



Welcome to Maryvale

Welcome to Maryvale's Community-Based Services (CBS). We feel so privileged that you have selected our agency to provide you and your family with Specialty Mental Health Service (SMH) services.

This document is provided at intake and is intended to inform Clients and their Authorized Representatives of their Rights and Responsibilities while participating in services.

Our physical office is located at 2502 East Huntington Drive, Duarte, CA 91010. We provide services through a unique and personalized approach that includes in-person services at the Duarte office, in your home, your school or other community environment where you feel most comfortable, and via telehealth and telephone services. Our hours of operation are Monday through Friday (excluding major holidays) 8:30 am to 5 pm and Tuesdays until 6 pm. Our office number is (626) 263-9133 and after the office is closed during evenings, weekends and holidays, clients can call (626) 265-7790 in the event of a mental health emergency or if they require crisis support.

What Are My Rights as a Recipient of Specialty Mental Health Services?

When accessing these services, you have the **right** to:

- A full and thorough assessment for treatment of SMH services.
- Work in partnership with your provider to put together a treatment plan that includes the goals for the treatment and services that are important to you.
- Receive information about the services you are entitled to, an explanation of those services and the service delivery options available including: in person, telehealth, and telephone services.
- Receive information on available treatment choices and have them explained in a manner and language you can understand.
- Have your authorized representative present to support you in receiving available treatment options.
- Receive information on the fees of any services. Please note: all Maryvale services are paid for by the clients' full scope Medi-Cal coverage and no additional share of cost is charged to the client.
- Receive services in the language most comfortable for you and your family, which may include interpretation services at no cost to you.
- Be an active participant in your treatment plan and in decision making regarding your mental health care, including the right to refuse or discontinue any service, treatment or medication.
- Be informed of the consequences for refusing or discontinuing any service, treatment or medication, which may include discharge from the program.
- Receive service in a manner that is free from harassment or coercion and that protects your rights to self-determination.
- Be informed of the credentials/license status of your provider, and assured that your provider is adequately trained to deliver these services.
- Be informed regarding the risks, benefits and side effects that participating in treatment may pose to you and your family.
- Be offered the most appropriate and least restrictive or intrusive service available.
- Receive information on how to contact the licensed supervisor your provider is working under



for any questions or concerns regarding your treatment.

- Be treated with personal respect and respect for your dignity and privacy.
- Receive services confidentially.
- Be informed that confidentiality will be broken as required by law in the event that you pose a risk to yourself or others or disclose child, elder or dependent persons neglect or abuse.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation about the use of restraints and seclusion.
- Ask for and get a copy of your medical records, and request that they be changed or corrected, if needed.
- Request information on and receive support in submitting a request to change your provider or file a grievance if you are not satisfied with the services you are receiving.
- Receive specialty mental health services that follows its contract with the state for availability of services, assurances of adequate capacity and services, coordination and continuity of care.
- Receive services that are adequate in the length of time and scope to meet the needs of client and family and linkage and support services at the time of discharge.
- Be provided timely access to care, including access 24 hours a day, seven days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Receive services in a manner respectful to your cultural and ethnic background, including your preferred language.
- Exercise your rights without fear of retaliation or negative impact to your treatment or services.

What Are My Responsibilities as a Recipient of Specialty Mental Health Services?

When accessing these services, you have the **responsibility** to:

- Carefully read this and other important materials provided that will help you understand which services are available and how to get the treatment you need.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan and actively participate in your services consistently.
- Follow the Attendance Policy provided to you. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment and provide a copy of these documents for your medical record.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your treatment plan to be accurate. The more complete information that you share about your needs, the more informed your assessment and medical record will be, and the more successful your treatment will be.
- Ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Contact the CBS office or your provider if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.



- Keep the Afterhours telephone information and your Safety Plan in a place that can be easily accessed and referenced in case of a crisis or mental health emergency.
- Tell your provider if you have any changes to your personal information including Name, Address, Email, Phone Number, and any other medical information that may affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy. Doing so enables you to gain full benefit from your treatment. If you are not able to be respectful during treatment, full benefit of services is difficult and thus we will assist you in linking to another provider to meet your service needs.

How Do I Request to Change My Provider or File a Grievance?

You have a right to request to change your provider or file a grievance if you are unsatisfied with the services you are receiving. We ask that you contact our office at (626) 263-9133 and ask to speak with a Supervisor or the Director so that they may try to resolve your concerns. If we are unable to resolve the concern, clients may document their Grievance or Request for a Change of Service Provider on the appropriate form and submit the form to the LACDMH Patient’s Rights Office (Please see Grievance Form and Request to Change Provider form for specifics).

You can also ask your provider for a Grievance form, which will be provided to you with a self-addressed envelope addressed to the Patient’s Rights Office (LACDMH) at no cost to you. The Grievance form, self-addressed envelopes and a listing of other service providers in your area are also in the lobby of the Office and with your provider if receiving services in the field. Maryvale staff can assist you with filling out the forms at your request, or you may do so independently. Please know you will be treated with dignity and respect when making decisions that are in your best interest. Understand that your services will not be negatively impacted as a result of you expressing your rights, requesting to change your provider or filing a grievance.

We are so excited to begin this partnership with you regarding your mental health. Please contact our CBS office or your provider with any questions or concerns about your rights and responsibilities listed here.

Client or Authorized Representative – Please print

Date

Client or Authorized Representative – Signature

Maryvale Associate Completing Intake

Date