



MENTAL HEALTH PATIENT'S RIGHTS

As a patient of Hudson Valley Mental Health, Inc. you are entitled to the following rights:

1. You are entitled to an individualized plan of treatment and to participate to the fullest extent possible in the establishment and review of that plan.
2. You have the right to a full explanation of the services provided in accordance with your treatment plan.
3. You have the right to participate in outpatient treatment on a voluntary basis.
4. You have the right to object to your treatment plan or any part of it, and your objection shall not, in and of itself, result in the discontinuation of services.
5. You have the right to the confidentiality of your records. Information in your record shall be communicated to individuals outside the mental health clinic only at your written request, or in response to a valid subpoena from a court, or to make a report of possible child abuse or neglect, or in the case of a psychiatric emergency.
6. You have the right to access to your record consistent with Section 33.16 of the Mental Hygiene Law.
7. You have the right to receive clinically appropriate care and treatment that is suited to your needs and that is skillfully, safely, and humanely administered with full respect for your dignity and personal integrity.
8. You have the right to receive services in a non-discriminatory manner.
9. You have the right to be treated in a way which acknowledges and respects your cultural background and identification.
10. You have the right to the maximum amount of privacy consistent with effective treatment.
11. You have the right to freedom from abuse and mistreatment by staff.
12. You have the right to be informed of the clinic's grievance policies and procedures and to initiate any question, complaint, or objection with the clinic procedures and to initiate any question, complaint, or objection with the clinic director or any staff member.
13. You have the right to request information on completing an advanced directive.
14. You have the right to contact the Director of Quality Assurance/Risk Management at (845) 486-2703, ext. 325 if you feel any of these rights have been violated.
15. You have a right to request a change in therapist.



You may also contact the following at any time:

New York State Office of Mental Health
Customer Relations
44 Holland Avenue
Albany, NY 12229
(800) 597-8481

Carol Smith, MD, MPH, Commissioner
Ulster County Department of Mental Health
239 Golden Hill Lane
Kingston, NY
845-340-4000

New York State Justice Center for the Protection
of People with Special Needs
161 Delaware Avenue
Delmar, New York 12054-1310
(518) 549-0200

National Alliance for the Mentally Ill
of New York State
260 Washington Avenue
Albany, NY 12210
(800) 950-3228
Mid-Hudson Affiliate: (845) 297-6640

Mental Health Assoc. of Ulster County
PO Box 2304
Kingston, NY 12402-2304
(845) 339-9090