



940 Madison Ave. Suite 202
Baltimore, Maryland, 21201
410.777.8710

Client Handbook

Thanks for selecting Parker Psychiatric Services, Inc. to assist you in your mental health wellbeing. Please read this entire packet carefully, as it contains important information concerning your treatment at Parker Psychiatric Services, Inc. If you have questions concerning any of the information presented here, please be sure to ask a member of our office staff or your clinician. You can also find more information online at our website; www.parkerpsychiatric.com. Thank you for your cooperation and we look forward to working with you.

info@parkerpsychiatric.com
www.parkerpsychiatric.com



Office Hours
Monday - Friday
9:00am - 6:00pm



PARKER PSYCHIATRIC SERVICES, INC.

Welcome to Parker Psychiatric Services, Inc. We find that many patients and their families request information about topics related to treatment services. The following information is provided to assist you. In addition, your clinician and our office staff are available to discuss any concerns or questions you may have about Parker Psychiatric Services.

1. *Patients' Rights and Responsibilities:*

A copy of our "Patient's Rights and Responsibilities" is included with this package and is available at our web site <http://www.parkerpsychiatric.com>. Please read over these statements carefully as they address our responsibilities to you as a patient and your responsibilities as a recipient of services.

2. *Forms of Communication:*

a) Telephone Calls:

We are committed to providing prompt return of telephone calls; however, we need your assistance to make it possible to respond as quickly as possible.

Always say your name, a telephone number where you can be reached, the reason for call and convenient times to reach you. Discuss with your clinician whether appointment information can be left on your answering machine. If you have a Caller ID which blocks unidentified numbers, do not leave that number for your clinician's return call. When using personal cell phones, clinicians do not allow their number to be identified so the return call will not get through. Always leave a call back number without Caller ID block.

b) Emails:

By contacting our staff and providers via email, you give us permission to contact you via emails including the health care information exchange. You can sign up for secure email messaging via patient portal. Please check with our office staff for detailed information on this service.

3. *Emergencies:*

Office hours: If there is an emergency during normal working hours (9:00 AM to 6:00 PM), please contact the office and tell the staff member the nature of the emergency. You will be assisted in obtaining the services you need.

After hours: If you need emergency assistance after hours, please call our office and follow the prompts.

Life threatening emergencies: If the situation is life threatening, please call 911 or go to nearest emergency room for immediate assistance.

4. *Cancellation of appointments:*

When you and your clinician agree on a scheduled time, we will reserve that time for you and will not be able to offer that time slot to another individual. That can mean that patients need to be turned away because an adequate appointment time cannot be found. For this reason, you are asked to contact us should you need to cancel a scheduled appointment.

Should you miss two consecutive appointments, we will assume that you no longer wish to receive services with us and we may close your treatment file. Should you wish to resume treatment with Parker Psychiatric Services, Inc. at any time, you may contact the office where you would like to be seen.

5. *Inclement Weather:*

When weather is such that your appointment may be cancelled due to hazardous driving conditions, please call our office for inclement weather announcement by 7:00 AM. If you are unable to make an appointment although your provider is in the office, please call to discuss the situation and reschedule your meeting.

6. *Prescription Refills:*

Please make every effort to make and keep timely appointments with your psychiatrist and therapist. Should an emergency occur and you need a refill of medication please contact our office. We will make every effort to handle the request by the next business day. You will only be able to receive an emergency refill of 7-10 days' worth of medication once, until you are able to see your provider. All refills should be obtained during a scheduled visit with your psychiatrist.

7. *Release of documentation:*

If we need to provide clinical information for any reason other than coordinating care, there is an administrative fee. Non-clinical reasons include such needs as insurance underwriting or disputes, legal reasons, employer requests, and others not directly related to your treatment. A simple letter will usually be provided without cost. However, please be sure to discuss with your clinician any fees that may be involved for such needs.

8. *Length of Treatment:*

No one can predict how long it will take to meet your treatment goals. Some problems can be addressed in short duration of time, while others take longer duration. Most of the time your insurance covers the whole length of treatment. You may want to consult your health plan carrier periodically.

9. *Confidentiality:*

No records of your treatment will be released outside of Parker Psychiatric Services, Inc. without specific written permission from you. You should know that there are some unusual circumstances under which your clinician may release treatment information *without* your authorization. These situations are: (1) an emergency involving imminent danger or harm to self or another, (2) court order, (3) physical or sexual abuse of a minor, and (4) if a crime is threatened or committed at one of our sites or against any of our staff. Your clinician will discuss these conditions with you if you have any concerns.

10. *Grievance Procedures:*



If you have any complaints concerning your care and treatment at Parker Psychiatric Services, you are to first discuss the issue with your clinician. If the issue cannot be resolved to your satisfaction at this level, you will then file your complaint with the Medical Director, using the attached form. All complaint forms must be filled out completely to be addressed. If you need any assistance completing the complaint form, please ask one of our staff members for assistance.

Once your complaint form is received, you will receive a written response by mail from our Medical Director within seven (7) business days and in the event you are not satisfied with the resolution, your complaint will be escalated to the Program Director and you will receive a written response within seven (7) business days

We at Parker Psychiatric Services value our patient's needs and will make every attempt to resolve any grievance that is brought to our attention.

Do not hesitate to discuss these and any other topics of concern you may have about your treatment at Parker Psychiatric Services, Inc. with your clinician and/or the manager at the site where you received services. We ask for your signature on the attached statement to assure that this information has been communicated to you during your initial evaluation for services.

11. Non-Discrimination Policy:

Parker Psychiatric Services, Inc. provide services to all clients independent of their age, gender, race, religion, color, national origin, disability, medical health, marital status, economic status, political affiliation, sexual orientation or any other basis proscribed by law.

12. Financial Policy:

All services will be billed to Medicaid.

We appreciate the opportunity to work with you.

Client's Rights & Responsibilities

Statement of Client's Rights:

- ❖ Patients have the right to be treated with dignity and respect.
 - ❖ Patients have the right to fair treatment.
 - ❖ Patients have the right to have their treatment and other information kept private.
 - ❖ Patients have the right to privacy. Only with consent, or if required by law, can records be released.
 - ❖ Patients have the right to have an easy-to-understand explanation of their condition and treatment.
 - ❖ Patients have the right to know about all their treatment choices, regardless of cost or whether covered by insurance.
 - ❖ Patients have the right to get information about their insurance carrier's role in the treatment process.
 - ❖ Patients have the right to information about providers' professional backgrounds.
 - ❖ Patients have the right to know of their rights and responsibilities in the treatment process.
- Patients have the right to share in the formation of their plan of care.

Statement of Client's Responsibilities:

- ❖ Patients have the responsibility to give providers information they need. This is so they can deliver the best possible care.
- ❖ Patients have the responsibility to let their provider know when the treatment plan no longer works for them.
- ❖ Patients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
- ❖ Patients have the responsibility to treat those giving them care with dignity and respect.
- ❖ Patients should not take actions that could harm the lives of Parker Psychiatric Services, Inc. employees, providers, or other patients.
- ❖ Patients have the responsibility to keep their appointments. Patients should call their providers as soon as possible if they need to cancel visits.
- ❖ Patients have the responsibility to ask their providers questions about their care. This is so they can understand their care and their role in that care.
- ❖ Patients have the responsibility to follow the plans and instructions for their care.
- ❖ Patients have the responsibility to plan medications visits or refills in advance so as to not precipitate emergency calls.
- ❖ Patients have the responsibility to let their provider know about problems with paying fees.
- ❖ Patients have the responsibility to work with their insurance company as needed to obtain authorizations for their care.
- ❖ Patients have the responsibility to inform their providers of any change in insurance coverage as soon as it is known in order to avoid the non-payment by insurances and thus self-pay charges.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time without any prior notification, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who treats you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you, with the exception where you pay out of pocket in full for the health care service.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditations, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree to do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or other person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Research: We may disclose your health information for research in conjunction with the Privacy Board. We will make a reasonable attempt to obtain your authorization for such disclosures and/or to notify you of disclosures should they occur. Identifiable information will not be used for any other research purposes without your specific consent.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose your health information to authorized federal officials required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody the protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders or changes (such as voicemail messages, postcards or letters).

PATIENT RIGHTS REGARDING PROTECTED HEALTHCARE INFORMATION

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access from office staff or from your provider. You will be charged an administrative fee for the records, according to “Maryland Health General-Article Section 4-304” your charges will be applied as “record search fee \$22.88” and charges per page \$.76 (for pages 1-35) and \$.20 (for pages 36 and above) and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Breach of records: You have the right to be notified following a breach of unsecured PHI.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of emergency). You have the right to restrict disclosures to a health plan where you pay out of pocket in full for the health care service. Disclosure of Psychotherapy notes require separate/additional authorization from you.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will honor the request unless we cannot practicably do so.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.



Other uses and disclosures not otherwise described in the NPP will be made only with authorization from you.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION:

Clinical Director

940 Madison Ave.
Suite 202
Baltimore, MD 21201
(PH): 410-777-8710
(FAX): 443-434-0110