DEPARTMENT OF MENTAL HEALTH
ORANGE COUNTY COMMUNITY MENTAL HEALTH CENTER

"Serving people with Mental Illness, Chemical Dependency, and Developmental Disabilities"

Darcie M. Miller, LCSW-R
Commissioner

Thomas R. Bolzan, MS
Deputy Commissioner

Steven M. Neuhaus
County Executive

Child and Family
141 Broadway
Newburgh, NY 12550
Tel (845) 568-5260 • Fax (845) 568-5213

Port Jervis Clinic
146 Pike Street
Port Jervis, NY 12771
Tel (845) 858-1456 • Fax (845) 858-1459

www.orangecountygov.com

PARTNERSHIP AGRREEMENT POLICY

Welcome to the Newburgh Mental Health Clinic.

This ***Partnership Agreement*** is a "blueprint" for our work together**.**
From our staff you can expect a commitment to working with you toward your identified goals, and partners that will make every effort to match our services to your needs.
We believe the same level of commitment is required of both clinic staff and client, and that it is only in partnership with you that we can be helpful.

Please be aware of the following basic requirements:

1. **CONSISTENT ATTENDANCE** – there is a beginning, middle and end phase in the therapy process. Each session is intended to be purposeful, and builds on momentum from previous sessions. Inconsistent attendance can hinder progress in therapy and prevent successful outcome. Consistent attendance is required.
   The following factors will result in termination of services:
   - Two (2) failed consecutive appointments.
   - A pattern of frequent cancellations without advance notification.
   - If you are receiving medication then you must maintain at minimum, monthly contact with your assigned therapist.
   - Dropping out of treatment without contacting the clinic for a 30 day period.
2. **TREATMENT PLANNING** –
   - The Treatment Plan defines our work together (identified problem, problem definitions, goals, objectives, and interventions).
   - Within the initial 30 days of treatment, and every 90 days thereafter, your Clinician MUST develop or update treatment plan.
   - Our goal is to always co-construct this "prescription" for treatment together with you. We take this REQUIREMENT very seriously, and will not schedule further appointments until a current treatment plan is in place (updated, reviewed, and signed).
3. **NOTIFICATION OF CHANGE OF ADDRESS/PHONE NUMBER/INSURANCE –**
   - It is your responsibility to keep the Clinic informed of any change of address, phone number and insurance information. Not being able to reach you or notify you of any pending closure due to such a change without our knowledge will not be acceptable rationale for exempting you from the policy.
   - You will be responsible for payment of any balance due if your insurance changes and you do not notify this clinic.
4. **NOTIFICATION OF AFTER HOURS CRISIS PLAN**

This *Partnership Agreement Policy* will be strictly enforced.

DEPARTMENT OF MENTAL HEALTH
ORANGE COUNTY COMMUNITY MENTAL HEALTH CENTER

"Serving people with Mental Illness, Chemical Dependency, and Developmental Disabilities"

Darcie M. Miller, LCSW-R
Commissioner

Thomas R. Bolzan, MS
Deputy Commissioner

Steven M. Neuhaus
County Executive

Child and Family
141 Broadway
Newburgh, NY 12550
Tel (845) 568-5260 • Fax (845) 568-5213

Port Jervis Clinic
146 Pike Street
Port Jervis, NY 12771
Tel (845) 858-1456 • Fax (845) 858-1459

www.orangecountygov.com

PARTNERSHIP AGREEMENT POLICY

I have been informed of the Clinic's Partnership Agreement Policy.

_____
Name of Client (Print)

Signature of Client: _____

Signature of Legal Representative: _____

Relationship to Patient: _____

Date: _____