

# ***CLIENT HANDBOOK***

**Welcome to**

**Advanced Behavioral Health, Inc.**

**Baltimore County: 5820 York Road, Suite 202, Baltimore**

**Frederick County: 1003 W 7<sup>th</sup> Street, Suite 500 & 205, Frederick**

**Montgomery County: 16220 Frederick Rd, Suite 310, Gaithersburg**

**Prince Georges County: 7474 Greenway Center Dr, Suite 730, Greenbelt**

**Carroll County: 532 Baltimore Blvd, Suite 401-403, Westminster**

**Updated April 2025**

# **NON-DISCRIMINATION POLICY**

The services and facilities of Advanced Behavioral Health, Inc. are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, age, sex, national origin, marital status, disability, sexual orientation, gender identity, economic situation, religion, or political affiliation with service delivery.

## **GENERAL INFORMATION**

### **Who We Are:**

Advanced Behavioral Health, Inc., is a multi-disciplinary team of mental health professionals, including psychiatrists, psychologists, psychiatric nurse practitioners, therapists, and therapeutic mentors who have a wide variety of specialties. As needed, access to other resources such as different hospitals within each community can be arranged. A few of those hospitals are Adventist Health Care Shady Grove Medical Center, Carroll Hospital Center, Children's Hospital, Frederick Memorial Hospital, UM Laurel Medical Center, and University of Maryland Medical Center. These hospitals offer both inpatient and partial hospitalization programs, if needed. ABH also works with other community partners that focus on the overall well-being of families and children. Although ABH is not a substance abuse clinic, ABH does treat individuals who are dually diagnosed and are in either active treatment with substance abuse clinics or in remission.

### **What You Can Expect at Your First Visit:**

Prior to your first visit, you may receive a phone call from one of our case managers to fill out some forms and receive some information about our agency.

During your first appointment, your therapist will orient you about the services that ABH offers. These include outpatient therapy, medication management, therapeutic mentoring/Psychiatric Rehabilitation Program and in some counties Targeted Case Management (Montgomery County only), Mobil Crisis (Baltimore only) crisis and community resources, and policies regarding missed appointments, cancellations, and no-shows and lastly, contact information during for the supervisor and the clinician. Next, the clinician will ask you to fill out and sign several consent forms depending on the service that you are receiving. These forms will allow us to provide treatment to you/your child. Some of the forms require ABH to verify your address and insurance information, therefore it is important for you to **have your insurance cards/proof of address.**

If your mental health benefits are through a managed care organization, you must have authorization from your insurer to have an appointment with a clinician.

During your first appointment, treatment begins with an evaluation and a comprehensive assessment. You will meet with a clinician/mental health provider who will ask you about the problems with which you are seeking help. After the assessment, the clinician will provide treatment recommendations so you/your child may achieve your wellness and recovery goals. After your assessment is complete, the clinician will schedule a follow-up appointment.

In situations when you are seeking services due to a court order, or are referred to ABH by a state entity, we are obliged to notify the referring entity of any missed appointments, progress in treatment, and your ultimate discharge. We would ask that you keep us up to date on any changes in your or your child's legal status.

### **Next Step/ Treatment Planning:**

The next step will be to create a treatment plan customized to your needs and goal. These goals will be created with you and your child, and they will be measurable and time specific.

During treatment planning, your clinician will also discuss your transition and discharge from our services, as your overall wellbeing after discharge remains a priority. At ABH, we attempt to meet all your mental health clinical needs, however, there are times when your needs might need a specialty that is outside of our scope of services. In those situations, we try to find an internal clinician to meet your needs. In some instances, we will refer you to a community provider who specializes in your needs

### **Appointments:**

We will make every effort to arrange appointment times that are at your convenience. Active participation in weekly sessions, including guardian participation in family sessions for children, is of the utmost importance in order for treatment progress to be made. If you must miss a scheduled appointment, please contact your provider at least 24 hours in advance.

### **Missed Appointment Policy**

We want your experience at ABH to be positive to achieve mental health wellness. Your engagement in the treatment is essential. We understand emergencies happen and you might reschedule or cancel your appointment. However, canceling less than 24 hours in advance will be considered a "no-show." Excessive rescheduling and canceling may result in discharge. Additionally, you may be discharged if you or your child misses their initial evaluation. Clients may also be discharged if they are not seen for therapy for over 30 days or missed two unexcused appointments.

### **What Kind of Treatment Might be Recommended?**

***Individual Therapy:*** This type of treatment, in which you meet alone with your therapist, is what most people traditionally associate with therapy. However, other approaches, such as group therapy and/or medication, are becoming the treatment(s) of choice in many cases.

***Family or Couples Therapy:*** In such treatment the focus is on the relationships involved and finding new solutions to old problems.

***Medications:*** Often a person's problem involves chemical imbalances. For example, some types of depression are related to the way brain chemistry affects mood. In such instances, taking a specially prescribed medication may be very helpful.

***Therapeutic Mentoring:*** After 30 days (about 4 and a half weeks) of active treatment, you might be referred to therapeutic mentoring to further accelerate your treatment. Collaboration between the two providers is essential to the success of your treatment.

***Other Means of Treatment:*** Treatment is not just what you do in the therapist's office. It may be suggested that you undertake outside activities such as reading, journal keeping, attending self-help groups, nutrition, exercise, talking to a dietician, practicing desirable new behaviors, etc.

## **What Kinds of Clinicians Are There?**

**Psychiatrist (M.D.):** This is someone who has graduated from medical school and has completed residency training in psychiatry. Only physicians can prescribe medication.

**Psychiatric Nurse Practitioner:** A person who has graduated from a master's level program in nursing specializing in psychiatry, who can also prescribe medication.

**Social Worker:** A person who has graduated from a master's level program in social work, has completed a period of post-graduate supervision, and is licensed to practice social work in the state of Maryland.

**Professional Counselor:** A person who has graduated from a master's level program in clinical psychology or counseling, has completed a period of postgraduate supervision, and is licensed to practice counseling in the state of Maryland.

**Direct Care Worker/Mentor:** A person who has graduated with a bachelor's degree in mental health, psychology or behavioral health.

## **How Do You Get The Most from Your Treatment?**

**Attend Scheduled Appointments:** It is necessary to be present to receive the treatment if you want it to be effective.

**Speak Honestly:** You are not there to please the therapist; you are there to identify your problems and to work on them. Therefore, in order to receive the greatest benefit from treatment you need to be very open and honest in talking about your feelings, thoughts and your behavior, even if you view it as "bad" or "shameful."

**Follow Treatment Recommendations/Risk Trying Things the Clinician Suggests:** Often treatment involves some proposed changes. For example, suggestions could include speaking up and being more assertive, listening more, being less aggressive, getting a physical exam or a blood test, completing homework assignments, etc. Also, therapy usually involves suggested alternatives in how you think about yourself and the world. Change is difficult, but by seeking help you are indicating that some changes might be useful to you. Talk with your therapist if you are having difficulty pushing yourself to replace old behaviors with new ones.

## **Length of Treatment:**

No one can accurately predict exactly how long it will take to meet your treatment goals. Some problems can be addressed in one or two sessions while others may take longer. Your insurance benefits may help determine the length of treatment since many health plans offer treatment for crisis-oriented brief therapy only. It may be best to define very focused goals and plan a short course of therapy targeted to those goals.

## **Managed Care:**

Most health insurance coverage today is "managed." Some of the organizations providing managed care are Magellan, Value Behavioral Health, Kaiser, Optimum Choice, United Behavioral Health, Cigna Behavioral Health, plus many others. These and similar organizations usually require that services to their subscribers be authorized in advance. It is your responsibility to track your authorized visits and to notify your therapist in advance if further authorization is needed. Any services provided to you without authorization will be your financial responsibility. Managed care organizations require therapists to provide their Utilization Review Committees with reports containing diagnostic, symptomatic, and treatment plan information before authorizing continued benefits. Some managed care organizations or HMO's have their own network of providers. If our outpatient center does not have a provider who is a member of that network, we will not be able to provide services to you except on a self-pay basis. You will need to call your insurance company to find out whom to contact for services.

## **Emergencies:**

If you experience an emergency situation where you feel an urgent need to talk to a professional, contact the Advanced Behavioral Health, Inc. office. If the outpatient clinic is open and your therapist is present, she/he will return your call. When the clinic is closed, in case of an emergency, contact 911 or the following crisis resources:

Baltimore County Crisis Response System at 410-576-5097

Carroll County's Mobile Crisis Services 410-952-9552

Frederick County's Crisis Intervention 2-1-1 or 1-866-411-6803

Montgomery County Crisis Response System at 240-777-4000

Prince George's County Crisis Response System at 301-927-4500

You can also contact 988 to receive free and confidential support hotline.

(This procedure is not to be used to discuss matters that can be handled at your next scheduled therapy sessions, nor should it be used to obtain medication refills.) Once you're with a licensed healthcare professional or medical personnel have that person call \* and the on-call physician will return the call in a timely manner. However, if you feel that the situation is life threatening and requires immediate assistance, you should always go to the nearest emergency room.

## **Health And Safety Policies**

### **Emergency Drills**

Advanced Behavioral Health, Inc. is required to conduct emergency drills, which may require evacuation from our building if you are on the premises. Please be prepared to exit the building promptly.

### **Use of Seclusion or Restraint**

Advanced Behavioral Health, Inc. forbids the use of seclusion and restraint in its programs.

### **Use of Tobacco Products**

Advanced Behavioral Health, Inc. is a tobacco-free environment. The use of any tobacco product is forbidden on site.

### **Illegal or Legal Substances Brought on to Premises**

Advanced Behavioral Health, Inc. is a drug-free setting. Illegal substances are forbidden in the organization's facility. Over the counter medications may be brought on site but their presence should be reported to staff.

### **Prescription Medication**

Prescription medications may be brought on site, but their presence should be reported to staff prior to the meeting, and they need to be in child-lock-proof containers. ABH staff will not engage in administering any medication. No medication is allowed in any exposed areas of the clinic. All bottles need to be clearly labeled and carried by the person or the guardian.

### **Weapons**

You may not bring weapons into Advanced Behavioral Health, Inc.'s facility.

### **Inclement Weather:**

The decision to close or move sessions to telehealth will be made by the Executive Director. Clients are encouraged to call the office at 301-345-1022 to ascertain if the sessions will be in person or telehealth. If needed, clients can call the outpatient clinic on the next business day to reschedule their missed appointment.

### **Advance Directives**

Upon entering into services with Advanced Behavioral Health, Inc., we hope that you would inform us of any advance directives that you have established with other treatment providers. Advance directives are interventions that you wish to be carried out if you were to experience a serious physical or mental illness or have a serious accident. If you would like the staff of Advanced Behavioral Health, Inc. to help you develop a set of advance directives we would be happy to do so. See attached copy.

### **Further Assistance:**

Our reason for being here is to help you. Please feel free to ask questions about these matters or any others pertaining to your treatment here.

### **Client Rights and Responsibilities:**

As a client of Advanced Behavioral Health, Inc., you have the right to:

1. The confidentiality of your protected health information.
2. Privacy.
3. Freedom from:
  - Abuse: This can be disrespectful verbal language, behavior that includes any inappropriate sexual conduct or physical intimidation
  - Financial or other exploitation. There should not be any type of monetary exchange or request. All fees are paid by the insurance carrier or the billing office.
  - Retaliation: Any behavior that might result in feelings of getting back at
  - Humiliation: Feelings of shame and being degraded
  - Neglect: No returning phone calls and continued treatment
4. Access to:
  - a. Information pertinent to you in sufficient time to facilitate your decision making.
  - b. Your own records.
5. Informed consent or refusal or expression of choice regarding:
  - a. Service delivery.
  - b. Release of information.
  - c. Concurrent services.
  - d. Composition of the service delivery team.
  - e. Involvement in research projects, if applicable.
6. Access or referral to:
  - a. Legal entities for appropriate representation.
  - b. Self-help support services.
  - c. Advocacy support services.
7. Adherence to research guidelines and ethics if and when you are involved in a research project
8. Investigation and resolution of alleged infringement of rights.
9. Know that parents and legal guardians are responsible for children 16 years and under.  
All procedures regarding client rights and confidentiality apply to them.
10. Other legal rights as prescribed by the state and federal governments.

As a client of Advanced Behavioral Health, Inc. you have the responsibility to:

1. Be respectful and not abusive to ABH staff at all time. Do not intimidate or humiliate ABH staff. This includes verbal, email, and phone conversations.
2. Work with your clinician to plan your treatment and decide on the goals of your treatment.

3. Work to accomplish your treatment goals. This includes taking medication as prescribed.
4. Be honest with your clinician(s) in discussing anything related to your problems.
5. Tell your therapist and Psychiatrist how your medications make you feel. Tell them about the side effects from any medications you take.
6. Give correct information to the staff about your family income, your employment and your health insurance coverage. Immediately tell the administrative staff whenever there is a change in any of these.
7. Pay your fees (if any) at the time of your visit. Discuss any problems with your fees with the administrative staff.
8. Keep your appointment and be on time since your appointment time is set aside for you. If you are late, the time available for your session will be shortened. If you are more than 15 minutes late your therapist or doctor may not be able to see you at all. If you know you will be delayed or not able to keep your appointment, please call. You may be charged for any sessions that you miss without giving 24 hours' notice.
9. Let your clinician know if you are not doing well or if you are feeling worse.
10. Talk with your clinician if you are thinking about stopping your treatment. You may be ready to handle things on your own, or you may be facing a difficult spot in treatment and need some additional help dealing with it.
- 11.

**\*\*\*Failure to abide by these responsibilities could result in being discharged from the clinic\*\*\***

*If you have any questions or concerns about these Rights and Responsibilities, please speak with your clinician or the administrative staff. If they are not able to address your concerns, you may contact the Clinic Director, Dr. Vera Kurdian LCSW-C 301 345 1022 ext.7015*

## **Ways You Can Provide Input**

We encourage clients and their families to provide information about the services you receive from Advanced Behavioral Health, Inc. Services. The following are just a few of the ways that you can provide input to us about any aspect of your services:

- Make suggestions to your counselor, therapist, or doctor. They will be taken seriously.
- Respond to our regular satisfaction surveys. We will share the summary of the results.
- If you are dissatisfied with any aspect of the care, we provide to you or your family member, please fill out and submit a complaint form. We will investigate your complaint thoroughly and will not retaliate for the filing of the complaint. We will provide you with a written response to your complaint.

## **Grievance Procedures**

### **STEP 1**

If clients or family members have a grievance or complaint concerning their treatment, bill or any other issue, they are first directed to discuss it with their therapist. They have the right to be seen within five working days. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

### **STEP 2**

If discussion with the therapist does not resolve the issue, the client/family is then directed to voice the grievance to the Program Director. This request must be in writing and should include the client name, date of complaint, the nature of the complaint and steps that have been taken to resolve the problem. Clients who are unable to prepare the written statement can request that the Program Director assign a staff member who is not involved in the problem to assist in writing the complaint. They have the right to be or have a written response within five working days of receipt of the request.

### **STEP 3**

If the above steps do not resolve the problem, the client or family may appeal to the local Department of Family Services, using the same written format as previously described. The Director will review the problem, meet with client, if needed, and prepare a written response within 10 working days. One copy of the response will be given to the client or family, with additional copies given to the Program Director, who will review the case and document their opinion concerning the situation.

### **Names and Addresses of Contact For Grievances**

**ABH Inc.**

**Dr. Vera Kurdian, LCSW-C, CEO**

**Phone: 301-345-1022 x7015**

**Baltimore County**

**Diana Long**

**Compliance Coordinator**

**One N Charles Street**

**Baltimore, MD 21201**

**Carroll County**

**Vicky Kelly-Director**

**Dept. Of Social Services**

**1232 Tech Court**

**Westminster, MD 21157**

**Frederick County**

**Sarah Drennan**

**Mental Health Management**

**22 South Market Street**

**301 682 6017 Ext: 205**

**Montgomery County**

**Samar Khalife**

**Quality Assurance/ Core Service Agency**

**401 Hungerford Drive**

**Rockville**

**240 777 3360**

**Prince George's Co.**

**Christina Waddler, Director**

**Mental Health Authority Division**

**5012 Rhode Island Ave Rm 114**



Hyattsville, MD 20781

Phone: 301-985-3890

## **Code Of Ethics**

### Overview

This Code of Ethics provides guidelines for decision-making that are reflective of the moral principles and core values of the organization. The Code is intended to promote high standards of service delivery and business conduct. Advanced Behavioral Health, Inc. employees are required to adhere to this Code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during orientation to the agency and are given a copy of the Code. It is also available to other stakeholders upon request.

Advanced Behavioral Health, Inc.'s philosophy is based upon recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of disability (physical, developmental, or mental), gender, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and encompass social, physical, spiritual, and psychological aspects of everyone.

### **Definitions:**

**Confidentiality:** information received or observed about a person served, or about an employee that is held in confidence and only disclosed when properly authorized or legally and/or professionally obligated to do so.

**Ethics:** the principles of conduct governing an individual or group; concerns for what is right or wrong, good or bad, and with moral duty and obligation.

**Stakeholders:** all those who have a vested interest in an issue. Within Advanced Behavioral Health, Inc. it may include the person with disabilities, their family members, advocates, staff, other agencies, funding sources, employers, regulatory bodies and the general community.

### **Ethical Responsibility in the Delivery of Services to People Supported**

- To maintain the best interests of the person supported, and advocate for those interests as circumstances require.
- To foster self-determination and to encourage individuality accepting each person as unique and valuable.
- To maintain confidentiality.
- To be supportive and non-judgmental.
- To protect the people supported from abuse and/or neglect and avoid participation in practices that are disrespectful, degrading, intimidating, psychologically damaging or physically harmful to clients.

### **Ethical Responsibility to the agency**

- To work towards achieving the mission of Advanced Behavioral Health, Inc.
- To assist Advanced Behavioral Health, Inc. in providing the highest quality of service, acknowledging that personal, interpersonal, and societal circumstances may change.
- To be knowledgeable of, and abide by, Advanced Behavioral Health, Inc. policies and procedures.
- To maintain confidentiality concerning information obtained while providing services and make disclosures only with the consent of service users, or, where required to do so by the order of a court.
- To promote a positive image of Advanced Behavioral Health, Inc. in the community through friendly, respectful and cooperative interactions.

### **Ethical Responsibility in Marketing Services**

- To reflect accurately the policies/positions of Advanced Behavioral Health, Inc. in public statements and to avoid any possible misrepresentation of personal opinion as society policy/position.

### **Ethical Responsibility to the Community and Taxpayer**

- To foster a spirit of cooperation with other service agencies, educational programs and volunteer organizations involved in community living services.

- To maintain a commitment to a high standard of service, continuing quality improvement and prudent financial stewardship.
- To deal with others, both inside and outside Advanced Behavioral Health, Inc. based on unquestionable integrity, open communication, social responsibility and proactive safety conscientiousness in addition to a commitment to high quality, continuing improvement and the best use of fiscal resources.
- To behave in full and complete compliance with all applicable laws and regulations: In addition, our dealings with others will be based on complete candor, cooperation, honesty and mutual respect.
- To ensure Advanced Behavioral Health, Inc. property or the property owned by the people we support will not be used in order to obtain personal benefit. This ethics policy prohibits employee theft, fraud, and embezzlement or misappropriation of property belonging to Advanced Behavioral Health, Inc. or the people supported, another employee or any associate or supplier of Advanced Behavioral Health, Inc.
- To report financial results in accordance with generally accepted accounting principles. Those reports will fairly present financial position and operating results.
- To purchase supplies from reputable suppliers who will treat our society and employees with respect. Advanced Behavioral Health, Inc. shall interact with their suppliers in an open, honest and timely manner. Such communication will create positive partnerships that will benefit the overall operation.
- To use suppliers of goods and services on the basis of price, quality and service only. In selecting suppliers, we also will be mindful of our commitment to supporting businesses that hire people with disabilities. No employee may profit personally from a relationship with a supplier.
- To be respectful corporate citizens in the community, we will participate in activities within the community for the betterment of the community.
- To acknowledge limitations in knowledge and competence.
- To not use drugs or alcohol prior to, or during work.
- To maintain standards of safety through the use of appropriate equipment, clothing and procedures.

### **Ethical Responsibility to Colleagues**

- To establish and maintain relationships of mutual respect, trust, courtesy and cooperation with colleagues.
- To foster a culture in which excellence in practice is pursued in all activities.
- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crises.
- To maintain clear, open communication with individuals, team members and management.
- To not engage in sexual harassment or other forms of personal harassment towards any person served, colleagues, manager or stakeholders.
- To offer both positive feedback and constructive criticism.

### **Ethical Responsibility in Human Resources**

Pursuant to Human Rights Legislation, Advanced Behavioral Health, Inc. provides equal employment opportunities to qualified individuals able to fulfill the job description regardless of disability, race, ethnicity, religion, gender, socio-economic status, marital status, sexual orientation, national origin, political affiliation, age or status. Harassment and misconduct are unacceptable behaviors for all employees of Advanced Behavioral Health, Inc.

- To ensure employees work time is a resource committed to service delivery and not diverted to personal pursuits.
- To ensure employees receive recognition for dedication to society and services.
- To clearly define the service that Advanced Behavioral Health, Inc. has the mandate and capacity to deliver.
- To maintain the overall goal of building communities that best meet the needs of people with developmental disabilities with a cooperative approach to promoting our services.
- To ensure other services are not denigrated as part of our own marketing.
- To promote a positive respectful image of people with developmental disabilities.

### **Ethical Responsibility to the Profession**

- To maintain membership in relevant regulatory bodies and other relevant practitioner associations.
- To ensure the knowledge and skills of professional staff are used to the greatest advantage in service delivery.

- To ensure that neither the standards nor practices of the organization nor the job description and performance expectations of the profession conflict with the profession's regulatory and ethical requirements.

### **Ethical Responsibility as an Employee**

- To maintain high personal standards of professional conduct, avoiding any acts that may bring the profession or service into disrepute, or which may diminish the trust or confidence of any stakeholders
- To avoid conflict of interest situations.
- To refuse any gift, favor or compensation which might be influential or perceived to be influential in obtaining preferential consideration.
- To carry out professional duties and obligations with integrity and objectivity and to recognize how personal values, opinions, experiences, limitations and biases can affect personal judgment.
- To maintain appropriate boundaries between personal and professional relationships.

All allegations of violations to Advanced Behavioral Health, Inc. ethical codes may be reported to the Clinic Director without fear of retaliation.

Welcome to Advanced Behavioral Health, Inc.

Your Case has been assigned to:

\_\_\_\_\_   
 Provider

He/She will be your and your family members' primary contact. You will, however, receive services from other staff members as indicated.

At Advanced Behavioral Health, Inc, our clients are treated with dignity and respect it is our "Customer Service Policy" that all employees will be friendly and courteous in daily interactions with all our clients, their families, and other stakeholders.

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (shared) & HOW YOU CAN GET ACCESS TO THIS INFORMATION**

PLEASE REVIEW IT CAREFULLY

*Purpose of the Notice:* This notice of privacy practices describes how we may share your "**protected health information**" (**PHI**) to carry out treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also described your rights to see and control your **PHI**.

**Advanced Behavioral Health, Inc.** is required by law to:

- Make sure **PHI** is kept private
- Give you notice of our legal duties and privacy practices that affect your **PHI**
- Follow the terms of the notice that is currently in effect

*Definitions:*

**Protected Health Information** is medical information that identifies you or may provide a basis for identifying you, including demographic information. Your **PHI** relates to your past, present, or future physical or mental health condition and related health care services. **Advanced Behavioral Health, Inc.** is required by law to keep records of care that is provided to you.

**You/Your** is defined as any person receiving a health-related service through **Advanced Behavioral Health, Inc.** If the subject of the **PHI** is a minor, patient means the parent (unless subject to a limiting court decree or custody agreement) or authorized legal representative(s).

**Designated Records Set** is defined as one individual's medical and billing records; i.e. your medical and billing records are a "designated records set."

**Treating Clinician** is the individual primarily responsible for providing the patient's mental health services at **Advanced Behavioral Health, Inc.**

**Medical Record** is defined as a record or clinical services provided. The medical record is part of the designated record set.

**Patient** is defined as any person receiving a health-related service through **Advanced Behavioral Health, Inc.**

*Who Will Follow This Notice:*

- Any **Advanced Behavioral Health, Inc.** health care professional authorized to enter information into your medical record

- All **Advanced Behavioral Health, Inc.** departments and units that have access to **PHI**.
- All **Advanced Behavioral Health, Inc.** employees and staff have access to **PHI**.
- Any **Advanced Behavioral Health, Inc.** volunteer who is permitted to provide you services or assistance and volunteers providing **Advanced Behavioral Health, Inc.** operational services assistance.

*How We May Use & Share **PHI** About You:* These Categories describe different ways that **Advanced Behavioral Health, Inc.** may use and share your **PHI**. For each category we will explain what we mean and try to give you some examples. Not every use in a category will be listed. However, all of the ways **Advanced Behavioral Health, Inc.** is permitted to use and disclose information will fall within one of the categories.

- **For Treatment: Advanced Behavioral Health, Inc.** will use and share your **PHI** to provide, coordinate or manage your health care and related services. We may use and disclose your **PHI** to tell you about, or recommend possible treatment options or alternatives that may be of interest to you. We may share **PHI** about you with:
  - Health care practitioners such as doctors, nurses, technicians, student trainees, or other personnel who are involved in taking care of you at **Advanced Behavioral Health, Inc.**
  - Different departments of **Advanced Behavioral Health, Inc.** in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
  - People outside of **Advanced Behavioral Health, Inc.** who may be involved in your medical care after you leave our program, such as referrals to aftercare placement or providers outside of **Advanced Behavioral Health, Inc.** who are treating you.
- **For Payment: Advanced Behavioral Health, Inc.** will use your **PHI** to obtain payment for health care services provided. This will include contacting your health insurance plan to get approval for payment of recommended psychiatric services. Your insurance company will be contacted to determine eligibility for benefits, to review services for medical necessity, and to undertake utilization review activities. This may also include sharing information with others, such as Medicare or Medicaid for the purposes of obtaining payment.
- **Healthcare Operations:** We may use and share your **PHI** to support healthcare operations of **Advanced Behavioral Health, Inc.** For example, we may use **PHI** to review our treatment and to evaluate the performance of our staff in caring for you. This helps make sure all of our patients, clients, and residents receive quality care and services. We may also combine **PHI** about many patients and clients to decide what additional services **Advanced Behavioral Health, Inc.** should offer, what services are not needed and whether certain treatments are effective. We may also share information with health care practitioners such as doctors, nurses, technicians, student trainees, and other personnel for review and learning purposes. We may also share your **PHI** with Health Oversight Agencies for activities authorized by law such as audits, inspections, licensure, and government benefit programs, the mental Hygiene Administration and/or their Core Service Agency.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use **PHI** to remind you that you have an appointment for treatment or services at **Advanced Behavioral Health, Inc.** We may also tell you about possible treatment options that may be of interest to you, such as drug treatment services offered at Partners in Recover, clinical research studies, or services to address domestic violence.
- **Individuals Involved in Your Care or Payment for Your Care:** With your agreement, we may share your **PHI** with a family member, relative, close friend, or any other person you identify. Only information that relates to that person's involvement in your health care will be shared. If you are unable to agree or object, we may share information, if based on professional judgment we determine that it is in your best interest. In addition, in the event of a disaster, we may share **PHI** related to your status and location with your family and/or organization assisting in disaster relief effort.
- **Research:** In special cases, we may use and share your **PHI** for research purposes. For example, a research project may compare the health and recovery of all patients who received one medication to those who received a different medication for the same condition. However, all research projects must be approved through an institutional review board. This process evaluates a proposed research project and its use of medical information. The patients' need for privacy is balanced with the researcher's need for medical information. The institutional review board will review and set rules for using **PHI** before any information is released. If you volunteer to participate in a research study, the consent form you sign to participate in the research study will inform you of any special uses to be made of your **PHI**.

- **As Required By Law and Public Health Activities:** We may use or share your **PHI** to comply with local, state or federal law. Only information that is required will be released. Examples of this would include reporting for public health activities; notification of abuse neglect, or domestic violence; health oversight activities; judicial and administrative proceedings; and law enforcement.
- **To Avert a Serious Threat to Health or Safety:** We may use and share **PHI** about you when, in our judgment, necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers Compensation:** Your **PHI** may be disclosed to comply with workers' compensation laws and other similar legally established programs. These programs provide benefits for work-related injuries or illness.

**Your Rights Regarding PHI About You: You have the following rights regarding the PHI we maintain about you:**

- **Right to See and Copy your PHI:** For as long as we keep your **PHI**, you have the right to see and get a copy of your **PHI**, that is contained in your designated record set. To read & copy **PHI** you must write to the Medical Director. To read a copy of your designated record set you must write to the Medical Director.

If you request a copy of the information, we may charge a reasonable fee for the associated cost of copying and mailing your request. In certain limited situations, we may deny your request to read and copy your **PHI**. In some circumstances, you may have the right to have this decision reviewed, and the decision to deny access may be reversed.

- **Right to a List of Disclosures:** You have the right to receive a list describing specifically who received **PHI** during the last year. There are certain restrictions and limitations. This list will not include those who have received **PHI** for treatment, payment or healthcare operations, as described in this notice of privacy practice. It will also not include those who have made an inquiry into a facility directory, or family members or friends involved in your care, or to whom notification was given.
- To request this list, contact the **Advanced Behavioral Health, Inc.** Director.
- The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing this list.

**Right to Request Restrictions: You have the right to request that we limit how we use and disclose your PHI. We are not legally required to agree to your request.**

- If we do agree, we will limit the information, unless it is needed to provide you with emergency treatment
- To request restrictions, you must make your request in writing to your treating clinician for each admission and/or registration for services. Your request must list (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) who may not receive information.
- **Right to Choose Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to Amend your PHI:** You have a right to amend by adding to your **PHI** in your designated record set for as long as we keep this information. To request to add information, your request must be in writing to the Department of Medical Records where you received treatment. You must include a reason for your request. If your request is not in writing or does not include a satisfactory reason, we may deny your request to amend by adding to your designated record set. In addition, we cannot permit you to amend information that:
  - Was not created by us
  - Is not part of the **PHI** kept by or for **Advanced Behavioral Health, Inc**
  - Is not part of the information which you would be permitted to inspect and copy
  - Is accurate and complete
  - If we should deny your amendment request, you have the right to insert in the record a concise statement of the reason you disagree with the record.
- To request confidential communications, you must make your request in writing to your treating clinician.
- Your request must list how or where you wish to be contacted.
- You do not have to give a reason for your request.
- We will accommodate reasonable requests.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of the notice. You may obtain a copy of this notice by contacting the **Advanced Behavioral Health, Inc** Director.
- **Changes to this Notice:** We have the right to change this notice. We have the right to make revised or changed notices effective for PHI we already have about you, as well as any **PHI** we receive in the future.
- **Other uses of PHI:** Other uses of **PHI** not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or share **PHI** about you, you may take back that permission and we will no longer use **PHI** about you for reasons covered by your written authorization. We are unable to take back your permission, we have already made it with your permission. Also, you are unable to take back a permission to share **PHI** if it was to permit the sharing of your **PHI** to an insurance company as a condition of obtaining coverage, to the extent that other law allows the insurer to contest claims or coverage. We are required to keep records of the care that we provide for you.
- To get your permission back you must make your request in writing. Send your request to the **Advanced Behavioral Health, Inc.** Director.
- Written permission to use or share **PHI** about you is not a condition of receiving treatment.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the local Core Service Director. All complaints must be made in writing. You will not be penalized for filing a complaint.

Advance Directive for Mental Health Treatment  
Maryland Department of Health and Mental Hygiene  
Behavioral Health Administration



NOTICE: This is an important legal document.

**Before signing this document, you should know these important facts.**

**Introduction**

Maryland law gives anyone 16 years of age and over the right to be involved in decisions about their mental health treatment. However, a parent or guardian of a person under the age of 18 years may authorize treatment, even over the objection of the minor.

The law also notes that at times, some persons are unable to make treatment decisions. Maryland law states that you have the right to make decisions in advance, including mental health treatment decisions, through a process called advance directive. An advance directive can be used to state your treatment choice or can be used to name a health care agent, who is someone that will make health care decisions for you.

**A.** If you are a person with a mental illness, this document provides you the chance to take part in a major way in your mental health care decisions when you are not able to. This document allows you to express your consent or refusal to medications for your mental illness and other health care decisions, including use of seclusion and restraints. Please know that Maryland law allows a health care provider to override your refusal for medication for a mental disorder in limited situations if you are involuntarily committed to a psychiatric hospital.

**B.** This document may be completed by any individual 18 years of age and has not been determined to be not capable of making an informed decision. An advance directive may be oral or written. If written, it must be signed and dated. Two witnesses must also sign the document. The health care agent may not be a witness. And, at least one witness may not be a person who is knowingly entitled to benefit by your death, for example inherit money, insurance benefits. The witnesses must sign the document stating that the person making the directive is personally known them and appears to be of sound mind.

**C.** If you wish to guide your health care providers on what treatment you wish to have if you should become unable to give consent, and you **DO NOT WANT A HEALTH AGENT**, fill out the form titled “Advance Directive for Mental Health Treatment”. If you want an agent to make the choice for you, fill out the form “Appointment of Health Care Agent.” You may fill both forms if you want an agent to make the choices and you also want to assist in those choices. If the directive is made orally, it must be made in the company of your attending physician and one witness.

**D.** You can also make an advance directive naming a person as your health care agent, to make mental health decisions when you are not able to do so. The agent must make choices in line with any desires you have

expressed in this document, or if your wishes are not expressed and are not known by the agent, the agent must act in good faith in what he/she believes to be in the best interests for you. It is your job to inform the agent that the agent has been named in your advance directive, and to make sure he/she agrees to be your agent. It is important that your health care agent be informed about your mental illness and the decisions you have made in this form. It is highly recommended that you discuss the contents of this form with your family and close friends and your mental health providers.

**E.** The Office of the Attorney General has issued an opinion that a healthcare agent may sign an individual into a facility, including a psychiatric hospital. If you wish your healthcare agent to be able to make this choice, you should so specify.

**F.** Maryland law allows giving medication for the treatment of a mental disorder over the person's expressed wishes, or placing a person in seclusion or restraints against the person's expressed wishes, under certain conditions.



## Advance Directive for Mental Health

### Advance Directive for Mental Health Treatment

I (name) \_\_\_\_\_ being an adult, and emotionally and mentally able to make this directive, willfully and freely complete this health care advance directive to be followed if it is determined by two physicians that I am not able as a result of a psychiatric or physical illness to assist in my health care treatment. (The second physician may not be involved in my treatment). It is my intent that care will be carried out despite my inability to make choices on my own behalf. In the event that a guardian or other decision-maker is chosen by a court to make health care choices for me, I intend this document to take priority over all other means of discovering intent while able.

The usual symptoms of my identified mental disorder may include:

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I direct my health care providers to follow my choices as set forth below:

Medications for treatment of my mental illness:

If I become unable to make informed choices for treatment of my mental illness, my wishes regarding medications are as follows:

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I may be allergic to the following medications:

Medication Reaction

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The following medications have been helpful in the past and I would agree to them if prescribed:

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Initial all that apply:

\_\_\_\_\_ I agree to the performance of all tests and other means to identify or assess my mental health.

\_\_\_\_\_ I agree to the performance of all tests and other means to check how well the medications are working and their effect on my body, i.e. blood tests.

\_\_\_\_\_ I specifically do not agree with dispensing the following medications, or their own brand-name, trade name or generic equal.

Medication Reasons for no