



Client Name:	
Client Date of Birth:	
Assigned Counselor/Therapist:	
This Consent Expires On:	

WELCOME

Welcome to Bright Star Wellness. Please read this consent for treatment thoroughly and sign and/or initial where necessary. If The consent packet is designed to help you prepare to discuss questions with the clinical staff during the intake process.

If you need assistance with reviewing this consent, please let Bright Star Wellness staff know. In general, what are listed below are the responsibilities and obligations of the organization and some expectations of you as the client.

OUR SERVICES

Psychiatric Rehabilitation

- Substance Abuse Services (OP and IOP)
- Psychiatric Evaluation and Medication Management
- Psychotherapy
- Residential SUD Treatment

IMPORTANT PROGRAM POLICIES: (PLEASE READ CAREFULLY)

CRISIS SERVICES:

During regular office hours, please call the office and ask to speak to your provider/counselor if you are in crisis or need immediate assistance. If available, a member of your treatment team will speak with you and assist you. Should your assigned counselor or rehab specialist be unavailable, another member of staff will assist you or you will be linked with a Crisis Support Service in your county.

AFTER HOURS

Please call the office number and press #2 to hear about the crisis support services in your area. If the nature of the emergency is such that you require immediate attention, please go to the emergency room nearest to you or call 911 for assistance.

Crisis Information:

General/Local Crisis Phone Numbers by Counties	Specialized Crisis Phone Numbers
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<ul style="list-style-type: none"> ❖ 988 Suicide & Crisis Lifeline: Call, text, or chat 988 to reach a trained crisis counselor 24/7. ❖ Baltimore City Crisis Response: 410-433-5175 ❖ Baltimore County Crisis Response: 410-931-2214 ❖ Anne Arundel Crisis Response: 410-768-5522 ❖ Prince Georges County Crisis Response: 301-429-2185 ❖ Howard County: Grassroots Crisis Intervention Center 24/7 at 410-531-6677 or 9-8-8 Text HOME to 741741 (Crisis Text Line) ❖ Montgomery County 24 Hour Crisis Center-240-777-4000 	<ul style="list-style-type: none"> ❖ Maryland Crisis Hotline: Call 800-422-0009. ❖ National Suicide Prevention Lifeline: Call 1-800-273-8255. ❖ Disaster Distress Helpline: Call 1-800-985-5990. ❖ Veterans Crisis Line: Call 1-800-273-8255. ❖ LGBTQ Crisis Line ages 13–24. You can call 1-866-488-7386 24/7 or text START to 678678 ❖ Maryland Youth Crisis Hotline: 1-800-422-0009 – 24/7 support for youth in crisis ❖ Domestic Violence: National Domestic Violence Hotline: 1-800-799-7233 ❖ House of Ruth Maryland: 410-889-7884
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SERVICES PROVIDED BY THE NURSE PRACTITIONER:

Our Psychiatric Mental Health Nurse Practitioners (PMHNPs) provides comprehensive mental health assessment, diagnosis, treatment planning, medication management, and supportive therapy. Our approach is collaborative, evidence-based, and focuses on your individual needs and goals.

INITIAL EVALUATION

- ❖ Your first appointment will be an initial evaluation, typically lasting 60 minutes. During this appointment, your provider will:
 - Discuss your current symptoms and concern
 - Review your mental health and medical history
 - Discuss previous treatments and their effectiveness
 - Explore your current medications and supplements
 - Develop a preliminary treatment plan

Follow-Up Appointments

- ❖ Follow-up appointments are generally scheduled for 20-30 minutes and focus on:
 - Reviewing medication effectiveness and side effects
 - Adjusting treatment plans as needed
 - Addressing any new concerns
 - Providing brief supportive therapy

Medication Policy

Informed Consent for Medications

- ❖ Before starting any medication, you will receive information about:
- ❖ Expected benefits and potential risks/side effects
- ❖ Alternative treatment options
- ❖ Guidelines for safe medication use

- ❖ Monitoring requirements

Controlled Substances

- ❖ If controlled substances (such as stimulants, benzodiazepines, or sleep medications) are prescribed:
 - Regular in-person appointments are required
 - Random urine drug screens may be requested
 - State prescription monitoring databases will be checked regularly
 - Early refills will not be provided except in rare, documented circumstances

Medication Monitoring

- ❖ Regular monitoring of medication effects may include:
 - Vital sign checks
 - Laboratory tests
 - Rating scales to measure symptom improvement
 - Assessments for side effects

MEDICATION REFILL POLICY

Standard Refills

- ❖ Medication refills should be requested during scheduled appointments
- ❖ For refills between appointments, please contact your pharmacy at least 5 business days before running out
- ❖ Your pharmacy will send an electronic request to our office
- ❖ Refills will be processed within 2 business days

Controlled Substance Refills

- ❖ Controlled substance prescriptions require more stringent monitoring
- ❖ These prescriptions cannot be refilled early
- ❖ You will be required to come in for an appointment before certain medications can be refilled

Lost or Stolen Medication

- ❖ Bright Star Wellness does not routinely replace lost or stolen medications.
- ❖ For controlled substances, replacement prescriptions will NOT be provided without a police report
- ❖ Repeated reports of lost or stolen medication may result in a review of your treatment plan and potential referral to a substance use specialist
- ❖ Clients are responsible for the safekeeping of their medications
- ❖ Consider using a lockbox or secure cabinet for storing medications, especially controlled substances

After-Hours Refills

- ❖ Routine refills are not provided after hours or on weekends/holidays
- ❖ For urgent medication needs when the office is closed, please contact the on-call provider through our answering service

Communication Policy

- ❖ The preferred method for non-urgent communication is through our secure patient portal
- ❖ Phone calls will be returned within 1-2 business days
- ❖ For urgent concerns during business hours, please inform the front desk staff
- ❖ For emergencies, call 911 or go to your nearest emergency room

By signing at the end of this document, I understand the policies and procedures listed above.

SOCIAL MEDIA POLICIES:

Our providers and staff are committed to maintaining your confidentiality and privacy in all settings, including online environments. This agreement explains how we approach social media and electronic communications to protect our therapeutic relationship.

Friend/Connection Requests

- ❖ Our providers and staff do not accept friend/follow requests from current or former clients on personal social media accounts (Facebook, Instagram, Twitter/X, LinkedIn, etc.)
- ❖ This policy is not a reflection of our relationship with you but is maintained to preserve appropriate professional boundaries

Public Business Pages/Accounts

- ❖ Bright Star Wellness may maintain public professional social media accounts or pages
- ❖ You are welcome to follow or like these professional pages, but please be aware that:
 - Doing so may compromise your confidentiality as others could identify you as a client
 - We cannot guarantee the security or privacy of any content on social media platforms

Location Check-Ins

- ❖ Please refrain from "checking in" at our facility on social media platforms
- ❖ Doing so may inadvertently disclose that you are receiving behavioral health services

Understanding Social Media Limitations:

- ❖ Information shared on social media is not private regardless of privacy settings
- ❖ Content posted online may be permanent and accessible for years
- ❖ Third parties can access information without your knowledge or permission

Agreement

By signing at the end of this document, I understand the policies and procedures listed above.

ATTENDANCE:

- ❖ I understand and agree to the following:

- ❖ I will make every effort to attend all scheduled appointments.
- ❖ I understand that regular attendance supports my treatment goals.
- ❖ I will arrive on time for appointments, understanding that late arrivals may result in shortened sessions.
- ❖ I will provide at least 24 hours' notice when I need to cancel an appointment
- ❖ I will call the office during business hours to cancel or reschedule.
- ❖ After hours, I can leave a message or send a secure message.
- ❖ I understand that a "no-show" occurs when I miss an appointment without notifying the clinic.
- ❖ I understand that repeated missed appointments may impact my treatment schedule.
- ❖ If I miss an appointment, I will contact the clinic to reschedule as soon as possible.

Transportation and Barriers to Attendance

- ❖ I will inform my provider or case manager if I am experiencing difficulties with transportation or other barriers to attending appointments.
- ❖ I understand that staff can help me access Medicaid transportation benefits or identify other resources.

Special Circumstances

- ❖ I understand that the following situations will be considered special circumstances and will not count as missed appointments:
 - Medical emergencies (for myself or a dependent)
 - Transportation failures (with documentation when possible)
 - Severe weather conditions
 - Unavoidable work conflicts (with documentation when possible)
 - Sudden illness
 - Medicaid eligibility issues that I am actively working to resolve
 - If any of these situations occur, I will notify the clinic as soon as possible.

By signing at the end of this document, I understand the policies and procedures listed above.

CONFIDENTIALITY

Legal Protections For Your Information

Your health information is protected by federal and state laws, including:

- ❖ The Health Insurance Portability and Accountability Act (HIPAA)
- ❖ Maryland State mental health confidentiality laws

Professional ethical standards

- ❖ These protections mean that information about your mental health evaluation, diagnosis, treatment, and personal history shared during sessions will be kept confidential within our practice.

Information Sharing Within the Organization:

- ❖ To provide you with the best care possible, your provider may consult with other clinical team members within our practice. These consultations are conducted professionally with the focus on enhancing your care while maintaining appropriate privacy.

Exceptions to Confidentiality:

While we make every effort to protect your privacy, there are specific situations where we are legally and ethically required or permitted to disclose information without your consent. These exceptions include:

- ❖ Danger to Self: If you express serious intent to harm yourself, with a specific plan or means to do so, we may need to break confidentiality to ensure your safety.
- ❖ Danger to Others: If you communicate a specific threat against an identifiable person, we have a "duty to warn" that individual and/or notify appropriate authorities.
- ❖ Abuse or Neglect- We are mandated reporters and must notify appropriate agencies if we have reasonable cause to suspect:
 - Child abuse or neglect
 - Abuse, neglect, or exploitation of elderly persons (65+)
 - Abuse or neglect of vulnerable adults (those with physical, mental, or developmental disabilities)

If Confidentiality Must Be Broken:

- ❖ If we must disclose information without your permission, we will:
 - Make every attempt to discuss it with you first when possible
 - Limit disclosure to only what is necessary
 - Work with you to address any concerns about the disclosure

By signing at the end of this document, I understand the policies and procedures listed above.

CONSENT AND ACKNOWLEDGEMENT FOR URINALYSIS

Purpose of Urinalysis Testing:

As part of your treatment in our Substance Use Disorder (SUD) program, urinalysis testing serves several important functions:

- ❖ Validates abstinence from substances of concern
- ❖ Provides objective data to support your recovery progress
- ❖ Assist in identifying potential relapse early to enable appropriate intervention
- ❖ May be required by court systems, probation/parole, or other referring entities
- ❖ Contributes to comprehensive treatment planning and medication management

Frequency of Testing:

- ❖ Initial phase of treatment: Testing may occur more frequently (potentially multiple times per week)
- ❖ As treatment progresses: Frequency may decrease based on clinical progress and program requirements
- ❖ Random testing: May occur at any time during treatment
- ❖ For-cause testing: May be requested if there are behavioral indications suggesting possible substance use

Prescribed Medications

- ❖ You must disclose ALL prescribed medications or illicit substances at intake and when newly prescribed

- ❖ Bring all prescription bottles to your initial appointment and when medications change
- ❖ Undisclosed prescribed medications that appear on urinalysis may be considered a program violation

By signing at the end of this document, I understand the policies and procedures listed above.

ELECTRONIC COMMUNICATION:

I understand that Bright Star Wellness offers electronic communication options to enhance my access to care. I agree to the following terms when using these services.

Types of Communication Authorized (check all that apply):

Text message reminders Email communications Telehealth appointments Automated appointment reminders Other:

Privacy & Security Risks:

- ❖ I understand that electronic communications are not 100% secure.
- ❖ Standard email and texts are not encrypted and may be accessed by unauthorized parties.
- ❖ My protected health information may be included in these communications.

Appropriate Content- I will use electronic communications for non-urgent matters such as:

- ❖ Appointment scheduling/rescheduling
- ❖ Routine questions
- ❖ Requesting medication refills (with 3 business days' notice)

I will NOT use electronic communications for:

- ❖ Mental health emergencies
- ❖ Crisis situations
- ❖ Time-sensitive medical concerns

Documentation:

- ❖ All electronic communications will become part of my medical record.

Termination of Electronic Communication:

- ❖ Either party may discontinue using electronic communications at any time.
- ❖ I will notify the clinic if my contact information changes.

By signing at the end of this document, I understand the policies and procedures listed above.

TELEHEALTH INFORMED CONSENT

Telehealth involves the use of electronic communications to enable healthcare providers to deliver clinical services to clients who are in different locations. This may include the delivery of mental health services through video conferencing, telephone, or other electronic means. This document outlines the benefits, risks, and conditions of telehealth services provided by Bright Star Wellness.

Physical Address Where You Will Receive Telehealth Services:

Street Address	
City/State/Zip code	

Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Phone Number:	

Benefits of Telehealth Services:

- Increased accessibility to psychiatric care
- Convenience of receiving services without traveling to the office
- Continuity of care regardless of transportation limitations or illness
- Reduced risk of exposure to contagious illnesses
- Ability to receive care from the comfort of your own environment

Potential Risks of Telehealth Services:

- Technology failures may disrupt or delay sessions
- Reduced ability for the provider to observe nonverbal cues
- Potential privacy breaches despite security measures
- Possible limitations in crisis intervention capabilities
- Insurance reimbursement policies for telehealth may vary
- Lack of physical examination may limit certain aspects of treatment

Telehealth services at our organization may include:

- Psychiatric evaluation and assessment
- Medication management
- Individual therapy
- Group therapy (with additional specific consents)
- Care coordination
- Patient education

Technical Requirements:

To participate in telehealth services, you will need:

- A reliable internet connection
- A device with video and audio capabilities (computer, tablet, or smartphone)
- A private, quiet space free from distractions
- Basic familiarity with the telehealth platform we use ([PLATFORM NAME])

Your Responsibilities:

1. Provide accurate contact and location information
2. Be present at the agreed-upon location for scheduled appointments
3. Ensure your environment is private and secure during sessions
4. Test your technology before sessions to ensure functionality
5. Do not record sessions without explicit permission
6. Inform your provider if someone else is present in your location
7. Be dressed as appropriately as you would for an in-person visit
8. Refrain from operating a vehicle or machinery during sessions
9. Have a backup communication plan in case of technical difficulties

Privacy & Confidentiality:

- We use HIPAA-compliant telehealth platforms with encryption
- Despite precautions, no technology can guarantee 100% security
- We will not record sessions without your explicit consent
- All existing confidentiality protections and exceptions apply to telehealth

- You are responsible for ensuring privacy at your location

Emergency Protocol:

- Telehealth is not appropriate for emergencies
- At the beginning of each session, you must confirm your location
- In case of an emergency during a telehealth session, your provider will:
 - Direct you to call 911 or go to your nearest emergency room
 - Contact your emergency contact person provided above
 - Possibly contact local emergency services based on your location

Technical Support:

For technical support regarding our telehealth platform, please contact: _____

State Licensure Requirements:

Our providers can only provide telehealth services to clients physically located in states where the provider holds an active license. You must inform us if you plan to receive services while in a different state.

ALTERNATIVES TO TELEHEALTH

Alternatives to telehealth services include:

- In-person services at our facility or with another provider
- Telephone-only services (with limitations)
- Referral to local providers in your area

TELEHEALTH SESSION GUIDELINES

- Log in 5-10 minutes before your scheduled appointment
- Ensure your face is well-lit and visible
- Use headphones when possible for better audio quality
- Close other applications on your device to improve connection
- Have a backup phone available in case of technical difficulties

RIGHT TO WITHDRAW CONSENT

You have the right to withdraw consent for telehealth services at any time without affecting your right to future care or treatment. Please discuss any concerns about telehealth with your provider.

Client Consent:

By signing this form:

- I have read and understand the information provided above
- I understand the benefits and risks of telehealth
- I have had the opportunity to ask questions
- I consent to receive telehealth services from Bright Star Wellness
- I agree to provide accurate location information at the beginning of each session
- I understand that state laws regarding telehealth apply to my care

_____ Initial

By signing at the end of this document, I understand the policies and procedures listed above.

GROUP TELEHEALTH INFORMED CONSENT**Introduction**

This consent form is specific to participating in group mental health services via telehealth. Group telehealth involves electronic communications enabling healthcare providers to deliver clinical services to multiple participants simultaneously. This document outlines the benefits, risks, and conditions specific to group telehealth services provided by Bright Star Wellness.

Group Telehealth Services

Group telehealth services at Bright Star Wellness may include:

- Group therapy sessions
- Psychoeducational groups

- Support groups
- Skill-building groups
- Recovery-focused groups

Group Participation Guidelines

- Keep your camera on during the entire session unless otherwise instructed
- Use your real name for identification within the platform
- Participate in a private location where others cannot see or hear the session
- Use headphones, when possible, to prevent others from hearing group members
- Do not share the meeting link or access information with anyone
- Inform the group leader if someone enters your space during the session
- Be present and engaged (avoid multitasking or using other devices)

Technical Considerations for Groups

- A stable internet connection is even more crucial for group participation
- Video capability is required (telephone-only participation is generally not permitted)
- Muting your microphone when not speaking helps reduce background noise
- Group leaders may use platform features like breakout rooms or screen sharing
- Technical difficulties affecting one member may briefly disrupt the entire group

Risks Specific to Group Telehealth Services:

In addition to the general risks of telehealth, group telehealth includes:

- Increased risk of confidentiality breaches due to multiple participants
- Possible exposure of personal information to multiple group members
- Limited ability to fully monitor all participants' reactions and nonverbal cues
- Potential distractions in participants' environments affecting group dynamics
- Technical issues affecting one participant may impact the entire group experience

Emergency Protocol for Group Telehealth Services:

- Group leaders will obtain your location at the beginning of each session
- If you experience an emergency during a group session:
 - Alert the group leader verbally or via private chat if possible
 - The group leader may temporarily place other members in a "waiting room"
 - Emergency protocols from the general telehealth consent will be followed
- Group leaders may need to end a session for all participants if a serious emergency occurs

Group Rules and Etiquette

1. Maintain confidentiality – what is shared in group stays in group
2. Arrive on time and stay for the full session
3. Participate from a private, quiet environment
4. Avoid eating during sessions (unless medically necessary)
5. Dress appropriately as you would for an in-person group
6. Respect others when they are speaking
7. Provide feedback in a constructive, respectful manner
8. Focus on the group without distractions (turn off notifications)
9. If you need to step away briefly, use the chat feature to notify the leader

Right to Remove from Group

Bright Star Wellness reserves the right to remove participants from group sessions for:

- Violation of confidentiality
- Inappropriate behavior or comments

- Attending sessions while intoxicated
- Creating an unsafe or disruptive environment for other participants
- Repeated violation of group rules after warnings

All provisions from the general Telehealth Informed Consent also apply to group telehealth services, including:

- Technical requirements
- Privacy measures
- Insurance and billing policies
- General telehealth risks and benefits
- Emergency protocols

CONSENT

By signing this form:

- I have read and understand the information provided above
- I understand the unique benefits and risks of GROUP telehealth
- I agree to follow the confidentiality and participation guidelines
- I have had the opportunity to ask questions
- I consent to receive group telehealth services from Bright Star Wellness.
- I agree to provide accurate location information at the beginning of each session
- I understand that I am responsible for maintaining the privacy of other group members' information

By signing at the end of this document, I understand the policies and procedures listed above.

EDUCATIONAL INFORMATION: ADVANCE DIRECTIVES IN MARYLAND

Mental Health Advance Directives

Maryland law specifically allows for mental health advance directives, which can:

- Specify preferences for psychiatric medications
- Identify preferred psychiatric facilities if hospitalization becomes necessary
- Document treatments that have worked well in the past
- List treatments you wish to avoid based on past experiences
- Name a mental health agent who understands your mental health needs

Maryland offers a specific psychiatric advance directive program that allows individuals with mental health diagnosis to:

- Document preferences while well
- Help guide treatment during periods of crisis
- Maintain greater autonomy over mental health treatment

I have received information about advanced directives under Maryland law. I understand that having an advanced directive is voluntary, and that Bright Star Wellness cannot condition treatment on whether I have one.

I have an existing advanced directive and will provide a copy for my medical record.

I do not have an advance directive currently.

I would like additional information about creating an advance directive.

MEDICAID FEES ACKNOWLEDGMENT

Current Medicaid Participation:

Verification of Benefits:

Prior to your first appointment and periodically throughout your treatment, we will verify your Medicaid eligibility and coverage. However, verification of benefits is not a guarantee of payment. Coverage depends on:

- Your eligibility status at the time services are rendered
- Whether services provided are covered under your specific plan
- Whether all Medicaid requirements for the service have been met

No Billing of Medicaid Clients:

In accordance with federal and state regulations:

- Bright Star Wellness will NOT bill you for services covered by Medicaid when you are eligible for Medicaid at the time services are provided
- You are NOT responsible for any "balance billing" (the difference between our standard charges and what Medicaid pays)
- You are NOT required to pay co-payments, co-insurance, or deductibles for Medicaid-covered services

Change in Insurance Status:

You must notify us immediately of any changes in your insurance status, including:

- Loss of Medicaid eligibility
- Change in Medicaid MCO plans
- Obtaining additional insurance coverage
- Change of address or contact information

Appeal Rights:

If Medicaid denies coverage for a service, we believe is medically necessary:

- We may appeal the decision on your behalf
- You have the right to appeal directly to Medicaid or your MCO
- We will provide information to assist you with the appeal process

By signing at the end of this document, I understand the policies and procedures listed above.

CLIENT AGREEMENT: GRIEVANCE PROCESS

HOW TO FILE A GRIEVANCE

Step 1: Informal Resolution

We encourage first discussing concerns directly with your provider or the staff member involved. Many issues can be resolved promptly through direct communication.

Step 2: Formal Grievance

If the concern cannot be resolved informally, you may file a formal grievance by:

- Completing our Grievance Form (available at the front desk or on our website)
- Submitting a written statement describing your concerns
- Calling our Corporate Compliance Officer

Resolution

You will receive a written response that includes:

- A summary of your grievance
- Steps taken to investigate
- Decision reached
- Actions taken or planned
- Information about how to appeal if you are dissatisfied

Appeal Process:

If you are not satisfied with the resolution:

1. Submit a written appeal within 10 business days of receiving our response
2. The appeal will be reviewed by the Executive Director.
3. A final decision will be made within 10 business days from the date the appeal is submitted.

YOUR RIGHTS AND RESPONSIBILITIES:

As a client of our program, clients have the right to:

- Privacy and dignity

To be free from:

- Abuse
- Financial or other exploitation
- Retaliation
- Humiliation

- Neglect

Access to:

- Information pertinent in sufficient tome to assist clients with making informed decisions.
- Their clinical case records.
- An interpreter if language is a problem.

Informed Consent, refusal, or expression of choice and/or withdrawal of consent regarding:

- Service delivery.
- Release of information
- Concurrent services
- The composition of the treatment team
- The organization's involvement in any research and adherence to research guidelines and ethics (not applicable, the organization is not involved in research)
- Photographs by an employee, visitor, or other client.

Access or Referral to:

- Legal entities for appropriate representation.
- Self-help support services.
- Advocacy support services.

Other Rights:

- Investigation and resolution of alleged infringements of rights
- Protection of other legal rights.
- To have these rights explained to them in a way that is understandable.
- To receive impartial access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, national origin, religion, physical handicap, or sources of payment. (Maryland)
- To exercise cultural values and spiritual beliefs as long as they do not interfere with the well-being of others (Maryland)

Client Responsibilities:

Your responsibility as a client of Bright Star Wellness Include:

- Participate in treatment planning.
- Come to sessions in an alcohol and drug free condition.
- Pay copays and any fees per the client's signature on the Fee Agreement.
- Respect the privacy of other clients seeking treatment.
- Attend all appointments or give adequate prior notice of cancellation.
- Be familiar with client rights, responsibilities, and treatment.
- Provide accurate information about their condition that is relevant to treatment.
- Comply with the rules of the specific program rules.
- Treat other clients and staff respectfully.
- Not to bring weapons into any program.
- Not to use tobacco products while on program grounds

ACKNOWLEDGMENT OF HIV/AIDS/HEPATITIS/TB/STI RISK REDUCTION & NICOTINE CESSATION EDUCATION

This document confirms that you have received education about risk reduction strategies for communicable diseases (HIV/AIDS, Hepatitis, Tuberculosis, and Sexually Transmitted Infections) and information about nicotine cessation. This education is provided as part of our commitment to your overall health and wellbeing.

COMMUNICABLE DISEASE EDUCATION PROVIDED

HIV/AIDS Risk Reduction

I have received education about:

- The modes of HIV transmission (blood, sexual contact, mother to child)
- Prevention strategies including safer sex practices and harm reduction
- The importance of HIV testing and early treatment
- Resources for HIV testing, counseling, and treatment
- The relationship between substance use and HIV transmission risk

Hepatitis Risk Reduction

I have received education about:

- Different types of viral hepatitis (A, B, C) and their transmission

- Prevention strategies including vaccination (for Hepatitis A and B)
- Harm reduction strategies to reduce transmission risk
- The importance of testing and early treatment
- Resources for hepatitis testing and treatment

Tuberculosis (TB) Risk Reduction

I have received education about:

- How TB is transmitted through airborne particles
- Signs and symptoms of active TB infection
- The difference between latent TB infection and active TB disease
- Risk factors that increase susceptibility to TB
- The importance of completing TB treatment if prescribed

Sexually Transmitted Infection (STI) Risk Reduction

I have received education about:

- Common STIs and their transmission
- Prevention strategies including safer sex practices
- The importance of regular STI screening
- Treatment options for common STIs
- Resources for confidential STI testing and treatment

NICOTINE CESSATION EDUCATION

I have received education about:

- Health risks associated with tobacco and nicotine use
- Benefits of quitting smoking/nicotine use
- Available cessation strategies including:
 - Nicotine replacement therapy options
 - Non-nicotine medication options
 - Behavioral support resources
 - Mobile apps and online tools
- The impact of smoking/nicotine use on mental health and medications
- Maryland Tobacco Quitline and other local resources

FORMAT OF EDUCATION RECEIVED

I received this education through (check all that apply): Written materials/handouts One-on-one discussion with provider Group educational session Video presentation Interactive online education Other: _____

OPPORTUNITY FOR QUESTIONS

I have had the opportunity to ask questions about these topics, and those questions have been answered to my satisfaction.

REFERRALS PROVIDED

I have been offered referrals to the following resources as appropriate (check all that apply):

HIV testing and counseling services Hepatitis screening services TB testing services STI screening services Maryland Tobacco Quitline (1-800-QUIT-NOW) Local smoking cessation program Harm reduction services

Other: _____

Understanding & Acknowledgement:

I understand that this education is provided for my health benefit and is part of my treatment plan. I acknowledge that:

- This education is not intended to replace comprehensive medical care
- I am encouraged to discuss these topics further with my healthcare providers
- I may request additional information or education on these topics at any time
- My mental health and physical health are interconnected

TRANSITION AND DISCHARGE PLANNING

1. My provider and I will regularly assess whether services are beneficial, and we will collaborate on determining when treatment goals have been met.
2. Treatment will continue only as long as it is reasonably clear that I am benefiting from the therapeutic relationship.
3. If my provider assesses that they are not effective in helping me reach my therapeutic goals, they will discuss this with me and provide appropriate referrals to alternative services.
4. At my request and with a signed release of information, my provider will communicate with any new provider to support a smooth transition.
5. I may discontinue treatment at any time.
6. If I feel my provider and I are not a good fit, I can discuss this concern, and my provider will help determine if transferring to another provider would be more appropriate.
7. If my provider becomes unable to provide services, I will be notified and provided with referrals to alternative services.
8. If I do not have contact with the program for more than 30 days, an "administrative discharge" will be completed.
9. The organization reserves the right to terminate treatment for extenuating circumstances such as non-compliance or safety concerns, which will be addressed on a case-by-case basis.

CLIENT ORIENTATION

I have been given a verbal explanation and description by a trained staff member of all forms necessary for treatment or for disclosure of health information, and information regarding services. Following admission to the program, the client shall the following:

- Your rights and responsibilities as a client within the program.
- Our complaint/grievance and appeal procedures
- The various ways you can provide input on your experience as a client within the program and how we use that input to improve services.
- The prohibition of the use of seclusion and restraint.
- The use of tobacco products including vapes, chewing tobacco and all other forms are prohibited within the building. Please use the designated area outside of the building.
- Prescription medication was brought into the program.
- Weapons and items listed as contraband are not allowed on program grounds at any time. If we suspect that clients have brought prohibited items onto program premises this may result in an administrative discharge.

Our policies related to:

- Confidentiality policies
- Intent/Consent to Treat
- Program rules/Behavioral Expectations while receiving services.
- Our transition and discharge process
- How the program will respond to potential risks to clients/staff and visitors.
- Access to after-hours services.
- Standards of professional conduct related to services provided.
- Requirements for reporting and/or following up for mandated clients regardless of outcome.
- Financial obligations and fees.

Program Rules:

During orientation staff reviewed the following information:

- Loss of privileges (we do not restrict rights).
- The outcome that may occur is based on events, behaviors, and the likely consequences (please see the Code of Conduct for Clients above)
- How you regain privileges that may have been suspended.
- A tour of the building and access to health & safety equipment such as emergency exits, fire suppression equipment and first aid kits.
- Information on advanced directives.

A description of our policies related to:

- Your assigned counselor and his/her educational background.
- Our person-centered philosophy and how treatment plans and goals are developed (Goals should be stated in your own words).
- The potential treatment options (course of options and services suited to address your condition)
- How the program uses motivational incentives
- Expectations for legally required appointments, sanctions, or court notifications.
- Expectations for family involvement

- Identification of other clinicians that may be involved in treatment outside of the assigned counselor.
- How we use your input and other feedback provided to the organization

I have received an orientation that is appropriate to my needs and the type of services provided that are understandable to me and includes an explanation of the following has been provided including the identification of therapeutic interventions that involves:

- Expected duration of services
- Any risks associated with the intervention.
- Potential benefits of the intervention

I have received information related to:

- Hours of operation
- Access to after-hour services
- Our Code of Ethics
- The Right to Request Limits on Uses and Disclosures of Your PHI
- Requirements for reporting and/or follow-up for the mandated client, regardless of his or her discharge outcome.

Notice of Privacy Practices:

This Notice applies to all the records of your care generated by this office, whether made by your personal doctor, or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

<p>We are required by law to:</p> <ul style="list-style-type: none"> • Make sure that health information that identifies you is kept private • Give you this Notice of our legal duties and privacy practices with respect to health information about you; and • Follow the terms of the Notice that is currently in effect. <p>How we may use and disclose health information about you:</p> <ul style="list-style-type: none"> • For treatment • For payment • For health care operations • For appointment reminders • As required by law • To avert a serious threat to health and safety • As required by the military or Veterans' and workers' compensation organizations • Public health risks • Health oversight activities • Lawsuits and disputes • Law enforcement • Coroners, health examiners and funeral directors • National security and intelligence activities 	<p>Your rights regarding Health Information about you:</p> <ul style="list-style-type: none"> • Right to inspect and copy records • Right to amend records • Right to an accounting of disclosures • Right to request restrictions • Right to request confidential communication, electronically or by paper • Right to a paper copy of this Notice (full Notice is available upon request) <p>Changes to this Notice:</p> <p>We reserve the right to change this Notice. We will post a copy of the current Notice in our facility with the current effective date. Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us.</p> <p>Confidentiality of Substance Use Disorder Client Records:</p> <ul style="list-style-type: none"> • The confidentiality of substance use disorder client records maintained by us is also protected by Federal law and regulations. Generally, the law and regulations provide that: • We may not disclose to a person outside the treatment center that you are present in the treatment center, that you are a client of the treatment center, or any information identifying you as having or having had a substance use disorder.
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Client Printed Name: _____

Client or Client Representative Signature: _____

Date: _____

Program Representative Signature: _____ Date: _____

