



Participant Rights

- Services will be provided equally to all based on the needs presented by youth and families.
- Hillside does not discriminate on the basis of race, religion, gender, ethnicity, disability, economic status, sexual orientation, and/or gender identity.
- Every step will be taken to recognize, respect, and respond to your unique, culturally defined requests as well as to preserve your dignity and privacy.
- If you have a concern with the service being provided, please discuss this with your service provider and/or their supervisor or see the Customer Satisfaction section at the end of this document.
- If you are unable to understand a proposed treatment or are unable to communicate your wishes regarding care, an alternate decision maker may be named via a Health Care Proxy. Please see your service provider for more information.
- Your communication needs will be accommodated to support better understanding by using interpreters and/or bilingual personnel. Visual or physical needs will be accommodated by altering meeting locations, times and using other options to provide services.
- Participation in research is always voluntary. If appropriate, your service provider will contact you. Service will continue regardless of participation.
- The business hours for your program are generally 8am to 5pm, Monday through Friday. Services may be provided outside of these hours based on program and/or your needs.
- Your right to privacy and confidentiality during the course of care is protected by law and can be found in the Notice of Privacy Practices at the end of this Handbook. This includes both communications between you and the people who will be working with you, as well as information contained in your record.
- You have the right to request that your service provider discuss the contents of your record with you and receive a copy. You may also request to have your record sent to any other service provider from whom you are receiving care.
- With your written consent, information from your service record may be released to anyone that you designate.
- Under limited circumstances, certain information may be given out under the direction of NYS governmental agencies or the courts without your written consent.
- If you are concerned about your Rights, you may contact Customer Service or your local Health Home Network as noted in the Appendix of your Participant Handbook. If you are unsure of which agency to contact, the Customer Satisfaction department can assist you in identifying the correct agency to contact.

Participant Responsibilities

- You should ask questions when you do not understand the care, treatment, services or expectations. You have the responsibility to participate in treatment conferences, etc., according to the guidelines of your program. Your participation in this service is critical to your success.
- You must provide, to the best of your knowledge, accurate and complete information about your family's mental and physical health history and any changes as they occur.
- You have the responsibility to keep appointments or to notify your service provider of necessary cancellations 24 hours in advance.

Customer Service

We will make every effort to provide you with helpful, professional services. If, for any reason, you are dissatisfied with our services, please let your service provider know right away. To gain access to a program supervisor, you may call Service Integration at 585-256-7500 or the Customer Satisfaction Line at 585-256-7761 or toll free at 877-346-1190.

There are various advocacy groups that can help if you feel you or your family member's rights have been violated. Please see your Family or Participant Handbook for a complete listing of advocacy groups. If you need a new copy of your Family or Participant Handbook, please talk with your primary worker. You may also wish to contact Customer Satisfaction at 877-346-1190 or email info@hillside.com for information on advocacy groups.