Mental Health Association in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR

Hello,

Thank you for your interest in Mental Health Association in Orange County, Inc. (MHA)'s Friends Program. The program's main goal is to provide a group setting and support to improve social skills for youth ages 9 to 17 with social, behavioral or emotional difficulties. Groups meet throughout Orange County.

In order to process your application, we are requesting you review and complete the following information:

- Friends Program Application
- Notice of Participant's Rights
- Notice of Privacy Practices
- Acknowledgement of Receipt of Privacy Practices and Program Participant Rights

If you have any further questions about the Friend's Program or any other questions regarding MHA please give me a call at 845-342-2400, ext. 1258.

Please forward all information to:
Mental Health Association in Orange County, Inc.
73 James P. Kelly Way
Middletown, NY 10940
Attn: Joan Ruiz-Werkema, Community Engagement and Social Programs Supervisor
And/or via secure email to: jruiz-werkema@mhaorangeny.com

Sincerely,

Joan Ruiz-Werkema

Joan Ruiz-Werkema,
Community Engagement and Social Programs Supervisor

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Mental Health Association
in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR

Friends Program Application Form

Date:_________ Guardian(s) Name: (Last)__________________ (First)___________________

Address (Street, City, and Zip): ____

____

Cell Phone: ________________ Home Phone: ______________Work Phone: _______________

Email Address: ____

Child/Teen Name: (Last) __________________________ (First) ________________________

Date of Birth: ______________________

Which of the following best describes the Child/Teens's current gender identity?
(Select all that apply)

- ☐ Female (Cisgender- identifies as female and was assigned female at birth)
- ☐ Female (Transgender- identifies as female and was assigned another gender at birth)
- ☐ Male (Cisgender- identifies as male and was assigned female at birth)
- ☐ Male (Transgender- identifies as male and was assigned another gender at birth)
- ☐ Agender
- ☐ Bigender, Polygender
- ☐ Gender Non-Binary, GenderQueer, Gender Non-Conforming, Two-Spirit
- ☐ My child/teen's gender identity is not listed above. Please specify.

____

Language(s) Spoken: ____

Child/ teen's emotional age (At what age group do they function socially?): ________________

Diagnosis or Classification (If Applicable): ____

Current Treatment/Provider: ____

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

What are your child/teen's strengths? ____

____

____

List your child/teen's 2 strongest social skills and rate each on a scale on 1-10 (10 being the strongest).

1. ______________________________ 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___

2. ______________________________ 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___

List your child/teen's 2 weakest social skills and rate each on a scale on 1-10 (10 being the strongest).

1. ______________________________ 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___

2. ______________________________ 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___

What expectations do you have for your child/teen from attending this group? Be specific, if possible (Ex: I would like them to be able to take turns, to approach peers in an appropriate manner, learn how to regulate emotion, etc.).

____

____

____

What groups are your child/teen affiliated with? (Ex: Family Ties, Scouts, 4H, Youth Soccer, Big Brother, Etc.)

____

____

____

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

How did you hear about the Friends Program?

____

____

____

Is there any other information that would be helpful for us to know about your child?

____

____

____

____

Guardian Signature: ________________________ Relationship: _________________________

Date: ______________________

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Mental Health Association
in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR

NOTICE OF PROGRAM PARTICIPANT'S RIGHTS

1. Your civil rights and liberties (for example, the right to vote, or attend a place of worship) shall not be interfered with. The program staff shall take no action that would interfere with your ability to exercise these rights.
2. You have the right to receive services in a manner that does not discriminate against you on the basis of race, color, gender, sexual orientation, age, religion, national origin, political belief, or nature and severity of a handicapping condition.
3. You have the right to receive courteous, fair, and respectful care and services that are suited to your individual needs. You shall not be physically, mentally, or emotionally abused or neglected in any manner.
4. You have the right to participate in supports and services that are designed to help you obtain and maintain a life role and environment of choice.
5. You have the right to an explanation of supports and services available to you through the program.
6. You have the right to participate in any activities of your choice (clubs, associations, religion, or political organizations).
7. You cannot be required and should never give to any staff member a gratuity in any form for services provided or arranged by the program staff.
8. In case of serious illness, injury or death, emergency contact and or next of kin will be notified immediately by the proper authorities.
9. You have the right to have private, written and verbal communication with staff in accordance with the agency's HIPAA Privacy Policies.
10. You have the right to access your case record, in accordance to the agency's HIPAA Privacy Policies.
11. You have the right to a written copy of the admission and discharge policies which includes a statement of the criteria and procedures for discharge.
12. Your written permission must be obtained for the filming, recording and photographing of individual or group activities for distribution or display. You have the right to refuse to be photographed.
13. You have the right to make suggestions, voice concerns, and present complaints, through the Program Participant Satisfaction Committee, HIPAA Privacy Officer, and other Senior Management. Any complaint received will be reviewed by the Program Participant Satisfaction Committee within 10 days and a written report forwarded to the program participant within 30 days of receipt of the complaint. This can be accomplished without fear of retaliation. You may contact any of the following if you feel your complaint or grievance is not satisfactorily met within the program you are receiving services from:

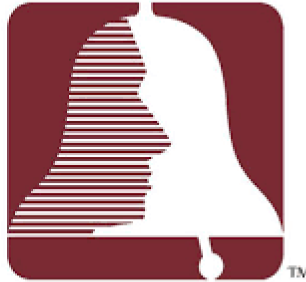
Agency	Phone #
Julia Phillips Quality Assurance Administrative Manager	**(845) 342-2400 ext. 1268**
Alison Fisher, Social Programs Director	**(845) 342-2400 ext. 1236**
Angela Jo Henze, Executive Director	**(845) 342-2400 ext. 1326**
Deborah de Jong, Associate Executive Director	**(845) 342-2400 ext. 1248**
Danielle Finn, Director of Finance	**(845) 342-2400 ext. 1229**

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

Mental Health Association
in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR



MENTAL HEALTHASSOCIATION
IN ORANGE COUNTY, INC.

73 James P. Kelly Way Middletown, NY 10940

NOTICE OF PRIVACY PRACTICES

UPDATED MARCH 24, 2018

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

*PRIVACY PROMISE

Mental Health Association in Orange County, Inc. (MHA) understands that your personal information needs to be kept private. Protecting your personal information is important. We follow strict federal and state laws that require us to keep your personal information confidential.

*HOW WE USE YOUR PERSONAL INFORMATION

When you receive services from MHA, we may use your personal information for such activities as providing you with services, billing for services, and conducting our normal business known as health care operations. If you have chosen a personal representative and have agreed to let your personal representative obtain your personal information, we will provide the information to your personal representative. If you have a guardian, we will provide the information to your guardian.

Examples of how we use your information include:

- ***Treatment*** - We keep records of the care and services provided to you within MHA. For example, your case manager keeps notes on all contacts made in coordinating and arranging for services. If you receive Residential Habilitation Services, the Res Hab worker will keep records of any care you receive. MHA staff may share your personal information while helping to develop your service plan. If MHA staff want to share your personal information with anyone who is not employed by MHA, you must give them written permission first. Some personal records, including confidential communications with a mental health professional, substance abuse records, and HIV/AIDS information may have additional restrictions for use and disclosure under state and federal law.

- ***Payment*** – We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your services from Medicaid, or other sources. For example, we may disclose personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid. MHA may use your personal information to determine the amount and type of Medicaid services you need and send this information to the proper state department.

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

- ***Health Care Operations*** – We use personal information to improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better serve you and other individuals who receive services from MHA. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

- ***Fundraising*** – We may use demographic information about you in order to support our business operations.

- ***Business Associates*** – We may disclose your personal health information with an accounting firm or law firm that provides professional advice to us about how to improve on health care services and comply with the law.

*OTHER SERVICES WE PROVIDE

We may also use your personal information to:

- Determine whether you are eligible for services from MHA.
- Recommend to you service alternatives and other possible benefits.
- Tell you about other service providers who may be able to help you
- Remind you of an appointment unless you tell MHA staff that you do not wish to be reminded.
- To allow MHA to review direct service contracts.
- Allow local, state, federal agencies to monitor your services.
- To investigate incidents affecting health and safety, to report these kind of incidents and to take steps to protect your health and safety.
- To allow MHA to prepare reports required by the New York State Office of Mental Retardation and Developmental Disabilities, the New York State Office of Mental Health, and other funding sources.

*SHARING YOUR PERSONAL INFORMATION

There are limited situations when we are permitted or required to disclose personal information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence.
- To reduce or prevent a serious threat to public health and safety.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices.

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

- When required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donation.
- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs.
- For specialized government functions such as intelligence and national security.
- For product monitoring and recall.
- For research, with your consent, or when a review board has approved research which poses minimal risk and your privacy is ensured. No public disclosure of your name will be made without your consent. All other uses and disclosures, not described in this notice, require your signed authorization.

You may revoke your authorization at any time with a written statement.

*WHO WILL FOLLOW THIS NOTICE

• All MHA employees, consultants, interns, volunteers, and business associates.

*OUR PRIVACY RESPONSIBILITIES

MHA is required by law to:

- Maintain the privacy of your personal information.
- Provide this notice that describes the ways we may use and share your personal information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

Current notices will be posted in all MHA facilities. You may also request a copy of any notice from the MHA Privacy Office.

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Mental Health Association
in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR

*Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all requests for restrictions carefully but are not required to agree to any restriction*
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your personal information, including service, medical and billing records. Fees may apply*
- Request corrections or additions to your personal information. You must give the reasons for wanting the change*
- Request an accounting of certain disclosures of your personal information made by us. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact MHA Privacy Office for the appropriate form for your request.

*Our Organization

This notice describes the privacy practices of the Mental Health Association in Orange County (MHA). This notice also describes the privacy practices of persons or entities which have signed a contract with MHA, and which are acting as business associates, and have promised to follow the same rules of confidentiality.

MHA Facilities include:

- MHA office in Middletown, NY
- Hudson House in Newburgh, NY
- Home-to-Stay in Middletown, NY

If you want to know about the privacy practices of service providers who are not employed by the MHA and who are not business associates, you should contact them directly.

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your personal information, please contact MHA's Privacy Office:

Julia Phillips, Quality Assurance/Administrative Manager, HIPAA Privacy Contact
73 James P. Kelly Way
Middletown, NY 10940
Tel: (845) 342-2400 ext.1268 Fax: (845) 343-9665

**HOW TO FILE A COMPLAINT*

To file a complaint with us, please contact Julia Phillips, Quality Assurance/ Administrative Manager, HIPAA Privacy Contact at Mental Health Association in Orange County, Inc., 73 James P. Kelly Way Middletown, NY 10940, (845) 342-2400 ext. 1268. We will investigate all complaints and will not retaliate against you for filing a complaint.

You also may file a written complaint with either

- The Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775 or
- The Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C., 20201 or call OCR's hotline – voice at 1-800-368-1019, or e-mail at ocrmail@hhs.gov.
- In addition, the Federal Center for Deaf and Hearing Impaired can be contacted at 1-800-877-8339.

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311

Mental Health Association
in Orange County, Inc.

Angela Jo Henze, EXECUTIVE DIRECTOR

Acknowledgement of Receipt of Privacy Practices and Program Participant Rights

I have received a copy of the Privacy Practices Notice and the Notice of Program Participant's Rights from the Mental Health Association in Orange County, Inc. I also consent to the disclosure of personally identifiable information for treatment, payment, and normal healthcare business operations of this agency in regard to myself and others noted below for whom I can legally consent.

Printed Name of Program Participant: ____

Printed Name of Others Subject to this Consent: ___________________________________
(For example, minors)

Signature: __________________________________

Relationship to Program Participant: ____________________ Date: __________________

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
(845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center ● 24 HOURS ● 7 DAYS A WEEK ● Dial 311