

**Greene County Educational Service Center - Mental Health Services**  
**360 E. Enon Road**  
**Yellow Springs, OH 45387**  
**(937) 767-1303**

---

**CLIENT RIGHTS AND RESPONSIBILITIES**

As you begin Mental Health Services through the Greene County Educational Service Center (ESC), it is important you understand your rights and responsibilities as a client. This brochure will help you gain that understanding. Please read it carefully.

**Client Rights**

**Confidentiality**

As you enter treatment, a client record is started which includes information about your personal history, service plan and progress. This information is shared only with those involved with your treatment. You must provide written consent for anyone outside our agency to have access to your record. However, Greene County ESC Mental Health Services may release information without your consent when a court order is received, if there is an emergency or life-threatening situation, if there is evidence to suggest child abuse, or as otherwise require by law. Records may also be examined by auditors and evaluators to assure quality of services or to substantiate claims for payment (e.g., insurance, Medicaid). SEE "Limits of Confidentiality" on PAGE 23 for details.

All client records are kept in our secure Electronic Health Record and locked files and are seen only by authorized staff with the above exceptions. You may request to see your client record or to have a copy for which there may be a charge. A professional staff member will review it with you. Except for clients receiving forensic evaluation services as defined in paragraph (D) (9) of Rule 5122:2-1-01 of the Administrative Code, from a certified forensic center, each client has all of the following rights as listed in paragraphs (D) (1) to (D) (22) of this rule.

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;

13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and,
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

### **Client Responsibilities**

#### FINANCIAL

The Greene ESC Mental Health Services is committed to providing effective, accessible and affordable mental health services to persons served. We are funded through a combination of sources including contributions from Greene County School Districts, The Mental Health and Recovery Board of Clark, Greene & Madison Counties, and the Ohio Office of Medicaid. We bill Medicaid for services either through the Ohio Medicaid Manage Care Companies (MCOs) or in limited circumstances directly to Medicaid (Fee-For-Service). You will not be required to pay any out-of-pocket expenses for Greene ESC Mental Health Services. In order to access the above-mentioned funding sources and enroll in Greene ESC Mental Health Services, you will be asked to provide the following information to:

- Your child's Social Security Number OR if you are an adult receiving services, your Social Security Number
- Copies of Medicaid Managed Care Company Insurance Cards (MCOs) or Ohio Medicaid Card (Fee-For-Service)
- Estimate of Gross Monthly Income
- Proof of Residency (Choose one)
  - Current Driver's License with County Address same as Declared County Address
  - Current Utility Bill, Address same as Declared Address
  - Current Ohio Personal Identification Card, Address same as Declared Address
  - Current SSI/SSDI Benefit Eligibility Statement, Address the same as Declared
  - Current Rent receipt, Address same as Declared Address
  - Current Mortgage Statement or Payment, Address same as Declared Address
  - Current Pay Stub, Address same as Declared Address
  - Current Ohio Medicaid Care, Address same as Declared Address

Please bring the above-mentioned information to your scheduled appointment. Your child's or your Greene ESC Mental Health Therapist will answer any questions you have at the time of the intake appointment. Any additional questions may be directed to Anya Senetra, LISW-S, Director of Mental Health & Prevention Services at (937)-767-1303, ext.1131

### **Other Responsibilities**

At intake, you will be asked to provide background information to help complete a Diagnostic Assessment, and to sign an Informed Consent for Treatment form and Releases of Information. At least twice a year you will be required to meet with your child's, or your, GCESC-MHS therapist to review and sign Individualized Service Plans.

---

Greene County ESC Mental Health Services is a private not-for-profit corporation and complies with the standards set forth by the Ohio Department of Mental Health, the Ohio Department of Mental Health and Addiction Services, the Americans with Disabilities Act, and the Rehabilitation Act of 1973. Greene County ESC

Mental Health Services contracts with the Mental Health & Recovery Board of Clark, Greene, and Madison Counties.

Our mission is to support school-age youth and their families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

---

***Client Rights Officer and Health & Safety Officer***

*Anya Senetra, MSW, LISW-S*

*Director of Mental Health & Prevention Services*

*(937) 767-1303 ext. 1131*

**An Equal Opportunity Employer and Equal Provider Service**