



An Outpatient Mental Health Clinic (OMHC)

ORIENTATION

- I. **Intake:** Your first visit to MPB Group Inc will be a 1-hour meeting to help us gain a better understanding of how we can best assist you.
- II. **Clinical Services:**
 - A. Therapy
 - ☐ Shortly after your intake, you are assigned a therapist with 48-72 hours. You will be scheduled for weekly therapy.
 - ☐ Any service recipient age 5-17 will also be scheduled for a family assessment. This assessment will help us to understand the child and/or adolescent within the structure of his or her family system.
 - ☐ Children and adolescents: All parents and/or guardians must escort service recipient into the clinic, sign in and check-in with therapist. If parent and/or guardian should need to exit the building to use the phone, smoke, etc., parent/guardian must remain in the Columbia Center parking lot and/or Laurel parking lot.
 - ☐ We also offer group therapy as well. Let us know if you have a particular interest in group therapy.
 - B. Psychiatric Services
 - ☐ All Service Recipients are **required** to meet with a member of our psychiatry team for an Initial Psychiatric Evaluation. We work collaboratively as a Team - discussing cases in weekly clinical team meetings.
 - C. Child Protective Service:
 - ☐ If a child has been involved with CPS within the past 2 months, intensive services will be required (2x/week individual therapy AND 1x/week family therapy) for the initial three months- after which time level of services will be reassessed by either the therapist or Operations Manager.

14205 Park Center Dr. Ste 201 & 202
Laurel, MD 20706
(work) 301-317-5800
(Fax) 1-866-371-5933



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D. Inpatient psychiatric hospitalization:

- ☐ If a service recipient has been hospitalized within the past 2 months, intensive services will be required (2x/week individual therapy) - after which time level of services will be re-assessed by either the therapist, Operations Manager or Director.

E. Substance Abuse/Integrated Services

We are committed to providing quality services in all specialty areas. We need your help.

- ☐ If it is determined that you have a dual diagnosis (substance use disorder and mental health disorder) - we will work to get you engaged in:
 - ☐ Individual therapy
 - ☐ Family therapy
 - ☐ Group therapy
 - ☐ Medication management
- ☐ Group therapy is required.
- ☐ Toxicology Testing is required.

Urinalysis and/or saliva drug screening is a part of the assessment and treatment Process. Samples are sent to Precision Diagnostics. Results will be available within 48-72 hours. If a service recipient does not agree to provide a sample, the screening is presumed to be positive and this is used to inform treatment.

 - Service recipients who **test positive for opiates, elevated alcohol levels or un-prescribed Benzodiazepines will be denied a prescription from our psychiatrist (new or refill)**
 - Service recipients who **test positive for substances that have not been prescribed by our psychiatrist may also be required to participate in a higher level of care (which may mean being discharged or being referred to another agency for higher level of care/ treatment).**

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H. Outside Referrals:

- ☐ We provide treatment services within our areas of competency.
- ☐ We will refer out to other providers if your treatment needs go beyond our scope of practice.
- ☐ MPB Group will refer to outside community partners for specialty areas such as (but not limited to):
 - ☐ Sex Offense related treatment needs
 - ☐ Autism-spectrum treatment needs
 - ☐ Legal Histories: 1st degree felony convictions
 - ☐ Actively psychotic and unstable

III. **Program Hours, On-Call Procedures and Crisis Intervention Services**

A. Our hours of operation are as follows:

	Columbia	Laurel
Monday	8-8:30	10-8
Tuesday	9-8	10-8
Wednesday	9-8:30	10-8
Thursday	9-8	10-8
Friday	9-6	9-5
Saturday	9-4	closed

B. **Holiday schedule** (Every year the Clinic is Closed on the following days):

1. New Year's Day
2. Martin Luther King's Birthday
3. Memorial Day
4. Independence Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Day

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C. **Emergencies:**

- ☐ For situations of an urgent matter that occur **during** office hours, please call the clinic and ask to speak with your therapist. If your therapist is not available, ask to speak with a member of our management team.
- ☐ For crisis situations that occur **after** office hours, please call: AFTER HRS
EMERGENCY LINE: 410.989.1672
- ☐ Other Crisis Resources:
 - Mobile Crisis Team
Hours of operation: 12pm – 11pm, 7 days a week
410-531-6677 OR Call 911 and ask for the Mobile Crisis Team
 - Grassroots Crisis Intervention Center 24 Hour Hotline (7 days a week)
410-531-6677
- ☐ However, if you are experiencing a crisis that requires immediate attention due to homicidal or suicidal intent/ behavior, call 911.

IV. **DISCHARGE AND TERMINATION:**

All services provided at MPB Group, Inc. are voluntary. If/when services are no longer necessary or required, or when the therapist feels that treatment should be discontinued due to noncompliance or other reasons, our policy are as follows:

- ☐ Termination of services will, whenever possible, be a collaborative effort between the service recipient and the therapist - based on completion of treatment goals. When this decision is made, the therapist and service recipient will develop a discharge plan, which will delineate continued service needs. The therapist will also assist the client with the necessary referrals for treatment, rehabilitation, or community support.
- ☐ A service recipient may be discharged from ALL services if he/she has been admitted to a hospital for psychiatric reasons, or if service recipient has been absent for two weeks in a row, or three out of five weeks/sessions .
- ☐ A discharge letter will be sent to service recipient indicating that the service recipient's file will remain open for 30 days - during which time the service recipient may return to therapy—not necessarily with the same therapist, but based on availability. If a service recipient does not resume therapy within 30 days, the case will be closed and the service recipient will have to start over again with a new intake.

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- ☐ A decision to terminate services may be recommended if the service recipient fails to comply with the treatment goals that have been discussed and agreed upon between the service recipient and the therapist.
- ☐ Treatment may also be terminated if the service recipient violates a clinic policy, and/or presents a threat to the health or safety of the clinic staff or other patients.
- ☐ You will be sent a written Discharge Letter, along with the names of referrals, if a non-collaborative discharge occurs.

V. **MEDICATION MANAGEMENT POLICIES**

- ☐ A child must be accompanied by an adult for all appointments.
- ☐ The agency's psychiatrist is only available to see service recipients of MPB Group, Inc. on the days the psychiatrist is scheduled to work.
- ☐ We ask that service recipients call us 24 hours in advance to cancel or make changes to scheduled appointments.
- ☐ The psychiatrist is required to see the client face-to-face in order to prescribe or renew any medications.
- ☐ Any service recipient that loses their prescription must schedule a new appointment with the psychiatrist to obtain a new prescription. Refills and bridge scripts are rarely called in. Refills or bridge scripts can take 24-48 hours to process.
- ☐ School medication forms should be completed during scheduled appointments with the psychiatrist. There is an administrative fee for the psychiatrist to complete any paperwork outside of a scheduled appointment.
- ☐ If a service recipient has not seen the agency's psychiatrist in 60 days, the client will be discharged (i.e., no longer under the doctor's care). A new psychiatric evaluation must be scheduled before returning to treatment.

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VI. **SERVICE RECIPIENT'S BILL OF RIGHTS**

As a service recipient of MPB Group, Inc. you have the following rights:

1. The right to receive humane treatment which restricts the individual's personal liberty only to the extent necessary to that individual's treatment needs.
2. The right to be protected from harm and to be free from mental, physical, and sexual abuse at the facility; and misappropriation of service recipient property. All allegations of patient or client abuse by staff members will be reported to the local law enforcement agency.
3. The right to confidentiality. The right to confidentiality and privacy of all information contained in the service recipient record and of Protected Health Information.
4. The right to equal opportunity.
5. The right to an individualized treatment or rehabilitation plan.
6. The right to participate in the development, and periodic review of, the individualized treatment or rehabilitation plan.
7. The right to be informed in appropriate terms and language regarding:
 - a. The content and objectives of treatment or rehabilitation
 - b. The nature of significant possible negative effects of treatment or rehabilitation.
 - c. The name, title, and role of the staff members who are directly responsible for carrying out the individual's treatment rehabilitation.
 - d. Other treatments, services or providers of mental health services, when appropriate.
8. The right to have access to treatment or rehabilitation records unless deemed by the individual's physician to be detrimental to the individual's well-being. In that case, the individual has the right to a written summary of those sections of the record.
9. The individual's attorney may have access to the individual's record with written permission.
10. The right to refuse medication.
11. The right to refuse to participate in intrusive research.
12. The right to make own decisions as legally permissible.
13. The right to be informed about Advanced Directives, to have information available pertaining to Advanced Directives. And to formulate an Advanced Directive.
14. Be fully informed in advance about service to be provided, including the disciplines that furnish service and the frequency of visits, as well as any modifications to the plan of care.

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15. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
16. Be informed, both orally and in writing, in advance of services being provided, of the charges, including payment expected from third parties and any charges for which the service recipient will be responsible.
17. Have one's property and person treated with respect, consideration, and recognition of his/her dignity and individuality.
18. Be able to identify personnel members through proper identification.
19. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of service recipient property.
20. Voice complaints/grievances regarding services, lack of respect of property or recommend changes in policy, personnel, or service without interference, coercion, discrimination, or reprisal.
21. Have complaints/grievances regarding services that are (or fail to be) furnished, or lack of respect of property investigated.
22. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
23. Receive appropriate services without discrimination.
24. Be fully informed of one's responsibilities.
25. Receive information about the scope of services that the organization will provide.

When state or federal regulations exist regarding Service Recipient Rights, the organization's Service Recipient Rights and Responsibilities statement includes those components. The service recipient has the right to be informed of these rights. If the service recipient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the service recipient are exercised by the person appointed to act on the service recipient's behalf. If a state court has not adjudged a service recipient incompetent, any legal representative designated by the service recipient in accordance with state law may exercise the service recipient's rights to the extent allowed by state law.

The organization protects and promotes the exercise of these rights.

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VII. Grievance Policy:

Service recipients who wish to file a grievance may do so following this procedure:

- ☐ Step 1: Please attempt to address the matter with the staff who is directly involved.
- ☐ Step 2: If you are not satisfied with the staff member's response, please submit a written grievance to the Program Director. In the event that the complaint is about the Program Director, the written grievance will be forwarded directly to the CEO/Owner. The written grievance must include specific information, such as dates, actions, etc. Please ask the front desk staff for a copy of the Grievance/Complaint Form. Please expect a two week turnaround response period.
- ☐ Step 3: If you are not satisfied with the Program Director or C.E.O.'s decision, you may attempt to appeal the decision by directing another correspondence to the Program Director or C.E.O. within two working days of receiving the decision.
- ☐ Step 4: If you are still not satisfied, then you may contact the Core Service Agency Director (see contact below).

(Columbia Location/Howard County):

Howard County Mental Health
Authority Long Reach Village Center
8775 Cloudleap Court, Suite 227, Columbia, MD 21045
410.313.7350

(Laurel Location/Prince George's County)

Patrick L. Russell
Program Monitor
Prince George's County Health Department
Behavioral Health Services
9314 Piscataway Road, Suite 150, Clinton, MD 20735
301-856-9500

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VIII. SERVICE RECIPIENT'S RESPONSIBILITIES

You have the responsibility to:

1. Be involved in developing and writing your service plan.
2. Tell your provider if you do not understand or do not agree with the plan.
3. Give your treatment team all of the information they need so that all of you can make the best decisions about your care.
4. Arrive on time for appointments.
5. If you cannot make an appointment, call ahead of time and set up another appointment.
6. Treat staff and other service recipient's with dignity and respect.
7. To report changes in your symptoms or mental status. Service recipients are responsible for identifying and reporting any safety concerns that may affect your care.
8. To ask if you do not understand information about your care or treatment. Service recipients are responsible to inform their provider if unsatisfied with any aspect of their care.

IX. OFFICE POLICY

1. No loitering in the hallways or parking lot.
2. Do not enter other offices in the building unless you have an appointment.
3. Do not Walk into therapy rooms unaccompanied. Wait for your therapist to escort you from the waiting area.
4. Please wait in the clinic for transportation (taxi, AAA), instead of loitering in the parking lot.
5. No yelling, use of profanity, screaming or running in the clinic, hallways or parking lot.
6. Verbal or physical harassment or abuse towards staff/other clients WILL NOT BE TOLERATED.
7. No food permitted in the waiting area (drinks are permitted, please dispose of trash).
8. CELL PHONES: Place on vibrate or turn off. No talking on cell phones in waiting area.
9. No smoking (inside the building). Smoking only allowed in designated areas outside.
10. No use of Alcohol or Non-prescription Substances in the building.

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X. NOTICE OF PRIVACY PRACTICES

(Describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully).

Understanding your health record

A record is made each time you visit a hospital, physician, or other health care provider. Your symptoms, examination and test results, diagnoses, treatment, and a plan for future care are recorded. This information is most often referred to as your "health or medical record," and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others. Use or disclosure of your health information will follow the more stringent of State or Federal laws.

Understanding your health information rights

Your health record is the physical property of the health care practitioner or facility that compiled it but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record.

Requests should be made in writing and a reason for the request provided. Our office will provide a written response within 60 days. Your rights include being able to review or obtain a paper copy of your health information (a fee is applied), and to be given an account of all disclosures. Records are stored for a period of five years and you have a right to access your health information for that time period. You may also request communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

Our responsibilities

This office is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your

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health information by alternative means or to alternative locations. This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at the current address provided on your medical file.

Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

To receive additional information or report a problem

For further explanation of this notice, you may contact the Program Director, Dr Brewer at 4107302385. If you believe your privacy rights have been violated, you have the right to file a complaint with this office, **with no fear or retaliation by this office** (i.e., your right to continue treatment will not be compromised. The procedures for filing a complaint are outlined below:

- You may contact the Program Director at 4107302385 to have the Program Director initiate an immediate investigation of the complaint and file a complaint with the Office of Civil Rights (OCR) for you, OR
- You may file a complaint directly with OCR. Please note the following:
 - o Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or email.
 - o It must include the health care provider contact information and the nature of the violation.
 - o You must file the complaint within 180 days of knowing or perceived knowing that the act or omission occurred. OCR may extend the 180day period if you can show "good cause".
 - o If you wish to mail or fax the complaint, please visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> in order to download the "Health Information Privacy Complaint Form Package"

If you wish to email the complaint, please email the following information to OCRComplaint@hhs.gov:

- Your name, email and mailing address
- Telephone numbers
- Name, full address and telephone number of the person, agency, or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy

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Rule

- Brief description of what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the Privacy Rule otherwise was violated
- Any other relevant information
- Date of the complaint

Your health information will be used for treatment, payment, and health care operations

Treatment Information obtained by your health practitioner in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. This consists of your physician recording his/her own expectations and those of others involved in providing you care. The sharing of your health information may progress to others involved in your care, such as specialty physicians or lab technicians.

Payment - Your health care information will be used in order to receive payment for services rendered by this office. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

Health Care Operations - The medical staff in this office will use your health information to assess the care you received and the outcome of your case compared others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Understanding our office policy for specific disclosures

Business Associates Some or all of your health information may be subject to disclosure through contract for services to assist this office in providing health care. For example, it may be necessary to obtain information from your therapy or psychiatrist. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.

Notification Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care enhance your wellbeing or your whereabouts.

Communications with family Using best judgment, a family member, or close friend, identified by you, may be given information relevant to your case and/or recovery.

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Marketing This office reserves the right to contact you with appointment reminders (usually one business day prior to your appointment), or information about treatment alternatives and other health related benefits that may be appropriate to you. MPB Group utilizes a digital marketing company called ReachLocal that ties web searches and website performance to a digital marketing campaign. ReachLocal tracks leads and digitally records calls made to our tracking numbers in order to assist us internally with improving upon staff performance and to evaluate marketing campaign performance. Callers are informed that these calls are being recorded and only management team staff have access to these recordings.

Fund raising This office reserves the right to contact you as part of fundraising efforts.

Worker's Compensation This office will release information to the extent authorized by law in matters of worker's compensation.

Public Health This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This office is further required by law to report communicable disease, injury, or disability.

Correctional Facilities This office will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.

Law Enforcement - (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit that disclosure of your health information to appropriate health oversight agencies, public health authorities: attorneys in the event that a staff member or business associate of this Office believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers, or the general public.

NOTICE OF PRIVACY PRACTICES AVAILABILITY: The terms described in this form will be posted where registration occurs. All individuals receiving care will be given a hard copy to review.

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