

# PLEASE KEEP THIS INFORMATION SHEET

## TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

P.O. Box 1640  
1450 Main Street  
Weaverville CA 96093  
(530) 623-1362

P.O. Box 91  
154-B Tule Creek Road  
Hayfork, CA 96041  
(530) 628-4111

24-hour Crisis Line:  
(530) 623-5708  
Toll Free:  
(888) 624-5820

**Welcome to Trinity County Behavioral Health Services**, a Trinity County agency that offers both mental health and substance abuse services. Please keep this information sheet for further references.

### **Appointments**

We make every effort to stay on schedule, but emergencies sometimes arise. If we are seriously delayed, we will try to notify you. Please assist us by being on time for your appointment. If you are unable to keep an appointment please call to cancel at least 24 hours prior to the appointment.

### **Confidentiality**

Your clinic record is strictly private. No information regarding your condition will be given to anyone without your written permission. There are limits to privacy, however. When it is determined there is clear and imminent danger to an individual or to society, that information must be revealed to appropriate professional workers or public authorities. This includes suspected child abuse or neglect, danger to self, and danger to others. On occasion, records required by the courts limit a client's right to privacy.

### **Crisis Line: (530-623-5708 or toll free 888-624-5820)**

All of our telephones, including the crisis line, are answered during office hours by our staff. Weekends, nights and holidays the crisis lines are answered by the Trinity County Sheriff's dispatch who will contact the assigned crisis worker. The Sheriff's Department does not require your name or the nature of your crisis for you to talk with a mental health crisis worker. Non crisis situations such as questions about medication or your treatment should generally be handled during office hours.

### **Financial Arrangements**

Most of our clients/consumers have MediCal or Health Families coverage. If you are advised that you have a share of cost, you are responsible for prompt payment. Failure to do so may result in a discharge from services. It is your responsibility to help us to bill accurately by providing copies of your Medi-Cal, Healthy Families or other insurance cards as well as keeping your financial statement current and accurate.

### **Freedom of Choice**

Participation in the mental health system is not mandatory and is not a prerequisite for access to other services. Clients/consumers retain the right to request a change in therapists should they so desire. A simple verbal or written request will be responded to and/or accommodated as quickly as possible.

### **Therapist/Client/Consumer Relations**

We make a special effort to explain everything to you regarding your condition, medication, treatment, financial arrangements, etc. If you have any questions or something is not clear to you, don't hesitate to ask your therapist. If you have any suggestions or complaints regarding service or fees, please tell us so we are better able to serve you.

### **Grievances and Appeals**

All clients/consumers have the right to file a grievance at any time they feel the services they are receiving are inappropriate and not meeting their needs. Just request a grievance form from the staff. These forms are also available in the waiting rooms of all clinics (Weaverville and Hayfork).