



# **CLIENT HANDBOOK**

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## WELCOME

Dear Client,

Welcome to Marshy Hope Family Services (MHFS). We have been providing a variety of behavioral health services to Dorchester and the surrounding counties for 20 years. With a staff of experienced professionals, we share a deep commitment to the community. MHFS continues to demonstrate its leadership in providing quality behavioral health services.

As part of your treatment, many issues will be discussed. A comprehensive assessment will be performed to determine your needs and an appropriate course of treatment. The assessment generally consists of many questions regarding several aspects of your life.

After the initial assessment, you will assist in developing your individual treatment plan. This plan will address goals and objectives that will be addressed with a variety of services which could include: Evaluation, Individual, Family and Group Therapies, Psychiatry and Medication Management, and referrals to community resources as appropriate. Our goal is to assist with any behavioral, emotional or other needs that impact your life. Please notify our staff if you are in need of a specific service.

Typically, clients discharge from services when their individual goals are met. Your treatment team will begin discussing discharge criteria with you upon intake so that all involved can remain focused on problem resolution. If at any time during your course of treatment you feel that you would like to discontinue services, please notify someone on your treatment team so that they can inform you of the transition procedures.

Listed below is the contact information for the office location of MHFS. Office hours are 8:00am to 5:00pm – Monday-Friday, evening appointments available by appointment. Two Saturdays per month by appointment.

Marshy Hope Family Services, LLC  
813-1 Chesapeake Drive  
Cambridge, MD 21613

Phone ..... 410-221-2266

Fax ..... 410-221-2878

Emergency On-Call Therapist..... 443-521-3273 available 24 hours a day / 7 days a week

## A. MISSION/VISION STATEMENT

**Mission:** Marshy Hope Family Services joins with individuals, families, and communities to encourage hope, recovery, and wellness.

**Vision:** To make a positive difference in the overall well-being of our community through respectful, high-quality, person-centered care.

## B. CODE OF ETHICS

All clinical staff abide by their professional board's Code of Ethics. MHFS is committed to providing quality services rendered by qualified staff while promoting the following ethical principles:

1. Competence: Maintain a qualified staff that meets education, training and experience requirements; stays current with developments in individual practice area; and continues ongoing professional education.
2. Integrity: Promote honesty, fairness, and respect among staff members, individuals, and the public.
3. Professional and Scientific Responsibility: Promote professional standards of conduct; including personal conduct to the extent it affects the professional activities of a staff member or the reputation of the organization.
4. Respect for the Rights, Dignity and Welfare of Others: Respect the privacy and autonomy of individuals; eliminate or prevent bias or discriminatory practices.
5. Social Responsibility: Comply with the law and encourage the development of social policies that best serve the interest of individuals and the public.
6. Legal Responsibility: Comply with all applicable regulations, statutes, and standards imposed by Grantor or Funder requirements.
7. Individual Abandonment: Promote quality care by accepting referrals only within individual scope of competence and making referrals based on individual need; MHFS will not abandon individuals and will make appropriate referrals of individuals whose needs cannot be reasonably met.

## C. CLIENT RIGHTS

You have the **RIGHT** to:

1. Confidential treatment of all information pertaining to your treatment and the right to prior written approval for the release of identifiable information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA Privacy Rule, 42 CFR Part 2, and 7 AAC 70.060.

2. Review your or your child's record with your treatment provider, at a reasonable time. You may request copies of your records through your therapist, the Clinical Director, or the Program Director, which should include discharge and transition plans, if applicable. MHFS reserves the right to charge fees for reproduction of clinical records.
3. Access your record via the AdvancedMD Patient Portal using either an email invitation from MHFS or by registering with your name and email address at the web address below:  
  
**<https://patientportal.advancedmd.com/143058/account/logon>**
4. Be treated with dignity, respect, and individuality, with consideration for your privacy.
5. Be informed of all available treatment options. Participate in formulating, evaluating, and periodically reviewing your individualized written treatment plan, including requesting specific forms of treatment, being informed why requested forms of treatment are not made available, and being informed of treatment outcomes.
6. Be informed by the prescribing provider, or designee if applicable, of the name, purpose, and possible side effects of medication prescribed as part of your treatment plan.
7. Be an active participant in your, your child's, your family member's, or significant other's treatment (planning, evaluation, and goal completion).
8. Be informed of least restrictive treatment options.
9. Access emergency services from MHFS for behavioral health emergencies 24 hours a day, seven (7) days a week at 443-521-3273.
10. Be informed of community self-help resources that can assist you in reaching your goals.
11. Refuse services.
12. File a grievance if dissatisfied with the services received or if you believe your legal rights have been infringed upon.

#### **D. CLIENT RESPONSIBILITIES**

You have the **RESPONSIBILITY** to:

1. Actively participate in all areas of your or your child's treatment (planning, evaluation, and goal completion).
2. Please sign in 5 minutes prior to your scheduled appointment time, or 15 minutes for a new client. Please give 24 hours notice if you are unable to attend a scheduled appointment or group session, according to the No Show Policy.
3. Pay for each appointment at the time services are rendered, according to your payment arrangement.

4. Notify your provider(s) or other agency staff if you wish to stop receiving services, or make a change in services received.
5. Notify MHFS if you will be not receiving services for three (3) or more months, but expect to resume services after this time.
6. Notify MHFS promptly about any changes in contact information including, residence, phone contact, employment, insurance coverage, or income.
7. Follow MHFS prescription refill policies: Please give 5 day notice for refill requests. Please keep all prescriber appointments. A No-Show may result in the inability to receive medications. To receive medications, clients must also remain active in therapy- the frequency to be determined by client and treatment team.

## **E. CONFIDENTIALITY OF CLIENT RECORDS**

The confidentiality of client records is protected by Federal Law and Regulations and State statutes. Information and/or copies of records concerning past or present treatment or services provided by MHFS to the above referenced client will not be disclosed to third parties unless:

1. The client, or those authorized by Federal or State law, consents by written authorization to MHFS for the release of such information to a third party.
2. The disclosure is ordered by a court of competent jurisdiction and a copy of the Order is provided to MHFS in advance of the requested disclosure.
3. Section 164.510(b)(3) of the HIPAA Privacy Rule permits a health care provider, when a client is not present or is unable to agree or object to a disclosure due to incapacity or emergency circumstances, to determine whether disclosing a client's information to the client's family, friends, or other persons involved in the patient's care or payment for care, is in the best interests of the client. Where a provider determines that such a disclosure is in the client's best interests, the provider would be permitted to disclose only the protected health information that is directly relevant to the person's involvement in the client's care or payment for care.
4. HIPAA allows health care providers to disclose protected health information (PHI), including mental health information, to other public or private-sector entities providing social services (such as housing, income support, job training) in specified circumstances. For example: A health care provider may disclose a patient's PHI for treatment purposes without having to obtain the authorization of the individual. Treatment includes the coordination or management of health care by a health care provider with a third party. Health care means care, services, or supplies related to the health of an individual. Thus, health care providers who believe that disclosures to certain social service entities are a necessary component of, or may help further, the individual's health or mental health care may disclose the minimum necessary PHI to such entities without the individual's authorization. For example, a provider may disclose PHI about a patient needing mental health care supportive housing to a service agency that arranges such services for individuals

5. The clinician has a “duty to warn” in the event there is a dangerous situation, in the opinion of the clinician, and the client and/or others are considered to be in danger. Federal Laws and Regulations and State statutes do not protect any information concerning suspected child abuse, domestic violence, elder abuse or neglect from being reported under State law to appropriate State or local authorities. In crisis situations in which a client is at imminent risk of harming him/herself or others, a no-harm contract is not feasible, and the situation requires the disclosure of patient information to prevent or lessen the threat, clinicians may disclose the necessary protected health information to anyone who is in a position to prevent or lessen the threatened harm, including family, friends, caregivers, and law enforcement, without a patient’s permission.

Violation of the Federal Law and Regulations and/or State Statutes is a crime. Suspected violations may be reported to appropriate officials. (See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)

MHFS adheres to all governmental requirements. You have the right to privacy and MHFS will safeguard your privacy. MHFS has developed client privacy processes that will guard your personal information. If, for any reason, you believe that MHFS has violated your right to privacy as a client you can file a formal complaint to the following:

**Office for Civil Rights, U.S. Department of Health and Human Services**  
Centralized Case Management Operations  
200 Independence Avenue, S.W. Room 509F HHH Bldg.  
Washington, D.C. 20201  
Email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Behavioral Health Administration (BHA)**  
**Spring Grove Hospital Complex**  
**Dix, Mitchell and Vocational Rehabilitation Buildings**  
**55 Wade Avenue**  
**Catonsville, Maryland 21228**  
**Telephone: (410) 402-8300 - Dix Building**

Please rest assured that MHFS values you as a client and will make every effort to ensure confidentiality in all applicable areas as this is our priority.

## **F. CLIENT NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) and 42 CFR**

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

### **General Information**

Information regarding your health care, including payment for health care, is protected by federal laws:

- The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) 42, U.S.C., §1320d et. seq., 45 C.F.R. Parts 160 & 164, HIPAA Privacy Act, and the
- Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, MHFS staff may not say to a person outside MHFS that you attend services at MHFS, nor may MHFS disclose any information identifying you in any way or disclose any other protected information except as permitted by federal law.

MHFS must obtain your written consent before it can disclose information about you for payment purposes. *For example*, MHFS must obtain your written consent before it can disclose information to your pay source in order to be paid for services. Generally, you also sign a written consent before MHFS can share information for treatment purposes or health care operations. However, federal law permits MHFS to disclose information without your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluation;
3. To report a crime committed on MHFS’s premises or against MHFS personnel;
4. To medical personnel in a medical emergency or for proper continuity of medical care;
5. To appropriate authorities to report suspected child/elder abuse, neglect, or incompetence;
6. As allowed by a court order.
7. For referral purposes to an outside agency for additional support services.
8. In consultation with members of the MHFS Treatment team, which may include all clinical staff at MHFS. Only information needed for clinical consultation will be shared and identifying information will be kept to a minimum.

Before MHFS can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent is valid for one year, but may be revoked by you in writing at any time.

### **Client Rights Regarding Health Information**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. MHFS is not required to agree to any restrictions you request, but if it does agree it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.



You have the right to request that we communicate with you by alternative means or at an alternative location. MHFS will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health care information maintained by MHFS, except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in MHFS records, and to request and receive an accounting of disclosures of your health related information made by MHFS during the six years prior to your request. You also have the right to receive a paper copy of this notice.

### **Duties of the Organization**

MHFS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. MHFS is required by law to abide by the terms of this notice. MHFS reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Such changes will be communicated to present clients through provision of a copy of the revised notice. Former clients making appropriate requests will be provided a copy of the updated notice at the time of request.

### **Reporting Complaints and Violations**

You may complain to MHFS and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Such complaints should be pursued initially through the established MHFS Complaint/Grievance/Appeal Procedure. You will not be retaliated against for filing such a complaint. Please refer to Section G of this handbook for additional information.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs. For further information, you may contact the Business Office Manager for MHFS at 410-221-2266.

## **G. COMPLAINT/ GRIEVANCE/ APPEAL PROCEDURE**

It is the policy of MHFS that individuals be treated with dignity, respect, individuality and with consideration of privacy. If an individual is dissatisfied with services or feels his/her rights have been infringed upon, concerns will be reported to the Business Office Manager.

- Individuals are free to file grievances without fear of intimidation or retaliation. Intimidation or retaliation by any MHFS personnel will be grounds for dismissal.
- Grievances that cannot be resolved to the individual's satisfaction, according to the internal agency grievance policy, within 30 days must be reported to Mid-Shore Mental Health Systems at 410-770-4801.

- Grievances involving allegations of abuse or neglect of any description, or unnecessary seclusion or restraint must be immediately investigated and reported to the Business Office Manager and Managing Associate, or to Mid-Shore Mental Health Systems (410-770-4801)
- The grievance procedure will be posted in the lobby under the title of “Complaint/Grievance/Appeal Procedure”.

**PROCEDURE:**

1. The individual should thoroughly review the Client Handbook. This is available to individuals and Client Rights and Responsibilities are posted in the lobby.
2. To file an appeal/grievance, individuals will need to:
  - a) Briefly describe in writing what right has been violated. Provide as much detail as possible about the grievance
  - b) Suggest actions that may fix the problem; and
  - c) Submit it in a sealed envelope to the Business Office Manager.

Note: While grievances are preferred in writing, they may be made verbally in person or over the telephone to the Business Office Manager, who will then complete a client compliant form.

3. In the event the concern is with Business Office Manager, the statement will be submitted to the Managing Associate of MHFS.
4. The envelope will be routed to the appropriate individual for review and follow-up.
5. The individual will be informed in writing within five business days of filing the grievance of the status of the grievance.
6. It is the responsibility of the Business Office Manager to review all grievances, investigate the grievance, and report findings in writing to the Managing Associate.
7. Findings, resolutions/actions and/or recommendations will be communicated with the individual filing the grievance in a timely manner.

**H. CLIENT ORIENTATION INFORMATION**

**Use of Tobacco or Vaping Products**

It is the policy of MHFS to maintain a tobacco free environment. Smoking, vaping, and/or the use of smokeless tobacco is not permitted in the MHFS office. Failure on the part of staff members to comply with these standards may result in disciplinary action. The prohibition of

tobacco applies to clients and visitors, as well. Designated tobacco use areas are provided outside the building.

### **Seclusion and Restraint**

MHFS does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions of any kind under any circumstances, including emergency holds.

### **Weapons Policy**

Weapons of any sort are prohibited inside MHFS building or property. This does not apply to law enforcement officers who are required to carry weapons in the performance of their duties. Clients or visitors found in violation will be asked to leave the premises immediately and if not compliant 911 will be called.

### **Cultural Competency**

MHFS uses the Language Line interpreter service via telephone. Language Line is able to interpret over 240 languages. Please let MHFS staff know that you need interpreting for telephone calls and/or treatment sessions.

Clients will use the bathroom congruent with gender expression. If client is uncomfortable for any reason, please tell staff for assistance.

### **Evaluation No-Show for Prescribers Policy**

If client no-call/no-shows for a prescriber evaluation, client will not be allowed to re-schedule with a prescriber until they have seen their assigned therapist at least three (3) times to ensure a more thorough assessment and engagement in treatment. Exemptions can be made at the discretion of staff.

### **Policy for Out-of-Network Insurance**

Upon notification by client or Business Office Staff that insurance coverage has changed, the following will occur: Notify client that current clinician is not credentialed with their insurance company. If they choose to continue treatment with current clinician, they will be “self-pay”. If they choose not to self-pay or if they get more than three (3) visits behind on payments as self-pay, the current clinician will facilitate referral to in-network provider. In case of transfer or discharge, client will continue to be responsible for any outstanding debt

### **Telehealth**

Telehealth is the use of electronic communications to allow you/your child to continue to receive mental health services by interactive video (phone/computer/tablet) and/or auditory (phone only) devices. Although you have previously signed acknowledgment of HIPAA (confidentiality) requirements, we must tell you that services provided by video or telephone are not as secure as services provided in-person. There is a greater risk that your personal information can be seen or heard if we talk by video or phone, than would be if we were

face-to-face. We will still take every possible precaution to protect your privacy. We will only use a HIPAA compliant video platform (VSEE telehealth). We will not record telehealth sessions. You will need a mobile “smart” phone, tablet or computer with adequate data limits, WiFi or internet service to access video telehealth services. A landline or “flip” phone will work for telephonic (non-video) services only. There may be disruptions in sessions due to technical failures of equipment and/or mobile phone or internet service providers that are beyond the provider’s control. Telehealth sessions will be documented and billed to your insurance in the same way that face-to-face services are billed. You are responsible for paying the co-payment required by your insurance carrier. Telehealth services are not “on-call” and will be scheduled by the provider or office staff. In the event of a mental health crisis or emergency, you can contact the Marshy Hope Family Services therapist on call at 443-521-3273 or the Eastern Shore Operations Center (Mobile Crisis Team – 1-888-407-8018) or 9-1-1.

### **Health, Safety and Legal/Illegal Drugs**

For your safety, please be aware:

1. MHFS has a map by the door that shows the closest exit as well as the location of the fire extinguishers. These maps also show the “safety zone” to go to in the event of severe weather when there is no time to evacuate. You should be aware of these maps and the information that they provide.
2. The staff of MHFS has a primary responsibility for the safety and well-being of all clients, co-workers and the public and will work towards maintaining a safe and healthy environment. If at any time you see or feel that there is something that is unsafe please inform someone and it will be taken care of as soon as possible.
3. It is the intent of MHFS to address the needs and protect the rights of the clients, staff and visitors with regard to infectious diseases. We practice Universal Precautions to prevent the spread of infectious disease.
4. In order to control the spread of infectious disease, we ask that all clients, staff and visitors wash their hands; after eating, using the bathroom, or smoking; and as often as necessary to keep hands clean. When posted, masks may be required.
5. Please call to cancel appointments if currently with fever, vomiting, diarrhea, or upper respiratory symptoms.
6. If it becomes apparent that a client is under the influence of drugs or alcohol, they will be asked to leave MHFS property. If anyone comes onto MHFS property with illegal drugs, the police will be called immediately. All staff, clients, and visitors are expected to keep legal drugs needed for use while on the premises under their strict control and never allow their medication to be used by others.

If you have any questions, concerns or comments regarding this information, please contact the Program Director or Business Office Manager at 410-221-2266.

## **I. CLIENT EXPECTATIONS**

In order to have more appointments available to clients, MHFS has established the following criteria to be used for determining No Show appointments.

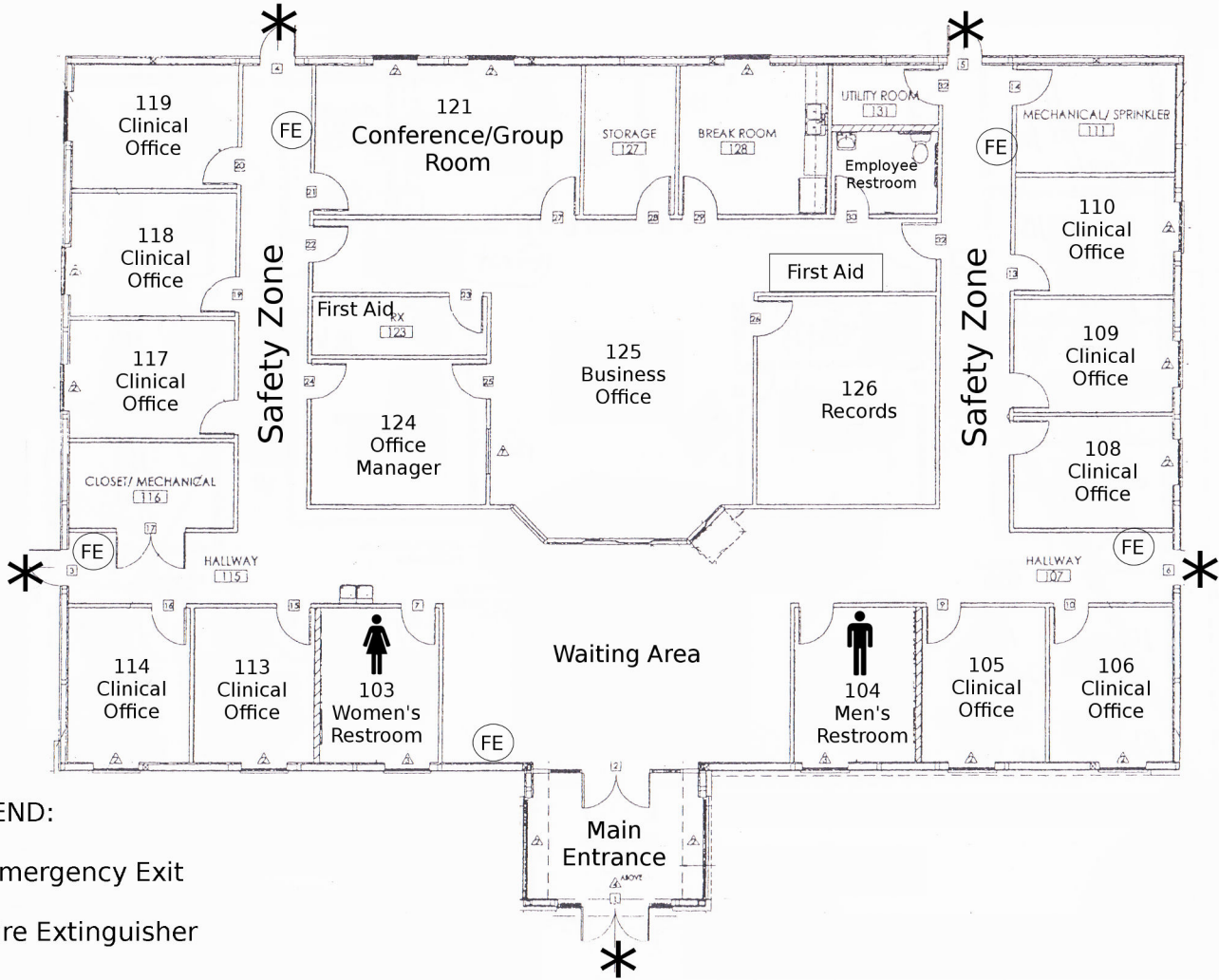
1. A No Show appointment is determined by the following criteria:
  - a. The client misses his/her scheduled appointment.
  - b. No contact is made by the individual prior to the appointment to cancel.
  - c. The individual is more than 15 minutes late for the appointment.
2. Exceptions regarding No Shows may be made on a case-by-case basis by the provider
3. Clients may receive a letter regarding a missed appointment. After the third No Show appointment in six months, the client may be considered for discharge. A letter reminding the individual of the No Show policy will be mailed. The client must contact his/her provider within 10 business days of receipt of this letter to discuss continued treatment.
4. With repeated missed appointments, the individual may be seen by one of his/her current provider(s) at designated unscheduled, walk-in, (first come, first served) times, if available. The client may also call daily to check for available appointments that same day.
5. If No Shows or cancellations are due to poor client/provider “match”, please contact the Program Director to discuss a possible change in provider. If these methods have not been successful in providing better continuity of care and no shows continue to occur, the client will be discharged and names and phone numbers of other providers in the community will be given to the client. Records will be released upon request.
6. Returned No Show letters will be processed by the Front Desk.

## **J. DISCHARGE**

Typically, clients are discharged from services when individual goals are met. Discharge criteria is discussed with you beginning at the initial appointment. When you meet your treatment goals, you will be moved to the next phase of treatment, which may include maintenance or discharge.

On occasion, a discharge will occur for a reason other than completion of the treatment plan. In the event you are not offered certain services, you have the right to know why a particular service might be refused. Should you ever be refused treatment from MHFS you will be provided with a written explanation concerning the reason you were refused certain services. You as a client will not be subjected to any unnecessary, inappropriate or unsafe termination from treatment. Discharge will not take place as punishment for displaying symptoms of a disorder. In order to optimize safety, care and well-being of employees and clients, unruly, unsafe, or aggressive behaviors may lead to discharge from MHFS. Referrals to other resources will be provided.

# Marshy Hope Family Services



## LEGEND:

\* Emergency Exit

FE Fire Extinguisher