



# Client Orientation Manual

Updated: 11/2025



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# *Welcome to Northwestern Community Services Board*

*We are very pleased that you have chosen the Northwestern Community Services Board as your behavioral health care provider and we look forward to working with you, in partnership, to achieve your goals. We understand that this is an important time in your life. To get the most benefit from services, we encourage and expect you to participate with your treatment team.*

This handbook is designed especially for you. Please read it carefully and keep it for your future reference. Do not hesitate to ask any staff member for help if you have questions about its content. This booklet provides an overview of the types of services available to you and your family at the Northwestern Community Services Board. It also provides information on your rights and responsibilities as an individual receiving services.

Northwestern offers the following services to the communities of Clarke, Frederick, Warren, Page and Shenandoah Counties and the City of Winchester.

- Mental Health Services
- Developmental Services – ID/DD
- Substance Use Services
- Prevention Services
- Homeless and Special Needs Housing Resources
- Forensic Discharge Planning
- Medication Assisted Treatment

Services are provided to individuals without regard to gender, race, age, religion, ethnic origin, gender identity, sexual orientation, disability, or income.

## **Mission, Vision, Values**

It is the mission of Northwestern Community Services Board to strengthen our communities, ensuring that our behavioral healthcare and developmental services foster recovery and self-determination.



We seek to be supporting, collaborative and compassionate in our interactions with each other. We strive for excellence in ourselves and our services.

*Collaboration* – Working together to include community stakeholders to share resources to reach our common goal.

*Accountability* – The responsibility of the individual to utilize integrity, set health boundaries, and take ownership of success and growth.

*Compassion* – Showing genuine care, empathy, and consideration while advocating for recovery and self-determination.

*Teamwork* – Communicating openly and respectfully, we will work together as a team to prioritize common goals that are in the best interest of the individuals we serve.



## Agency Locations & Hours

- *Warren Clinic/ Administration/ Our Family*  
209 W. Criser Road  
Front Royal, VA 22630  
540-636-2931  
Monday-Friday: 8:30-5:00
- *Amherst Clinic & Within Reach Peer Center*  
1014 Amherst Street  
Winchester, VA 22602  
540-545-4147  
Monday-Friday: 8:30-5:00
- *Winchester Children's Center*  
158 Front Royal Pike, Suite 305  
Winchester, VA 22601  
540-665-3104  
Monday-Friday: 8:30-5:00
- *Winchester Adults Clinic*  
170 Prosperity Drive  
Winchester, VA 22602  
540-667-8888  
Monday-Friday: 8:30-5:00
- *Berryville Clinic*  
309 W. Main Street  
Berryville, VA 22611  
540-277-8080  
Monday-Friday: 8:30-5:00
- *Page Clinic*  
136 General Drive  
Luray, VA 22835  
540-743-4548  
Monday-Friday: 8:30-5:00
- *Sunshine House*  
500 Dixie Lane  
New Market, VA 22844  
540-740-3169  
Monday-Friday: 8:30-5:00
- *Shenandoah Adult Clinic*  
494 N. Main Street, Suite 300  
Woodstock, VA 22664  
540-459-5180  
Monday-Friday: 8:30-5:00
- *Vicky Normoyle Center (Children's)*  
441 N. Main Street  
Woodstock, VA 22664  
540-459-4946  
Monday-Friday: 8:30-5:00



## Accessing Services, Providing Input & Assisting in Planning Your Treatment

Youth and adults can come in person, without a prior appointment, to be screened for services during the Agency's Same Day Access. To view the same day access schedule for each location, visit our website [www.nwcsb.com](http://www.nwcsb.com) or contact your clinic by phone to obtain the hours at each location.

If you are requesting mental health or substance use services, an initial assessment will be completed, the results will be shared with you, and you will be scheduled for your first appointment with your service provider.

At your first appointment, you will meet with your service provider, and he/she will work with you to establish treatment goals and the course of services, which are included in an Individual Service Plan (ISP).

Your treatment plan is a description of the services that you have requested NWCSB to provide. It includes your needs, goals, a summary of how we will help you reach your goals, and what you will do to reach those goals. It is your responsibility to help the provider develop a treatment plan. We cannot provide services for you if you do not provide written consent.

## Health & Safety

Northwestern Community Services Board (NWCSB) is committed to providing a safe, trauma-informed, and supportive environment for all individuals we serve. The following information outlines how we maintain safety and respond to emergencies.

- **Emergency Drills & Participation**
  - To promote preparedness and ensure everyone's safety, NWCSB conducts periodic emergency drills. These may include internal or external evacuations. If you are on-site during a drill, staff will provide clear guidance and support.
- **Medical Emergencies On-Site**
  - If you experience a medical emergency while at an NWCSB facility, staff are required by agency policy to call 911 and request emergency medical services. Once emergency personnel arrive, you may choose whether to accept or decline their treatment recommendations unless you are determined to be in immediate danger.



- **Facility Safety & Weapons Polics**

- To maintain a safe and respectful environment, NWCSB prohibits all weapons on facility premises. This includes, but is not limited to, firearms, knives, pepper spray, pellet guns, air rifles, explosives, or any item considered a weapon under **Virginia Code § 18.2-308**.

Only sworn law enforcement officers on duty may carry weapons on NWCSB property.

If someone (other than law enforcement) arrives with a weapon, staff will inform them that weapons are not permitted, ask them to remove the weapon from the premises, and invite them to return later without it. If there are any safety concerns, law enforcement may be contacted to help maintain a secure environment.

## Medication Services

Northwestern Community Services Board (NWCSB) strives to provide safe, effective, and person-centered medication services. We are committed to building a respectful partnership with you to support your health and recovery goals. Together, we will review and plan for your medication needs, monitor your response, and ensure that your care is well coordinated across providers.

The following expectations apply to individuals receiving medication services at NWCSB:

- Attend all scheduled appointments with both your psychiatric provider, nurse or clinician.
- Review all prescribed medications with your psychiatric provider regularly to ensure effectiveness and safety.
- Provide contact information for your primary care provider and any specialty providers involved in your care to support coordination and reduce the risk of medication interactions.

If these expectations are not met, your eligibility for continued medication services may be impacted. Failure to engage in care, frequent no-shows, or refusal to follow treatment recommendations may result in discharge from NWCSB's medical services in accordance with our Medical Services No-Show and Discharge Policies.

NWCSB also offers a Nursing Line for established clients who need assistance with medication refills. You may contact the Nursing Line by calling any NWCSB clinic location and selecting the option for "Medication Refills."



## Controlled Substances & Medication Agreements

If you are prescribed a controlled substance, NWCSB follows strict safety and compliance guidelines. Individuals prescribed controlled substances are required to review and sign a Medication Agreement.

This agreement outlines key expectations for responsible medication use, including but not limited to:

- Not obtaining similar prescriptions from other providers or facilities without informing your NWCSB provider.
- Not sharing, altering, or misusing your medication. Misuse may lead to termination of services or legal consequences.
- Participating in random urine drug screens or pill counts as required.
- Attending regular follow-up appointments—generally every 90 days or more frequently as clinically indicated.
- Notifying your provider if your medications are lost or stolen, or if your medical status changes (e.g., pregnancy).
- Disclosing all other medications and substances you are using to avoid harmful interactions.

Failure to follow the medication agreement may result in discontinuation of the prescribed medication or discharge from medical services.

You will have the opportunity to ask questions and review the medication agreement with your provider before signing. Please reach out to your provider or case manager if you have any questions or concerns.

## Service Animal Policy

Northwestern Community Services Board (NWCSB) complies with the Americans with Disabilities Act (ADA) regarding the use of service animals. Service animals are defined as dogs (or miniature horses) that are individually trained to perform specific tasks for people with disabilities — such as guiding individuals who are blind, alerting those who are deaf, or helping with psychiatric or medical conditions.





### Key points:

- Only service animals are permitted in NWCSB buildings and vehicles. Emotional support animals that are not trained to perform a specific task are **not** considered service animals under the ADA.
- Service animals must remain under control at all times (leashed, harnessed, or controlled by voice/signal).
- Animals must be housebroken, clean, vaccinated, and free of pests.
- If a service animal is out of control or not housebroken, staff may ask for its removal but will still offer services to the individual.

For more information, or if you have concerns about service animal accommodation, please speak with a staff member.

## Surveillance Policy

Northwestern Community Services Board (NWCSB) uses video surveillance at select licensed locations to help ensure the safety of individuals receiving services, staff, and visitors. Cameras are placed only in common areas, such as entrances, hallways, and administrative spaces, for security and service oversight.

Surveillance **does not occur** in private areas such as restrooms or clinical exam rooms, and we are committed to protecting your privacy and confidentiality at all times.

Surveillance areas are clearly marked with signs. Recordings are stored securely for a limited time and may only be accessed by authorized staff for security purposes, incident review, or as required by law. All surveillance practices follow federal and state privacy laws, including HIPAA, 42 CFR Part 2, and the Virginia Government Data Collection and Dissemination Practices Act.

If you have questions about this policy or your privacy rights, please contact a NWCSB staff member or review our Notice of Privacy Practices.

## Voter Registration

Northwestern Community Services Board (NWCSB) is a designated voter registration agency under the National Voter Registration Act (NVRA). This means we are required to offer individuals the opportunity to register to vote or update their registration information when applying for services, renewing services, or changing your address with us.



You are not required to register to vote in order to receive services, and your decision will not affect the services you receive. Your voter registration application is confidential and will be handled with the same care and privacy as your other personal information.

If you would like assistance with voter registration, please speak with a staff member. We are happy to help you complete and submit a registration form.

For more information about voting or to register online, visit the Virginia Department of Elections at [www.elections.virginia.gov](http://www.elections.virginia.gov).

## Your Right to an Interpreter and Accessibility Services

Northwestern Community Services Board (NWCSB) provides free interpretation and communication assistance to individuals receiving services. If you have limited English proficiency or need sign language interpretation or other accommodations due to a disability, these services will be provided at no cost to you.

Please notify your case manager or administrative staff if you need:

- Language translation or interpretation
- American Sign Language (ASL) services
- Alternate formats (e.g., large print or braille)
- Any other support to ensure equal access to services

NWCSB is committed to providing services in a way that respects your communication needs and ensures equal access for all individuals.

## Advance Directive

An Advance Directive is a legal document that allows you to make decisions now about your future health care, including your general medical care, mental health treatment, and end-of-life care, in the event you are unable to make informed decisions later.

This document combines elements of a Living Will and Health Care Power of Attorney, giving you the ability to:

- Appoint a trusted person as your health care agent



- Provide clear instructions about the type of care you do or do not want.

An Advance Directive:

- Can be created or updated at any time
- Does not require notarization or an attorney
- Should be completed when you are able to:
  - Understand information about your care
  - Make decisions
  - Communicate those decisions clearly

Your Advance Directive goes into effect if you are determined to be incapable of making informed decisions, which means you are:

- Unable to understand the nature, risks, or consequences of proposed health care decisions; or
- Unable to rationally evaluate options and make a choice

Once a qualified physician determines you are again capable of making informed decisions, your Advance Directive is no longer active, and your own decisions will take precedence.

This document empowers you to remain in control of your care — even during times when you cannot speak for yourself. It helps ensure that your treatment preferences, including psychiatric care, are honored and respected.

As your Community Services Board, NWCSB is responsible for honoring your Advance Directive and assisting you in developing one if you choose. If you have an Advance Directive, please let your provider or Case Manager know so it can be added to your health record. If you would like help creating one, we are happy to assist.

## Fee Policy and Financial Assistance

Northwestern Community Services Board is committed to providing access to services while maintaining financial responsibility as a public agency. We do not provide services in order to collect fees, but fees are necessary to support the services we offer. NWCSB does not deny access to services based solely on the inability to pay.

We accept:

- Medicaid
- Medicare



- Private insurance (including Tricare)
- State and federal assistance programs

All individuals are expected to use any available third-party coverage or public benefits. If you choose not to use these resources, you will be responsible for paying the full fee at the time of service.

If you are not using insurance to pay for your care, you have the right to receive a Good Faith Estimate (GFE) that outlines the expected cost of services.

Northwestern Community Services Board (NWCSB) will provide you with a written estimate before you begin services. This estimate includes the types of services you are likely to receive and the full cost of those services. The estimate is not a contract and does not obligate you to accept services. It also does not include any unexpected services or costs that may arise during treatment.

If you do not have insurance and are a resident of our service area, you may apply for financial assistance. If approved, your cost for services will be based on your individualized Financial Assistance Contract, not the full fee listed on the estimate.

If you have questions about your estimate, please contact your program's Office Manager. Your estimate is valid for 12 months unless you receive an updated version.

To learn more about your rights under the No Surprises Act, visit: [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) If you are concerned about your ability to pay, you may apply for financial assistance by contacting your clinic's front desk. Financial assistance is available for any service not fully covered by insurance.

To apply, you must provide proof of income and complete a financial assistance interview. Eligible discounts may be applied retroactively for up to 60 days from the date the required documents are received.

If you report having no income or appear eligible for Medicaid:

- You will be referred to CoverVA or your local Department of Social Services for Medicaid enrollment.
- A NWCSB case manager can help you apply.
- You will have 60 days to submit proof of application or provide a status update. During that time, you will not be billed.



If you are denied Medicaid, you may still qualify for financial assistance based on income, and any eligible fee reductions will be applied retroactively.

### Important Responsibilities

- Report any changes in your income, insurance, residency, or employment.
- If you do not provide a valid insurance card, you may be charged full fee. If you later provide proof of coverage, we can retroactively submit claims for services received within the past 365 days or as allowed by the insurer.

We accept payment by cash, check, credit card, or money order. A \$25.00 fee applies to all returned checks.

If you are not a resident of the Lord Fairfax Planning District, services may be offered depending on availability. However, financial assistance is not available for non-residents, and NWCSB may choose whether to bill your insurance.

### Nonpayment and Collections

If you do not pay your agreed-upon fees:

- Your services may be suspended or denied.
- NWCSB may pursue collection efforts, including through the Virginia Department of Taxation.

We collect Social Security numbers to help process insurance claims and to collect fees, in accordance with state regulations.

For Billing Questions or Payment Assistance – If you have questions about your bill, need help setting up a payment plan, or want to make a credit card payment over the phone, please contact the Office Manager at your clinic or our Billing Office at 540-551-9755.



## Notice of Privacy Practices (effective 9/2013, revised 2/2025)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Northwestern Community Services Board understand that importance of privacy and we are committed to maintain confidentiality of your health information.** We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services delivered to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this agency properly. We are required by law to maintain the privacy and security of your protected health information, provide you with notice of legal duties and privacy practices with respect to protected health information, and abide by the terms of this notice. This notice describes how we may use and disclose your health information and describes your rights and our legal obligations with respect to your health information. If you have any questions about this notice, please contact our Privacy Officer:

Stephanie Fletcher, 540-636-4250 EXT 2317 | [Stephanie.Fletcher@nwcsb.com](mailto:Stephanie.Fletcher@nwcsb.com)



## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> <li>You can request an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually, within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
Ask us to correct your medical record	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, cell or home phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>If you pay for a service our health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment of our operations with your health insurance.</li> <li>We will say “yes” unless a law requires us to share that information.</li> </ul>
Get a list of those with whom we have shared information	<ul style="list-style-type: none"> <li>You can ask for a list of the times we have shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> </ul>
Get a copy of this policy notice	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>



File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer, or Human Rights Advocate, or the Regional Human Rights Advocate. Contact information is located on page 15 of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter, calling 1-877-696-6775, or online by visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>• Contact you via phone call, text, email, or mail for the purposes of: <ul style="list-style-type: none"> <li>○ Appointment reminders</li> <li>○ Information about your medications or alternative treatments</li> <li>○ Information about health-related benefits or services that may be of interest to you</li> </ul> </li> <li>• Share information with your family, close friends, or others involved in your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Include your information in an agency directory.</li> <li>• Contact you for fundraising efforts.</li> </ul> <p><i>If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your information unless you give us a written consent:	<ul style="list-style-type: none"> <li>• Sharing substance use treatment information</li> <li>• HIV status</li> <li>• Marketing purposes</li> <li>• Most sharing of psychotherapy notes</li> </ul>
In the case of fundraising:	<ul style="list-style-type: none"> <li>• We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>





## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.		
<b>To treat you</b>	We can use your health information and share it with other professionals who are treating you.	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>To run our organization</b>	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>To bill for your services</b>	We can use and share your health information to bill and get payment from health plans or other entities.	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

Helping with public health and safety issues	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety.</li> </ul> </li> </ul>
Do research	<ul style="list-style-type: none"> <li>We can use or share your information for health research</li> </ul>
Comply with the law	<ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.</li> </ul>
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations</li> </ul>
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>



Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services.</li> </ul> </li> </ul>
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your protected health information other than as described in this notice unless you tell us that we can in writing. We use an Authorization to Use/Disclose form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You can revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. Any notice that has been revised will be available when requested, in our office, and on our website.



## Your Rights & Responsibilities (revised 2/2025)

Northwestern Community Services Board works collaboratively with individuals to provide quality services. As an individual being served by this agency, you have rights that are protected by law, and responsibilities that assist our staff in providing you with the best care. The following is a summary of your rights and responsibilities. If you need help understanding them, how they apply to you, or would like more information, please contact our office staff.

### Your Rights

You have the right to:

- Be treated with dignity and respect
- Consent to or refuse treatment
- Services that are provided are consistent with sound therapeutic practices
- Participate in all aspects of your treatment, including the development of your service plan
- Be well informed about your service plan
- Have an authorized representative make decisions for you
- Be accompanied by a trusted person or persons when participating in services planning, assessments, and evaluations
- Privacy, safety, and confidentiality
- Be protected from abuse, neglect, and exploitation
- Receive services without discrimination as prohibited by law
- Access information in your service records and to request an amendment
- Have your complaints resolved
- All legal, civil, and personal rights guaranteed by law
- Ask questions and be told about your rights
- Get help with understanding your rights

In addition, as a person living in a residential setting, you have the right to:

- Keep and use your personal belongings including sufficient and suitable clothing
- Receiving nutritional, well-balanced meals
- Have or refuse visitors and to speak by phone or write letters to anyone unless your services plan limits this
- Talk in private with any court appointed representative or Human Rights Advocate



- Practice your religion and participate in religious services subject to their availability, provided that such services are not dangerous to self or others and do not infringe on the freedom of others
- Be paid for work that you do which is not part of your treatment program or service plan

If you would like a full copy of the human rights regulations, let any NWCSB staff know. If you are unable to resolve a problem with your direct service staff and you feel your rights have been denied or violated, you make contact the NWCSB Human Rights Advocate, Alex Waddell, OR the Regional Human Rights Advocate, Cassie Purtlebaugh.

## Your Responsibilities

As a recipient or parent/guardian of services at NWCSB, you are expected to:

- Provide accurate information about yourself that is relevant to your treatment
- Promptly report any changes in your general conditions or symptoms
- Consider carefully the consequences of consenting to or refusing treatment
- Adhere to the cancellation policy by attending all scheduled appointments or cancel/reschedule the appointment by giving 24 hours advance notice
- Actively participate in treatment and discharge planning
- Follow treatment recommendations as discussed with your providers
- Pay for all services agreed upon as documents on your annually updated NWCSB Financial Form
- Work with your primary Service Provider on your Individual Service Plan and reviews. Be active in attempting to reach goals and objectives as defined in your Individual Service Plan
- Be considerate and respectful to all NWCSB staff and other clients served by our agency. Verbal abuse, physical threats, violent gestures, sexual abuse, or harassment toward peers, staff or property will not be tolerated
- Honor the confidentiality and privacy of other consumers and agency staff
- Adhere to the agency's policy that prohibits the use and possession of alcohol, illegal drugs, and weapons of any kind in all agency vehicles and at agency locations
- Promptly notify appropriate agency personnel if you have a problem regarding services
- Communicate any concerns openly with your treatment team



- Follow through with mutually agreed upon treatment plan such as prescribed medications or outside activities
- Promptly report problems with medications or if medications are stopped for any reason

## Contact Information

For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact:

**NWCSB Privacy Officer** | Stephanie Fletcher | 540-636-4250 EXT 2317 |

[Stephanie.Fletcher@nwcsb.com](mailto:Stephanie.Fletcher@nwcsb.com)

**NWCSB Human Rights Advocate** | Stephanie Fletcher | 540-636-4250 EXT 2317 |

[Stephanie.Fletcher@nwcsb.com](mailto:Stephanie.Fletcher@nwcsb.com)

**Regional Human Rights Advocate** | Cassie Purtlebaugh | 804-382-3889

**The Secretary of Health and Human Services** | Hubert H. Humphrey Building  
200 Independence Ave, SW Washington DC 20201 | Toll Free Call Center: 1-877-696-6775

**The disAbility Law Center of Virginia:** 800-552-3962