Your Responsibilities

Provide information needed for treatment. This includes your history and reasons for seeking treatment to allow us to effectively work with you. We will also need insurance, financial, and other information from you. Mental health professionals can only know how you feel and what your needs are if you tell them. Open and honest expressions of your thoughts, feelings, and needs are vital components of successful treatment.

Participate, to the degree possible, in understanding your behavioral health care problems and develop mutually agreed upon treatment goals.

Follow the plan for treatment. The mental health professional will assist you in achieving the goals developed on the treatment plan. However, much of the effort needed for change will come from you.

Keep your appointments or cancel in a timely manner. We appreciate at least twenty-four (24) hours' notice of cancellation. This allows an opportunity for others to use the time.

Let us know of any special arrangements you might need due to handicap, disability, or special condition.

Arrange for care of your children while you are receiving services. Children cannot be left unattended in our facilities while you are receiving services.

Let the mental health professional know if medications are discontinued or problems with medications are occurring.

Let the Center know if a crisis or emergency situation exists.

Respect others' confidentiality. Please keep any information from group sessions and/or information about others who might be seeking treatment confidential.

Let us know if your name, address, income, or insurance information changes.

Let the Center know if you do not plan to return for services. If you wish to discontinue services, please let your treatment provider or the receptionist know.

Let the Center know if you are dissatisfied with services.

Make sure payments for all services received are made timely. Outstanding balances that are not kept current may be referred to a collection agency.

Treat staff and patients with courtesy and respect.

Four County Mental Health Center

Four County Mental Health Center, Inc. is a private, not-for-profit organization, founded in 1964, committed to providing comprehensive mental health services to the citizens of Chautauqua, Cowley, Elk, Montgomery, and Wilson counties. A full range of services are available through the Independence, Coffeyville, and Cowley offices. Some services are also provided through satellite offices in Fredonia, Neodesha, and Sedan.

Mission and Vision

Mission - Four County Mental Health Center, Inc. is dedicated to providing accessible, innovative services in partnership with individuals, families and our communities.

Vision - We envision healthier communities as we help individuals and families improve their lives. Collaborating with community partners, we sustain a robust range of services that are accessible because we help people where they live and work.

We continue to be innovative as we identify new and special needs, develop programs, train our staff, and deliver services. We will expand our use of technology to extend our capacity and enhance the quality of service. We will continue to develop well-trained, dedicated staff within a supportive, challenging, and personally rewarding work environment.

How Do I Request Services?

Independence Main Office • (620) 331-1748
3354 Hwy 160, P.O. Box 688, Independence, KS 67301

Coffeyville 4th Street Branch Office • (620) 251-8180
1601 W. 4th, Coffeyville, KS 67337

Independence North Branch Office • (620) 331-3131
1101 Donald Ave., P.O. Box 688, Independence, KS 67301

Cowley Branch Office • (620) 221-9664 or (620) 442-4540
22214 D Street, Strother Field, Winfield, KS 67156

Patient's Rights and Responsibilities

Four County and Our Services

We are pleased that you have selected Four County Mental Health Center, Inc. for your treatment needs.

Anyone is eligible for services. Our services are billed based on the professional staff's time. The treatment hour is 50 minutes of direct contact. Medicare, Medicaid, and most health insurances may cover all or part of your treatment. All fees are to be paid at the time of service, unless credit has been established. If you will be using a third-party payer such as insurance, the payer will need information about your treatment to consider your claim.

A private fee schedule is set by the Board of Directors. Patients providing proof of income, and who reside within the Four County catchment area, may be eligible for a reduced fee based on the family's income and the number of family members dependent on that income.

Exceptions shall be established on a case-by-case basis and require the approval of the Executive Director. No patient will be refused service due to their inability to pay for that service.

We welcome your suggestions. Any suggestions regarding our services, facilities, or staff may be placed in our suggestion boxes or given directly to a staff member.

Helping Make Life Better

Four County Mental Health Center

Serving Chautauqua, Cowley, Elk, Montgomery, and Wilson Counties

Independence Main Office • (620) 331-1748
Coffeyville Branch Office • (620) 251-8180
Cowley Branch Office • (620) 221-9664 or (620) 442-4540
Emergency Services • (800) 499-1748

National Suicide & Crisis Lifeline • 988

Language assistance is available upon request | Se puede solicitar asistencia lingüística

www.fourcounty.com

Your Rights

You have the right to be treated with dignity and respect. You have the right to adequate treatment and considerate care that respects your personal values, belief systems, and personal dignity. You have the right to reasonable access to care, regardless of race, religion, color, national origin, ancestry, political affiliation, religion, sex, sexual orientation, ethnicity, age, or disability. If you have any physical problems that make it difficult for you to come to one of our offices, please let the receptionist know so we can try to make special arrangements. You have the right to not be subjected to verbal or physical abuse, exploitation, or any treatment involving restraint or seclusion that is done for discipline, retaliation, or convenience of the service provider.

You have the right to know about your treatment. You have a right to an explanation of any treatment prescribed, the reason for such treatment, and any known risks associated with such treatment. If medication is recommended as a part of your treatment, you have a right to an explanation of the medication prescribed, reason for the prescription, and the most common side effects known to be associated with the medication.

You also have the right to see and review your clinical record. An exception to this right is if the disclosure might be injurious to your welfare in which case a written explanation of the reason for refusal will be given to you by our Executive Director.

You have the right to be involved in decisions regarding your treatment, and to be involved in planning for both your treatment and discharge. You also have the right to an individualized treatment plan that will be reviewed at intervals throughout your treatment. (This right extends to participation of patients more than 12 years of age, and their family or guardians.) You have the right to request changes in treatment services.

You have the right to know approximately how long you will be in treatment. While treatment times may vary for each individual, your mental health professional can provide you with an estimate of the time required to address your particular needs.

You have the right to refuse any form of treatment. Our staff will advise you as to what types of treatment or services may be helpful to you. You can choose to decline any treatment or services offered, but your overall treatment plan may need to be reevaluated. Your right to refuse treatment includes the right to refuse medications. If you are an involuntary patient (committed to treatment by a court order) you have the right to an explanation of the possible legal consequences of refusal.

You have the right to request alternative treatment information. If you want to know about other treatment alternatives, please discuss this with your mental health professional. You also have the right to treatment in the least restrictive, most appropriate manner. You have a right to information about other appropriate alternative treatments and medications, even when those may not be the recommended choice of your treatment provider.

You have the right to know the name of the person in charge of your treatment. If you have any questions about the qualifications or titles of the staff responsible for your care, please ask our receptionist or your treatment provider.

You have the right to request a different treatment provider within the limits of the Center's ability including the right to refuse care. If you are not satisfied with your treatment provider, please discuss this with your treatment provider or notify the receptionist.

You have the right to confidentiality. Protection of your confidentiality is very important to us. Center staff may not disclose that you have previously, are currently receiving any type of mental health treatment, or disclose any information you have provided during your treatment. If you want your confidential information released, you will need to sign a written authorization. In addition, you have the right to revoke an authorization at any time, which will prevent further disclosure.

Exceptions to confidentiality do exist where we may have to release information without written authorization. Feel free to ask the receptionist or mental health professional for a list of these exceptions. Following are some examples where information may be released without your authorization:

a) If a medical emergency arises where failure to release would endanger your life.

b) If a psychological emergency occurs where there is an immediate danger of harm to you or others.

c) If disclosure of information is required by law (e.g. court order or bench warrant).

d) If child abuse or neglect is suspected, mental health professionals are required to report this to the appropriate agency.

You have the right to be accompanied or represented by a person of your choice during your contacts with the Center. If you feel more comfortable bringing a friend, relative, or representative with you, you are welcome to do this, unless it interferes with your treatment or the confidentiality or treatment of others.

You have the right to our services while seeing a psychiatrist/physician or other licensed mental health provider who is not affiliated with the Center. It is acceptable for you to see other mental health service providers while also receiving services at our agency. We request that you allow us to communicate with your psychiatrist/physician so that we can coordinate your treatment.

You have the right to be informed of any experimental, research, or educational activities that are involved in your treatment. You have the right to refuse to participate (or withdraw consent and discontinue participation) without this resulting in denial or alteration of needed services.

You have the right to have bills and charges for services explained.

You have the right to receive any clinically necessary services offered by the Center, regardless of your ability to pay for that service.

You have the right to make a written complaint regarding solutions of any of these rights and/or any other matter. Our staff can provide you with a form for this purpose. You have the right to be represented by legal council in filing a complaint.

Grievances regarding the unsatisfactory resolution of complaints can be filed with our Executive Director.

You have the right to include the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.