survey Children and Adolescents: Caregiver Form

Version 2.0; 10/10/2006

It is important for us to understand what may have happened to your child. The questions below describe some kinds of upsetting experiences. Since we give these questions to everyone, we list a lot of possible events that may have happened at any time in your child's life. If one or more of these experiences has happened at some time in your child's life, please circle **Y** for **Yes**. If not, circle **N** for **No**. If you are unsure, circle **DK** for **Don't Know**. Thank you for completing this survey.

- | | | | |
|--|---|---|----|
| 1. Was your child ever in a really bad accident, such as a serious car accident? | Y | N | DK |
| 2. Was your child ever in a disaster such as a tornado, hurricane, fire, big earthquake, or flood? | Y | N | DK |
| 3. Was your child ever so badly hurt or sick that he/she had to have painful or frightening medical treatment? | Y | N | DK |
| 4. Has your child ever been threatened or harassed by a bully (someone outside of his/her family)? | Y | N | DK |
| 5. Has your child ever repeatedly had a parent swear at him/her, insult him/her, or had hurtful things said to him/her such as "You are no good," "You will be sent away because you are bad," or "I wish you were never born"? | Y | N | DK |
| 6. Was your child ever completely separated from his/her parent(s) for a long time, such as going to a foster home, the parent living far apart from him/her, or never seeing the parent again? | Y | N | DK |
| 7. Has your child ever had a family member who was put in jail or prison or taken away by the police? | Y | N | DK |
| 8. Has your child ever had a time in his/her life when he/she did not have the right care, such as not having enough to eat, being left in charge of younger brothers or sisters for long periods of time, or being left with an adult who used drugs? | Y | N | DK |
| 9. Has your child ever had a time in his/her life when he/she was living in a car, living in a homeless shelter, living in a battered women's shelter, or living on the street? | Y | N | DK |
| 10. Has your child ever had someone living in his/her home who abused alcohol or used street drugs? | Y | N | DK |
| 11. Has your child ever seen someone in the home try to hurt or kill himself/herself, such as cutting himself/herself or taking too many pills or drugs? | Y | N | DK |

- | | | | |
|---|---|---|----|
| 12. Has your child ever had a family member who was depressed or mentally ill for a long time? | Y | N | DK |
| 13. Has your child ever had a family member or someone else very close to him/her die unexpectedly? | Y | N | DK |
| 14. Has someone in your child's home ever been physically violent toward him/her, such as whipping, kicking, or hitting hard enough to leave marks? | Y | N | DK |
| 15. Has an adult ever said they were going to hurt your child really badly or kill him/her, or acted like they were going to hurt your child very badly or kill him/her, even if this person didn't actually do it? | Y | N | DK |
| 16. Has your child ever seen or heard family members act like they were going to kill or hurt each other badly, even if they didn't actually do it? | Y | N | DK |
| 17. Has your child ever seen or heard a family member being hit, punched, kicked very hard, or killed? | Y | N | DK |
| 18. Has your child ever seen someone in his/her neighborhood be beaten up, shot at or killed? | Y | N | DK |
| 19. Has someone ever robbed or tried to rob (jump) your child or your child's family with a weapon? | Y | N | DK |
| 20. Has someone ever kidnapped your child or has someone close to your child ever been kidnapped? | Y | N | DK |
| 21. Has your child ever been badly hurt by an animal, such as attacked by a dog? | Y | N | DK |
| 22. Has your child ever had a pet or animal that was hurt or killed on purpose by someone he/she knew? | Y | N | DK |
| 23. Has your child ever seen a friend killed? | Y | N | DK |
| 24. Has someone ever touched your child's private sexual body parts when he/she did not want them to? | Y | N | DK |
| 25. Has someone ever made your child touch another person's private sexual body parts? | Y | N | DK |
| 26. Has an adult ever tied your child up, gagged him/her, blindfolded him/her, or locked him/her in a closet or a dark scary place? | Y | N | DK |

Page 2 subtotals

— — —

Page 1 subtotals

— — —

Total

— — —

If more than one event happened AND still seems to bother your child, put a star next to the one that you believe bothers him/her the most.

<p>Trauma Treatment Training Center The Childhood Trust & The Mayerson Center for Safe and Healthy Children Cincinnati Children's Hospital Medical Center 3333 Burnet Ave, MLC 3008 Cincinnati, Ohio 45229-3039</p>
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This survey is a public domain document and may be freely reproduced and distributed without copyright restrictions. Please do not alter the item wording or content or the response format and then distribute the modified version under the original name. If you feel you must make any modifications of this survey, please rename it so that others will not be confused. For more information about this scale, please contact Erica Pearl, Psy.D. Email: erica.pearl@cchmc.org.

BESTSELF BEHAVIORAL HEALTH

HEALTH REVIEW UNDER 18

Client Name: _____ DOB: _____

Primary Care Physician: _____

Has Client had a physical within the last 12 months? ☐ Yes ☐ No

Client's Height: _____ Client's Weight: _____

Date of Last Physical Exam: _____

Any Medical/Mental Health Problems?

Any Developmental Problems?

Speech Delays: ☐ Yes ☐ No

Explain: _____

Motor Delays: ☐ Yes ☐ No

Explain: _____

Any Handicaps or Disabilities (i.e. Physical, Learning Disabilities):

Any Appetite or Sleep Problems:

Mother's Health:

Drug Use While Pregnant (IUDE): ☐ Yes ☐ No ☐ Unknown

Alcohol Use While Pregnant (ETOH): ☐ Yes ☐ No ☐ Unknown

Cigarettes: ☐ Yes ☐ No ☐ Unknown

Temperament as an Infant: ☐ Easy ☐ Hard to sooth ☐ Other ☐ Unknown

Explain: _____

Current Medications (please list):

Any Past Medications (please list):

Any Allergies to Medications or Food:

Smoking Status: ☐ Current Smoker ☐ Frequent Smoker ☐ Never

If a smoker, would you like help stopping? ☐ Yes ☐ No

Is there use of tobacco in the home? ☐ Yes ☐ No

Is there any substance use in the home environment? ☐ Yes ☐ No

Level of Exercise: ☐ Low ☐ Medium ☐ High

Weight: ☐ Under ☐ Average ☐ Over

For the Immediate Family

(biological parents, siblings, aunts, uncles, grandparents)

Any Medical Problems or Mental Health Problems (please list and for whom):

Any Developmental Problems, Handicaps or Disabilities in the Family (please list and for whom):

Any Drug or Alcohol Abuse in the Family (please list and for whom):

BestSelf Behavioral Health
Admission Comprehensive Behavioral Health Assessment (parent/guardian)

Name: _____ DOB: _____

Gender Identity: ☐ Male ☐ Female ☐ Transgendered, male to female
☐ Transgendered, female to male ☐ Non-binary ☐ Don't know/not sure

Preferred Name/Pronouns: _____

Marital Status: _____ Primary Language: _____

Race: _____ Ethnicity: _____

Veteran or Military Status: ☐ Active Duty Military ☐ Prior Military Service ☐ Neither

Has your child received services at this agency in the past 6 months? ☐ Yes ☐ No

What brings you to treatment today?

When did these problems begin?

Has your child ever been hospitalized for mental health reasons? (If yes, please list name(s) of facility and dates, if known):

Has your child ever been seen for counseling? (If yes, please list provider name(s) and dates, if known):

Substance Use History:

Has your child ever tried, experimented with, or regularly used drugs or alcohol? (If yes, please list any substance used)

Has your child ever received substance abuse treatment? (If yes, please list the name(s) of facility and dates of treatment, if known)

Has your child or does your child currently smoke? ☐ Yes ☐ No

Does anyone living in the home use tobacco? ☐ Yes ☐ No

Is there any use of substances in the home environment? ☐ Yes ☐ No

Please describe any concerns that you have about your child's gaming or internet use:

Developmental History:

Pregnancy- Full Term? ☐ Yes ☐ No ☐ Unknown

Explain: _____

Complications with Pregnancy/Delivery? ☐ Yes ☐ No ☐ Unknown

Explain: _____

Birth Weight (lbs/oz): _____

Infant Healthy? ☐ Yes ☐ No ☐ Unknown

Toilet Trained by: _____ Years _____ Months

In Process- Explain? _____

Child Bonded with Primary Caregiver ☐ Yes ☐ No ☐ Unknown

Explain:

Family Information:

Please list the names, ages, and relationships of others living in the home: _____

Please describe any significant custody or visitation Information: _____

Please describe any other significant family history (include CPS involvement, foster care):

School Information:

Current Grade: _____ School Name: _____

Is there any history of repeating grades? _____

Are there any attendance problems? _____

Does your child have an IEP or 504 Plan? _____

Trauma Information:

At any time has your child experienced any of the following?

Physical abuse: _____

Sexual Abuse: _____

Verbal Abuse and/or Neglect: _____

Exposure to any traumatic events: _____

Any other experience that your child viewed as traumatic or highly stressful: _____

Lengthy Separation from caregivers: _____

History of placement outside of the home: _____

Significant Loses: _____

Risk Issues:

Has your child had thoughts of hurting self or others? ☐ Yes ☐ No ☐ Unknown

Explain: _____

Does your child have access to weapons? ☐ Yes ☐ No ☐ Unknown

Explain: _____

Any police involvement/legal history? ☐ Yes ☐ No ☐ Unknown

Explain: _____

History of running away behaviors? ☐ Yes ☐ No ☐ Unknown

Explain: _____

History of fire setting? ☐ Yes ☐ No ☐ Unknown

Explain: _____

History of animal cruelty? ☐ Yes ☐ No ☐ Unknown

Explain: _____

Please name your child's strengths: _____

Your goals for counseling: _____

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.

Controlled Substance Agreement – P. 2

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.

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!

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.

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

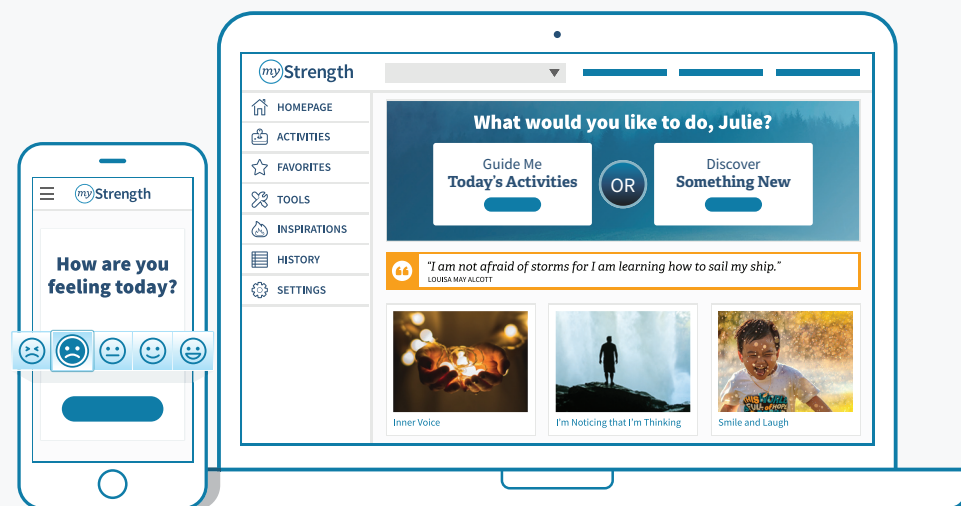
myStrength is a free online tool to help you live your best life. myStrength is available 24/7 from your computer or mobile device.

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!



myStrength

is presented by

best|self

BEHAVIORAL HEALTH

TOMA EL CONTROL DE TU SALUD MENTAL

Inicia

☐ **Sí, quiero saber sobre myStrength.**

Recibirás un correo electrónico de myStrength con instrucciones sobre cómo inscribirte.

Mi nombre es:

Mi dirección de correo electrónico es:

☐ **No gracias, no quiero saber más por los momentos.**



Probad



Personal



Privado

myStrength es un herramienta en línea, gratuita, para ayudarte a vivir la vida al máximo. myStrength está disponible 24 horas al día y 7 días a la semana, desde tu computadora o dispositivo móvil.

En myStrength encontrarás:

- Cientos de recursos de bienestar
- Herramientas de autoayuda
- Rastreadores de salud en línea
- Actividades personalizadas
- Citas diarias motivadoras

myStrength es privado y seguro, solo para ti.

¡Llena este formulario para empezar tu viaje!



myStrength

es presentado por

best|self
BEHAVIORAL HEALTH

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 your 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 board 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 disclosure 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.

Client Rights

BestSelf Behavioral Health (BestSelf) delivers services to children, adolescents, families and adults in a manner that will bring about their desired goals.

1. Clients have the right to freedom from verbal and/or physical abuse and mistreatment by employees. BestSelf does not utilize physical or chemical restraint under any circumstances.
2. Clients have the right to a maximum amount of privacy consistent with safety and laws.
3. The confidentiality of the client's clinical records shall be maintained.
4. Clients have the right to receive services in such a manner as to assure nondiscrimination.
5. Clients have the right to be treated in a way which acknowledges and respects their cultural background.
6. Clients have the right to receive clinically appropriate care and treatment that is suited to their needs and that is skillfully, safely and humanely administered with full respect for their dignity and personal integrity.
7. Participation in treatment at BestSelf Behavioral Health is voluntary.
8. Clients have the right to an individualized plan of treatment services and to participate to the fullest extent consistent with the client's capacity in the establishment and revision of that plan.
9. Clients have the right to a full explanation of the services provided in accordance with their treatment plan.
10. Clients may access their clinical records according to the procedures established by BestSelf Behavioral Health consistent with section 33.16 of the Mental Hygiene Law.
11. Should you have a grievance or complaint regarding the treatment you have received at BestSelf Behavioral Health, please refer to the Consumer Complaint Procedure.

Questions or concerns regarding these Rights may be directed to Chief Compliance Officer. If your concern is unable to be resolved at this level, the following agencies may be of help:

Mental Health Association of Erie County: 716-886-1242
Erie Alliance for the Mentally Ill: 716-877-9415
Quality of Care for the Mentally Disabled: 518-473-4090
Western New York Field Office of the New York State Office of Mental Health: 716-885-4219



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 in 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.

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
- › **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