

Advanced Therapeutic Connections

A Program of Therapeutic SOULutions, Inc.

Client Handbook

Who We Are

Advanced Therapeutic Connections (ATC) Outpatient Mental Health Clinic provides a range of mental health services to individuals and families in need of mental health services throughout the Baltimore County and surrounding areas. ATC's comprehensive service model is committed to collaborating with and supporting individuals and families in their adjustment, healing, and recovering efforts to improve from mental illness. ATC implements a comprehensive model of service focused on empowering individuals and families affected by mental health issues. ATC eliminates transportation obstacles and provides added support by bringing the therapeutic services directly to the client either in their home, school, or other location.

What Can You Expect At Your First Visit

Treatment begins with an initial clinical evaluation completed by a therapist who will talk with you about the symptoms and problems you are facing in your life. The therapist conducting this evaluation will determine if services are needed. If the therapist recommends mental health services, you will be informed about the type for therapy that you can benefit from and the frequency of services. This therapist may be your assigned mental health care provider or this person may recommend another therapist who has a specific specialization. You also have the right to request another therapist if you don't feel the initial therapist is a good match for your needs. The assigned therapist will then work with you to develop a treatment plan with goals that specifically addresses your needs. Every effort will be made to provide you with brief and efficient treatment. If we are not able to assist you, we will try to refer you to another provider for services.

Appointments:

Therapists will make every effort to arrange appointment times that are at your convenience. In the event that you must miss a scheduled appointment, please call your therapist at least 24 hours in advance.

Types of Mental Health Services

*Individual Therapy *Family Therapy *Group Therapy *Psychiatric Evaluation *Medication Management

Types of Mental Health Providers

- **Psychiatrist (M.D.):** This is someone who has graduated from medical school and has completed residency training in psychiatry. Only physicians and psychiatrists can prescribe medication. Your therapist can refer you to a psychiatrist if you need additional services.
- **Psychiatric Nurse Practitioner:** A graduate of a master's level program in nursing specializing in psychiatry and can prescribe medication. The Nurse Practitioner is supervised by a Psychiatrist.
- **Social Worker (LGSW, LCSW-C):** A person who has graduated from a master's level program in social work and has completed a period of post-graduate supervision.
- **Professional Counselor (LGPC, LCPC):** A person who has graduated from a master's level program in clinical psychology or counseling and has completed a period of post-graduate supervision.

How to Benefit From Therapy

- **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."
- **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 your 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:

The length of treatment depends on a person's insurance coverage and your need and interest in receiving therapy. It is impossible to assess the exact time-frame for treatment because some goals may be addressed with only a few therapy, while others may need longer treatment to help reach their goals.

Program Hours

Regular Business Hours: Monday – Friday: 9:00am-6:00pm

- Please call during regular business hours to schedule onsite appointments & inquire about evening and weekend appointments

Emergencies:

On call crisis intervention is available twenty-four hours a day, seven days a week. If you experience an emergency situation or a life threatening issue that requires **immediate** assistance please refer to the following list of procedures.

- During normal business hours you may visit the office located at 10 Gerard Ave., Ste. 210, Timonium, MD, 21093 or call the office line at 443-869-6512.
- After hours please call the office line at 443-869-6512.
- If it's a non emergency situation where you feel an urgent need to talk to a professional, contact your therapist. This procedure is not be used to discuss matters that can be handled at your next scheduled therapy session.

Inclement Weather:

The decision to cancel an appointment will be at the discretion of the therapist. If you have scheduled an appointment with the psychiatrist at the Gerard office location, please contact the ATC main office line at (443) 869-6512.

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 ATC, you have the right to:

- Be treated in a courteous and dignified manner.
- Take part in planning your treatment and setting your treatment goals.
- Receive appropriate treatment regardless of your sex, race, age, religion, national origin, disability, or how you choose to pay for care.
- Know your progress in treatment, either through talking with your therapist, or by reviewing your treatment plan with your therapist.
- Know the names and professions of people treating you.
- Have your treatment records and conversations with your therapist held in the utmost privacy and confidentiality provided by law.
- Decide if you do not want to continue with treatment.
- Not be subjected to physical, mental, verbal or sexual abuse.
- Know that parents and legal guardians are responsible for children 16 years and under. All procedures regarding client rights and confidentiality apply to them.
- Have a response within five working days to any complaint that you may have.
- File grievance if you believe that any of these rights have been violated, using the Grievance Procedures you have been given.
- Refuse medication.

As a client of ATC you have the responsibility to:

- Work with your therapist to plan your treatment plan, goals and objectives.
- Work to accomplish your treatment goals. This includes taking medication as prescribed by psychiatrist, PCP, etc.

- Be honest with your therapist(s) in discussing anything related to your problems.
- Tell your therapist if you are interested in psychiatric services so he/she can refer you to the psychiatrist we contract with.
- Give correct information to the therapist about your health insurance coverage. Immediately tell the therapist whenever there is a change.
- Keep your appointment and be on time, since your appointment time is set-aside for you. Talk with your therapist 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 point in treatment and need additional support.

Grievance Procedures

STEP 1

If you or your family members have grievance or complaint concerning their treatment, bill or any other issue, first discuss the issue with your therapist. You have the right to be seen within ten working days. If the issue cannot be resolved to your satisfaction, or you are uncomfortable addressing your concerns with your therapist, the next step may be taken.

STEP 2

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

STEP 3

If the above steps do not resolve the problem, you or your family may appeal to the Director of your County's Core Service Agency, using the same written format as previously described. The Core Service Agency Director will review the problem, meet with you, if needed, and prepare a written response within 10 working days. One copy of the response will be given to you, with additional copies given to the agency.

STEP 4

If ATC's final determination conflicts with the Core Service Agency's determination, the complaint will be reviewed by the Mental Health Administration, which will notify you of the final determination.

Names and Addresses of Contact For Grievances

Ditte Moeller, LCSW-C, Executive Officer, Co-Founder **OR**
 Hsin-Lun Sanft, LCSW-C, Executive Director, Co-Founder
 10 Gerard Avenue, Ste 210
 Timonium, MD 21093
 443- 869-6512

Robert Blankfeld, Director
 Baltimore County Core Service Agency
 6401 York Road, Third Floor
 Towson, MD 21212
 410-887-3828

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 described 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**.

ATC 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. **ATC** 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 **ATC**. 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 **ATC**.

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 **ATC**.

Who Will Follow This Notice:

- Any **ATC** health care professional authorized to enter information into your medical record
- All **ATC** departments and units that have access to **PHI**.
- All **ATC** employees and staff that have access to **PHI**.
- Any **ATC** volunteer who is permitted to provide you services or assistance and volunteers providing **ATC** operational services assistance.

How We May Use & Share PHI About You: These Categories describe different ways that **ATC** may use and share your **PHI**. For each category we will explain what we mean and try to give you some examples. All of the ways **ATC** is permitted to use and disclose information will fall within one of the categories.

For Treatment: **ATC** 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 **ATC**.
- Different departments of **ATC** in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
- People outside of **ATC** who may be involved in your medical care after you leave our program, such as referrals to aftercare placement or providers outside of **ATC** who are treating you.

For Payment: **ATC** 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 **ATC**. 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 **ATC** 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 **ATC**. 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 directly 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 Program Director. To read a copy of your designated record set you must write to the Program 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 has received **PHI** about you 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 inquiry of a facility directory, or family members or friends involved in your care, or to whom notification was given.
- To request this list, contact **ATC's Program 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 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 **ATC**
 - 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 **ATC's Program Director**
- **Changes to this Notice:** We have the right to change this notice. We have the right to make revised or changed notice 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 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 provided to you.
- To take back your permission you must make your request in writing. Send your request to **ATC's** Program 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 Agency of your county. **All complaints must be made in writing. You will not be penalized for filing a complaint.**

NON-DISCRIMINATION POLICY

The services and facilities of ATC 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, economic situation, religion, or political affiliation with service delivery