



Welcome to CoveCare Center

This handbook is for all clients of COVECARE CENTER. It has important information about how we can work together. Many people use our buildings to work, learn and recover. We all must care for each other and our space.

This handbook does not cover all situations or all procedures or policies. If you have questions, please speak to a COVECARE CENTER staff member.

Our Mission: To partner with individuals, families, and the community to foster hope, wellness, and recovery, and to restore quality of life by addressing mental health needs, substance use, and social and emotional issues.

Our Values:

- We foster hope.
- We know recovery is possible; people with mental health and substance use issues do not have to be limited by their diagnosis.
- We believe that recovery is a highly individualized process, and we focus on helping each person realize their strengths and dreams.
- We are passionate doing everything in our power to help people improve their lives and to better our community.

CoveCare Center has a full range of treatment and community support services. Please see our website at <http://www.covecarecenter.org> for more information or speak to a CoveCare staff member.

In-person and/or Tele-behavioral Health Services include:

- **Mental Health Counseling and Treatment** - Licensed therapists provide individual, group, and family therapy for adults and children. Psychiatrists and Nurse Practitioners prescribe and manage medications when needed. Trained Peer Specialists provide guidance and support based on lived experience.
- **Alcohol & Substance Use Treatment** – Credentialed counselors and clinicians provide individual, family, and group counseling services to adults and adolescents. Certified Peer Recovery Advocates provide guidance and support based on lived experience.
- **Medication Assisted Treatment** - MAT is the use of medication for the treatment of substance use disorders. This includes buprenorphine for the treatment of opioid use.

- **Family Support Navigator Program** – Trained staff assist families and individuals struggling with substance use by providing information and resources vital to recovery. This program provided free confidential services at a location of your choice.
- **Personalized Recovery-Oriented Services** – PROSper helps people, age 18 and up, with serious mental health issues recover, heal, and gain independence. Services include goal-oriented counseling, medication management and vocational counseling.
- **Senior Partnership Services** – Assessments, Care management, and counseling services offered in the community for adults aged 55 and older who are struggling with mental health and/or substance use.
- **Community Based Services** include Adult and Children’s Care Management, Family Peer Support and Advocacy, Children and Family Treatment and Support Services (CFTSS), Home and Community Based Services (HCBS), Coordinated Children’s Services Initiative (CCSI), Children’s Respite Services, Supervised Visitation, Family Empowerment, and Rapid Re-Housing. Due to the variety of services offered within the Community Based Services department, CoveCare Center, staff will provide special attention to make sure you are in the right place.

***NOTE: Insurance eligibility applies when accessing specific services within CoveCare. Some services are at no cost.**

Hours of Operation:

Monday – Thursday, 8:30AM - 8:30PM
 Friday, 8:30AM - 5:30PM
 Saturday, 8:30AM - 2:30PM

***NOTE: Specific program hours may vary. In-person hours may vary due to the pandemic.**

Crisis Services:

Every person enrolled in CoveCare Center will have access to crisis services. If you are in crisis between 9am-5pm Monday - Friday and urgently need to speak to someone, one of our available professional staff may help you. Call 845 225-2700, then press 0.

For emergencies, you should always call 911 immediately.

Outside of the hours of 9:00AM – 5:00PM, on weekends, holidays, or any other agency closures, you will be referred to the after-hours crisis worker. Crisis calls after hours are triaged by Putnam County’s Crisis Line who will ask for your name and call back information. CoveCare Center’s crisis coverage worker will reach out to you within 15 minutes.

Please note: Crisis services will be provided over the phone after hours or through telehealth and/or in-person during the hours of 9:00AM to 5:00PM, Monday through Friday.



Frequently Asked Questions:

How much do the services cost?

- COVECARE CENTER strives to provide affordable mental health and substance use services to all. We accept most private insurances and Medicare and Medicaid. We also utilize a sliding fee scale for those who do not have insurance, or whose program does not accept their private insurance (PROSPER/PROS). All applicable fees (co-pays, co-insurance and sliding scale) are due at the time of the visit.

How long will I receive services?

- The length of the services depends on your individual treatment plan, which you and your primary clinician create together.

What if I forget to cancel an appointment or arrive late?

- If you are unable to attend an appointment (in-person or tele-behavioral health, we ask that you notify staff at least 24 hours in advance. If you are a “no-show” for an appointment or cancel late, you will be charged a fee of \$25.00 (as applicable) for each missed appointment. If you are more than 15 minutes late for your appointment, it may be re-scheduled. Repeated missed appointments without proper notification or chronic lateness may result in a change of available services and/or a discharge from the program.

What if I want to change my primary provider at CoveCare Center?

- Consistency is very important when establishing a therapeutic relationship. Requests for a change in provider will be addressed on an individual basis to see how best to resolve the issue.
- We encourage all clients to discuss their expectations and any issues directly with their clinician if considering a change. Leaving a voice mail is an acceptable way to do this if discussing it directly seems too difficult. You may ask to speak to a supervisor at any time.

Are the services confidential?

- All services and records are confidential, as mandated by federal and state laws and HIPAA regulations. Protected Health Information (PHI) will not be released without your written consent.

There are exceptions such as:

- When child abuse/neglect is identified or suspected.
- When you are in a state of emergency that necessitates disclosure of information to emergency personnel.
- If you threaten to harm someone, the intended victim and the police will be notified.
- When/if information is required through a valid court order or subpoena.
- For recipients under the age of 18, informed consent will be obtained from the minor’s parent/legal guardian in order to share any confidential information.

Are tele-behavioral health services available?

- CoveCare Center offers tele-behavioral health services for children and adults in our mental health and substance use treatment programs. A qualified mental health professional will assess the appropriateness and the child/adult preference for tele-behavioral health services. For children, feedback and preferences will be obtained from the appropriate family member. The clinician will also assess the ability of the caretaker to appropriately support the youth, to safely participate in sessions, and to follow up on treatment recommendations.
- The practitioner will be responsible for making the clinical determination that the client is appropriate for tele-behavioral health treatment. These considerations include, among other things: symptoms that could worsen with tele-behavioral health treatment (paranoid/delusions related to technology, etc.), medical issues, cultural and linguistic issues, suicidal or violent ideation, and client preference. The practitioner will be responsible for assessing whether the client should be accompanied by a staff member if at a CoveCare location during their tele-behavioral health encounters.
- Though telehealth affords flexibility, if you permanently relocate to another state or a significant distance from Putnam County, your worker will assist you in locating treatment and/or support services nearer to your place of residence. Temporary relocations will be assessed on a case-by-case basis.

What if I need paperwork completed by a CoveCare Center staff member?

- We receive numerous client requests for letters/paperwork, such as prior authorizations for medications, letters verifying participation in services, disability eligibility forms, etc. It is important that you allow 7-10 days for staff to accurately complete all the required information.
- Please note that documentation requesting functional capacity such as being able to perform certain job functions will be sent directly to the entity requesting the information with the proper signed consents. You may be asked to schedule an appointment with a provider to assess for functional capacity.

CoveCare Center Mental Health Clinic Services

THERAPEUTIC AGREEMENT

CoveCare Center is dedicated to enhancing healing and growth in a responsive and dignified manner for residents of Putnam County and the surrounding areas. We carry out our mission to serve the community's mental health and substance use needs in accordance with regulations of our Office of Mental Health and Office of Alcohol and Substance Abuse licenses, Mental Hygiene Law and Regulation and other applicable state and federal laws.

The effectiveness of our interventions is dependent upon consistent attendance and active involvement in your services. As a non-profit agency, our survival depends upon serving people who are dedicated to their recovery and to paying all co-pays, co-insurances, and/or sliding scale fees. As a recipient of our services, you voluntarily enter into a therapeutic agreement that entitles you to the following rights and obligates you to the following responsibilities.

CLIENT RIGHTS

You have the right to:

- Receive an individualized plan of treatment services and to participate in the establishment and revision of that plan.
- Receive full explanations of the services provided in accordance with your treatment plan.
- Be informed of the program's rules and regulations.
- Receive considerate and respectful care.
- Receive services in such a manner to assure non-discrimination.
- Be treated in a way that acknowledges and respects your cultural environment.
- Receive confidential care. Except for life threatening emergency, court order, child abuse or crimes committed on program premises, the program cannot release information about your services without written consent. Minors over the age of 16 have their right to confidentiality unless their health or safety or the health and safety of others are in jeopardy. The confidentiality of clinical records shall be maintained in accordance with Section 33.16 of the Mental Hygiene Law.
- Obtain access to your clinical records consistent with Section 33.13 of the Mental Hygiene Law.
- Receive written/verbal education concerning the effects and possible side effects of any medication prescribed to you by CoveCare Center qualified staff.
- Be informed of the agency grievance procedures and to initiate any questions, suggestions, complaints, or objections accordingly.
- Obtain, in writing, an explanation of reason(s) for your discharge from services. When possible, you will receive a referral to another program. While your full participation in the program is a central goal, if you object to your individualized service plan or it is not working to your satisfaction and you want it changed, that alone is not a reason to discharge you from the program. You can be discharged if participation is no longer clinically appropriate or if you engage in conduct which poses a risk of physical harm to yourself or others.

- Be informed of other arrangements if your worker is not available.
- Freedom from abuse and mistreatment by employees.

Treatment in any outpatient program is voluntary. You can refuse or end recommended services at any time. You will be informed of any potential consequences to your health and well-being or due to any external mandates. External mandates refer to court ordered receipt of outpatient services and assisted outpatient treatment. Involvement in child protection services may also recommend ongoing services.

CLIENT RESPONSIBILITIES

You have the responsibility to:

- Keep scheduled appointments or call at least 24 hours prior to the appointment if you cannot attend.
- Act in a responsible manner and observe the rules and regulations of the program.
- Treat staff and other clients with courtesy and respect.
- Respect other clients' right to confidential services.
- Participate in the development and completion of your treatment/service plan.
- Pay for services on at the time of the visit.
- Notify a staff member if your finances, insurance coverage, address, or phone changes.
- Talk to a staff member if you are thinking about ending your services with COVECARE CENTER or feel you need more/fewer intensive services.
- Ask questions about any aspects of your services you do not understand or are not comfortable with.
- Talk to a staff member about issues that may affect your services.
- All services within COVECARE CENTER conduct screenings on substance use and its impact on one's ability to function in key aspects of life, such as school, employment, and relationships with family and friends. As such, abstinence and/or a reduction in the use of mood-altering substances should be the focus of treatment, particularly in the Substance Use Program.

Communication between COVECARE CENTER and other mental health/medical, substance use providers is strongly encouraged. Communication and collaboration of care has proven to enhance recovery and improve the quality of one's life.

PAYMENT OF FEES

- COVECARE CENTER accepts most insurance, though some restrictions apply within specific programs. It is your responsibility to know your insurance coverage requirements regarding pre-approvals or if your insurance allows for tele-behavioral health services.
- All applicable fees are due at the time of visit.
- You must report any changes in insurance coverage in order to allow us to determine your benefits and fees.

- COVECARE CENTER offers a sliding scale fee for participants who do not have eligible insurance. In order to determine your fee, you must bring in documentation to verify your net income and number of dependents. We will also ask for verification of monthly expenses to assess a fair self-pay fee. Accepted documentation includes recent tax returns and pay stubs.
- If your financial situation changes, please resubmit documentation so that the fee can be revised.
- Any payment arrangements that are agreed upon must be in place before services can be received. If you refuse to pay for services rendered, services may be denied.

RULES AND REGULATIONS

The services we provide are confidential and presume voluntary participation. Please review the following Rules and Regulations. If you have any questions at this point or at any time during the assessment and treatment process, please ask your therapist or any available staff.

- No violence, verbal or physical abuse to other clients, workers, or property will be accepted.
- All applicable fees will be collected at the time of service unless alternate arrangements are made.
- All scheduled appointments are expected to be kept. A fee of \$25 (as applicable) will be charged for “no-show” or late cancellations.
- The clinic reserves the right to suspend treatment if fee payments are not appropriately made.
- Involuntary discharges or grievances of any kind can be appealed to the Program Director and/or COVECARE CENTER compliance Officer.
- No use of alcohol, use or sale of illegal drugs, or any other forms of illegal activity may occur on COVECARE CENTER property.
- Clients who appear for appointments under the influence of alcohol or drugs will be assessed for safety but will not be seen for their scheduled appointment.
- No person shall have in his/her possession a weapon at CoveCare Center. Law Enforcement Officers shall be granted firearm exception while in the performance of official duties.

PRESCRIPTION POLICY

It is essential that you keep track of when you need refills for medication and ensure that you have a scheduled appointment with the physician before you run out. Refill requests will be addressed during standard business hours. Refill requests made after hours, weekends, and holidays will be evaluated on a case-by case basis to determine its urgency. CoveCare Center reserves up to 3 business days (10 days for mail order delivery) to review and complete any refill requests. Medications requiring a prior authorization may require additional time as insurance carriers have their own approval process independent from CoveCare Center.

COVECARE CENTER IS A TOBACCO/NICOTINE FREE FACILITY

COVECARE CENTER will ensure that all facilities and vehicles are “tobacco/nicotine free”. No smoking on the grounds follows Putnam County regulations which state that smoking, including e-cigarettes, is prohibited within 30 feet of the building. The purpose is to protect employees, clients, interns, and visitors from the consequences of secondhand smoke.

- All clients, regardless of nicotine use history, will be offered education on the medical complications of nicotine use, dependence, and recovery. When applicable and if agreed to, nicotine cessation/reduction will be incorporated in individual treatment plans.
- To maintain a tobacco/nicotine free environment, all clients, family members, and other visitors are asked **not** to bring tobacco/nicotine products in the facility.
- Pamphlets and education material are available in the lobby.

CONSUMER ADVISORY COMMITTEE

Clients and family of clients are welcome to join the Consumer Advisory Committee to share your thoughts, ideas, and suggestions in order to improve services at CoveCare Center. The Committee meets quarterly in the evening. Please speak to your worker for more information.

WE NEED AND WELCOME YOUR INPUT!

If you have questions about the clinical services you receive at your program, please:

1. Talk to your worker. Most problems can and should be handled by your worker.
2. If the matter is not resolved, talk with his or her supervisor, the Program Director, or the Vice President of Behavioral Health Services.
3. If you feel your rights have been violated, you can also contact the Compliance Officer at: **(845) 225-2700 ext. 159.**
4. If you still have unresolved concerns, you may contact:

**New York State Office of Mental Health
Customer Relations
(800) 597-8481**

**NYS Justice Center Vulnerable Person’s Central Register
1-(855) 373-2122**

**National Alliance for the Mentally Ill (NAMI)
Putnam
(845) 363-1478**

For individuals enrolled in substance use treatment:

**NYS Office of Addiction and Support Services
Patient Advocacy
1-(800) 553-5790**



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer at 845-225-2700, x 159.

WE ARE COMMITTED TO YOUR PRIVACY

At CoveCare Center, we are committed to maintaining the privacy and confidentiality of your health information.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee for either of the above services.

Ask us to amend your medical record.

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- If we say “no,” you can write a letter that explains your side of the story. We will add that letter to your medical record.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or our ability to be reimbursed.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information.

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us at 845-225-2700, x159 or by sending a letter to Privacy Officer, CoveCare Center, 1808 Route Six, Carmel, NY 10512.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care, if you do not object.
- Share information in a disaster relief situation.
- You can indicate your choices by completing an authorization, commonly referred to as a consent. This is especially important when you're asking us to share information about alcohol/drug treatment, mental health, or confidential HIV/AIDS-related treatment.
- The form enables you to specify individuals or entities with whom you want your information shared and specifically what information to share.
- You have the right to revoke (withdraw) this authorization at any time except when we have already shared your information based on the consent you gave us. You are also not able to revoke your authorization if it was obtained for the purpose of receiving payment from your insurance company.

- You can choose to write a letter specifying the information we can no longer share and the person, organization, facility, or program we should no longer share your information with. You can also use our Revocation of Authorization for Release of Information form on our website.
- Please be as specific as you can in writing your revocation. Please indicate the name and address of the person(s) we are currently sharing this information with and include the date, or approximate date, you signed your authorization. Please address your written request to:
CoveCare Center
Medical Records
1808 Route 6
Carmel, NY 10512

Your request won't be effective until we receive it and verify that you have provided the information we need to comply with your revocation request.

- CoveCare Center may condition your treatment on your refusal to sign this consent. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we won't share your information unless you give us written permission:
 - Marketing purposes.
 - Sale of your information.
 - Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again and we must comply with your request.

OUR USES AND DISCLOSURES

We typically use or share your health information for treatment, payment, and healthcare operations.

Treat You.

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

Examples:

- *A doctor treating you asks another doctor about your overall health condition.*
- *We share information with a pharmacy that is filling your prescription.*

Bill for your services.

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

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

Run our organization.

We can use and share your health information to run our business operations and the operations of our related treatment entities.

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

WE USE OR SHARE YOUR HEALTH INFORMATION TO CONTRIBUTE TO THE PUBLIC GOOD

We are allowed or required to share your information in other ways. Many of these contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research.

We can use or share your information for health research.

Comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests.

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

WE SHARE YOUR INFORMATION TO ANALYZE OUR DATA AND IMPROVE SERVICES TO OUR CLIENTS

We will share your Protected Health Information with third party "business associates" that perform various activities for the agency. Whenever an arrangement between Covecare Center and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

Your Protected Health Information may be accessed by participating providers in the Coordinated Behavioral Health Services Independent Practice Association (*cbhsinc.org*) when the participating providers have a treating relationship with you.

OUR RESPONSILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For More Information See:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Revised 1/1/2022



HIPPA NOTIFICATION FOR COMMUNICATING WITH CLIENTS BY EMAILS AND TEXTS

You may ask us to communicate with you by email and/or text messages. CoveCare Center uses regular, unencrypted emails and texts. They're the same type of emails and texts we commonly receive and send on computers, laptops, tablets, and cellphones. They aren't protected by a technical process called encryption. Encrypted emails and texts are more secure.

There is some level of risk that information in unencrypted emails and texts sent by CoveCare Center could be read by someone other than you.

I have been notified that there is some level of risk that protected health information transmitted by unencrypted emails and texts could be read by someone other than me. I have indicated my preference for communicating with me below.

YES—You may communicate with me by email. I am willing to accept the risks associated with CoveCare Center's unencrypted emails.

NO— Do not communicate with me by email.

YES—You may communicate with me by text. I am willing to accept the risks associated with CoveCare Center's unencrypted texts.

NO— Do not communicate with me by text.

My email address is:

My phone number is:

Please inform us of any changes to your email address or phone number immediately.

Printed Name

Signature

Date

PERMISSION TO TREAT A MINOR

Childs Name: _____ DOB: _____

I am the custodial parent/legal guardian of the above named child. I give permission for any of the CoveCare Center professional staff to provide psychotherapeutic treatment to _____.

Signature

Date

Print Name

Relationship

Witness

PSYCKES Consent Form
COVECARE CENTER

The Psychiatric Services and Clinical Enhancement System (PSYCKES) is an administrative database maintained by the New York State Office of Mental Health (OMH). It contains health information from the NYS Medicaid claims database, health information from the clinical records of persons who have received care from State operated psychiatric centers, and health information from other NYS health databases. This administrative data includes identifying information (such as name, date of birth), information about health services that have been paid for by Medicaid, and information about a person's health care history (such as treatment for illnesses or injuries a person has had, test results, and lists of medication a person has taken). For an updated list and more information about the NYS health databases in PSYCKES, visit www.psyckes.org and see "About PSYCKES."

The health information in PSYCKES can help your provider provide you with good care. In this Consent Form, you can choose whether or not to give your provider electronic access to your health information that is in PSYCKES. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent will not be the basis for denial of health services.**

If you check the **"I give consent"** box below, you are saying "Yes, this provider's staff involved in my care may get access to all of my medical information that is in PSYCKES."

If you check the **"I deny consent"** box below, you are saying "No, this provider may not see or be given access to my medical information through PSYCKES," this does not mean your provider is completely barred from accessing your medical information in any way. For example, if the Medicaid program has a quality concern about your healthcare, then under federal and state regulations your provider may be given access to your data to address the quality concern. There are also exceptions to the confidentiality laws that may permit your provider to obtain necessary information directly from another provider for treatment purposes under state and federal laws and regulations.

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have two choices:

- I give consent for this provider to access all** of my electronic health information that is in PSYCKES in connection with providing me any health care services.
- I deny consent for this provider to access** my electronic health information that is in PSYCKES; however, I understand that my provider may be able to obtain my information even without my consent for certain limited purposes if specifically authorized by state and federal laws and regulations.

Print Name of Patient

Date of Birth of Patient

Patient's Medicaid ID Number

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative
to Patient (if applicable)

Signature of Witness

Print Name of Witness

Details about patient information in PSYCKES and the consent process:

1. How Your Information Will be Used. Your electronic health information will be used **only** to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to all patients.

Note: The choice you make in this Consent Form does not allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

2. What Types of Information About You Are Included? If you give consent _____ may access all of your electronic health information available through PSYCKES. This includes information created before and after the date of this Consent Form. The information in PSYCKES includes information from your health records, such as a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Mental health conditions
- Alcohol or drug use problems
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Sexually transmitted diseases

3. Where Health Information About You in PSYCKES Comes From. If you received health related services that were paid for by Medicaid, information about those services will be stored in PSYCKES. If you received services from a State operated psychiatric center, health related information taken from your clinical records will also be stored in PSYCKES. However, although the information contained in PSYCKES may come from your clinical record, your PSYCKES record is not the same thing as your complete clinical record. Health information from other databases maintained by NYS is also included in PSYCKES. New health database may be added to PSYCKES as available. For an updated list and more information about the data available in PSYCKES, visit the PSYCKES website at www.psyckes.org and see "About PSYCKES" or ask your treatment provider to print the list for you.

4. Who May Access Information About You, If You Give Consent. Only these people may access information about you: doctors and other health care providers who serve on _____'s medical staff who are involved in your medical care; health care providers who are covering or on call for _____'s doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

5. Penalties for Improper Access to or Use of Your Information. There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call _____ at _____; or call the NYS Office of Mental Health Customer Relations at 800-597-8481.

6. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by _____ to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information.

7. Effective Period. This Consent Form will remain in effect until 3 years after the last date you received any medical services from _____, or until the day you withdraw your consent, whichever comes first.

8. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to _____. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from this provider or from the PSYCKES website at www.psyckes.com, or by calling _____ at _____. Note: Organizations that access your health information through _____ while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

9. Copy of Form. You are entitled to receive a copy of this Consent Form after you sign it.



CoveCare Information Received upon Accessing Services

My signature below verifies that I have received the following information from CoveCare Center:

- Client Handbook which includes:
 - ✓ Therapeutic Agreement including Clients Rights and Responsibilities
 - ✓ Payment and Fees for services
 - ✓ Client responsibilities including rules and regulations
 - ✓ Explanation of After Hour Crisis Service
 - ✓ Office of Mental Health and/or Office of Addiction and Support Services
 - Rights of Service Recipient
 - ✓ Tobacco Policy
 - ✓ Cancellation/ Missed appointment Policy
 - ✓ Prescription Policy

- Notice of HIPAA Privacy Practices Related to Protected Health Information

In addition, I was given the opportunity to ask questions and I know whom to contact if I have questions or concerns regarding this information.

Client's Signature

Date

Print Name