



Mental Health Association

in Orange County, Inc.

NADIA ALLEN, 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 or 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
Angela Jo Henze, Managing Director	(845) 342-2400 ext. 1269
Nadia Allen, Executive Director	(845) 342-2400 ext. 1326
Debbie deJong, 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-FAX (845) 343-9665

www.mhaorangeny.com *e-mail: mha@mhaorangeny.com
EBEN ROCKWELL HILL, PRESIDENT * A UNITED WAY AGENCY



**Orange County Crisis Call Center Orange
County Crisis Call Center**

• 24HOURS • 7 DAYS A WEEK • 1-800-832-1200



Mental Health

NADIA ALLEN, EXECUTIVE DIRECTOR

PARTICIPANT RECEIPT OF NOTICE OF PARTICIPANT’S RIGHTS

This is to acknowledge that I _____

have received a copy of Mental Health Association in Orange County, Inc.’s (MHA)

Notice of Participant’s Rights I have reviewed and understand my rights

as a participant in services provided by MHA.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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