

To be made available to ALL consumers of Momentum.



As a consumer of Momentum for Health services, you shall retain the same basic len

administration of the medication. (The guardian or conservator of non-emancipated minors must also consent to treatment for those individuals.) If I or my guardian/conservator, as appropriate, decline to give written consent, the psychiatrist will collaborate with me about use of medications and alternate methods of treatment.

10. I understand that having a plan to progress towards discharge is an integral part of Momentum services with the goal of achieving mental and emotional health in order to fully participate in life. I have the right to grieve if I believe my discharge was inappropriate, I have the right to grieve and appeal the reason for discharge (including Notice of Action). Additional resources are included on the last page of this form or from Momentum's QI Department. (408-642-6073)

1. My medical record is confidential and cannot be released to people who are not involved in providing services to me. Exceptions to this are as follows:
- Under court order.
 - When expressed written consent is given by me or my guardian/conservator.
 - When I am at imminent risk to myself or others, or I have disclosed abuse toward a child, dependent or elderly person. In these situations, the appropriate legal authority will be contacted, and a report will be made.
 - To a physician in the case of a medical emergency.
 - Auditors from regulatory agencies.
2. I have the right to request access to my record.
3. I have the right to request an amendment to my record.
4. I have the right to request an accounting of certain disclosures of information in my record.
5. I have the right to request a restriction for use and disclosure of my record.

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1. As a condition of receiving services at Momentum, I will be responsible for meeting my financial obligations such as share of cost, co-pays, room and board and any other costs not covered by my insurance. Financial eligibility will be determined monthly.
- I will provide Momentum with accurate financial information so that my share of cost may be determined based on my ability to pay.
 - I will fulfill my financial obligation to Momentum. b l e t w
 - When necessary, I will make regular payments to Momentum and di t c s e

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Individuals who are/were clients through the Santa Clara County Behavioral Health Servi

Mental Health Advocacy Project
Law Foundation of Silicon Valley 4
North 2nd Street, Suite 1300 San
Jose, CA 95113 Phone: (408) 293-
4790 Intake Line: 408-280-2420
Fax (408) 293-0106

Consumers shall not be subject to any manner of discrimination, penalty, sanction or restriction for filing a complaint and/or exercising their grievance rights.

Confidentiality of consumer records will be maintained and releases will be secured as appropriate.