



Guides along the pathway to change.

## **Patient Rights**

Your welfare is a primary concern of Westfall Associates, as a voluntary participant in services, you have the right:

- 1) To receive services that are responsive to individual needs in accord with an individualized treatment/recovery plan, which you help develop and periodically update with a primary therapist;
- 2) To receive services from staff who are competent, respectful of your dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with the requirements of our operating certificate;
- 3) To have the opportunity to resolve conflicts that can arise in professional settings in a prompt, constructive manner with your assigned clinical staff. If unable to do so, you may contact the Clinical Director, Rick Briggs, at 585-473-1500 (in his absence, you can request contact with a Clinical Supervisor, the Medical Director or President at the same phone number). If concerns are not sufficiently addressed you may contact NYS OASAS Patient Advocacy Unit at 1-800-553-5790;
- 4) To receive services in a therapeutic environment that is safe, sanitary, and free from the presence of alcohol or other addictive substances;
- 5) To know the name, position, and function of any person providing services to you;
- 6) To receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by an appropriate medical professional;
- 7) Confidential treatment and maintenance of your medical record as described in the Notice of Privacy Practices and according to Federal Confidentiality Regulations 42CFR PART 2
- 8) To receive information about provider services available on site or through referral, and how to access such services;
- 9) To receive a prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with your individual treatment/recovery plan;
- 10) To be informed of and to understand the standards that apply to your conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions for non-compliance with treatment/recovery plans;
- 11) To receive in writing the reasons for a recommendation of discharge and to be informed of the process to appeal such discharge recommendation;
- 12) To voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or NYS OASAS, free from intimidation, reprisal or threat;
- 13) To examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, and how your insurance coverage applies, regardless of payment source;
- 14) To receive a copy of your medical records after QA Committee Review for a reasonable fee;
- 15) To be free from physical, verbal or mental abuse; if you suspect abuse, you have the right to call the NYS Justice Center at 1-855-373-2122 or TTY1-855-373-2123
- 16) To be treated by our staff who are free from active chemical dependence;
- 17) To be free from any staff or patient coercion, undue influence, intimate relationships and personal financial transactions;
- 18) To be free from performing labor or personal services solely for Westfall or staff benefit, that are not consistent with treatment goals.

## **Patient Responsibilities:**

Participation in a chemical dependence service presumes a patient's continuing desire to change lifestyle habits and requires each patient to act responsibly and cooperatively with provider staff, in accord with an individual treatment/recovery plan and reasonable provider procedures. Therefore, each patient is expected to:

- 1) Work toward the goal of abstinence from drug, alcohol, and tobacco use;
- 2) Treat staff and other patients with courtesy and respect;
- 3) Respect other patients' right to confidentiality;
- 4) Participate in developing and following a treatment/recovery plan;
- 5) Become involved in productive activities according to ability;
- 6) Pay for services on a timely basis;
- 7) Participate in individual counseling and/or group and/or family counseling sessions as applicable;
- 8) Inform medical staff and counseling staff if receiving outside medical services;
- 9) Address all personal issues adversely affecting treatment; and
- 10) Act responsibly and observe all provider rules, regulations and policies, to include group agreements signed when entering group related programming if that is part of the recovery plan developed with your primary counselor.
- 11) To inform us if you decide to exercise your right to voluntarily discharge yourself from treatment services.