

Horizon Health Services - Clinical Services Agreement

Welcome to Horizon.

Our mission is to provide high quality, comprehensive and evidence-based care that is based on your individual needs and reasons for seeking treatment. We also believe that recovery is a continual process, and that the involvement of family and significant others is often critical to treatment success.

In coming for treatment at Horizon, you have established an important partnership designed to help you meet your recovery goals. This partnership involves you and your doctor/nurse practitioner, counselor and other professionals, family members and significant others, medical treatment providers, and the individuals or agencies who referred you. Communication and cooperation among all of these parties will be important to your recovery. Successful treatment also requires your full participation including your:

- **Attending all scheduled appointments** and giving at least one day's notice if you need to reschedule. Treatment is ineffective if it is fragmented and inconsistent.
- **Partnering** with your counselor **to establish treatment goals** and plans which are meaningful to you and your successful recovery.
- Understanding the importance of **confidentiality** in your counseling relationship, including protecting the confidentiality of other consumers you have contact with.
- Recognizing and accepting that we may recommend **referrals** for additional clinical assessments and services. We will be clear regarding the need and purpose of these referrals.
- Understanding that **medication** may be a necessary part of treatment, and your agreement to take these medications as prescribed, and consistent with your prescribers' instructions. We will answer your questions about these medications, and prescribe the minimum amount possible.
- Understanding that you may be required to remain **abstinent** from alcohol and other mood-altering substances during your course of treatment. Urinalysis and breathalyzer tests may be used to evaluate your progress.
- Agreement that your **family and significant others** can play an important role in your recovery. We may require that you identify a family member or significant other to participate in your treatment.
- Not coming to treatment **under the influence** of alcohol and/or other drugs.
- Ensuring everyone's safety and effective care within Horizon facilities by:
 - Treating staff and other consumers with **courtesy** and **respect**,
 - Not using **cell phones** or other electronic devices during sessions,
 - Not taking photos, videos or voice **recordings** at any time,
 - Not possessing **weapons** or **illegal substances**,
 - Not engaging in **illegal** or **destructive** behavior, and
 - Not **smoking** or possessing tobacco or related products.
- Accessing the following **emergency resources** if you have thoughts of harming yourself or others during non-program hours. Erie County - 834-3131; Niagara County - 285-3515; Genesee County - 343-1212. **Call 911 immediately if you need assistance in life-threatening situations.**

Note that your behavioral health services may be in part funded by a federal grant that requires the collection and reporting of demographic and treatment outcome data. This grant data reporting will not permit your being individually identifiable.

We are committed to providing you the highest quality treatment and rehabilitative services within an environment that is comfortable, safe, respectful, and responsive to your unique needs and goals for recovery. Your services will be individualized to meet your clinical needs and choice, and may include individual, group and family counseling, medication for symptom management, peer support or care coordination.

Again, welcome to Horizon. We look forward to being your partner in recovery.

