



# CLIENT HANDBOOK

## NON-DISCRIMINATION POLICY

The services and facilities of FAMILIES FIRST COUNSELING & PSYCHIATRY 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.

## GENERAL INFORMATION

### **Who We Are:**

FAMILIES FIRST COUNSELING & PSYCHIATRY is a multi-disciplinary team of mental health professionals, including psychiatrists, psychiatric nurses, and therapists, who have a wide variety of specialties. As needed, we coordinate with other resources such as inpatient and partial hospitalization programs along with other health care professionals.

### **What You Can Expect for Your Initial Visit:**

Prior to your first appointment you will be asked to complete and sign a number of forms and consents. Some of these forms are for our business records. It is also important to **have your insurance card available**.

Treatment begins with an evaluation. You will meet with a clinician who will ask you about the problems for which you are seeking help. The clinician will determine the services you need and whether our outpatient clinic will be able to provide those services. If we are able to serve you, the clinician will use the information you have provided to develop with you a recommended plan of treatment tailored to meet your individual needs. Every effort will be made to provide you with efficient treatment. The clinician doing your evaluation may continue as your therapist for ongoing treatment, may recommend another clinician with a different specialty to be your therapist, or may recommend some other type of approach for your difficulties. If we are not able to assist you, we will attempt to refer you to another source of care.

### **Appointments:**

We 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 the office at least 24 hours in advance.

### **What Kind of Treatment Might be Recommended?**

- ❖ **Individual Therapy:** This type of treatment, in which you meet alone with your therapist, is what most people traditionally associate with therapy. However, other approaches, such as group therapy and/or medication, are becoming the treatment(s) of choice in many cases.
- ❖ **Family or Couples Therapy:** In such treatment the focus is on the relationships involved and finding new solutions to old problems.
- ❖ **Medications:** Often a person's problem involves chemical imbalances. For example, some types of depression are related to the way brain chemistry affects mood. In such instances, taking a specially prescribed medication may be very helpful.
- ❖ **Other Means of Treatment:** Treatment is not just what you do in the therapist's office. It may be suggested that you undertake outside activities such as reading, journal keeping, attending self help groups, nutrition, exercise, talking to a dietician, practicing desirable new behaviors, etc.

## **What Kinds of Mental Health Providers Are There?**

- ❖ **Psychiatrist (M.D.):** This is someone who has graduated from medical school and has completed residency training in psychiatry. Only physicians can prescribe medication.
- ❖ **Psychologist (Ph.D. or Psy.D.):** Someone who has graduated from a doctoral program in psychology and completed an approved internship (FFCP does not have a psychologist on staff).
- ❖ **Social Worker (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.
- ❖ **Psychiatric Assistant or Physician Assistant (PA-C):** A graduate of a master's level program who specializes in psychiatric/mental health and provides mental health services under the supervision of a psychiatrist
- ❖ **Professional Counselor (LCPC):** A person who has graduated from a master's level program in clinical psychology or counseling and has completed a period of postgraduate supervision.
- ❖ **Intern Counselors:** Intern counselors are clinicians who are in a graduate level program for either clinical psychology or social work. While providing treatment services Interns receive supervision from a licensed clinical supervisor.

## **How Do You Get The Most From Your Treatment?**

- ❖ **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:**

No one can accurately predict exactly how long it will take to meet your treatment goals. Some problems can be addressed in one or two sessions while others may take longer. Your insurance benefits may help determine the length of treatment since many health plans offer treatment for crisis-oriented brief therapy only. It may be best to define very focused goals and plan a short course of therapy targeted to those goals.

## **Emergencies:**

In the case of a life-threatening emergency, contact 911 or go to your nearest emergency room. Additionally, for suicide or crisis, you can call or text 988, the Maryland Suicide and Crisis helpline, for people experiencing mental health or substance use emergencies.

### **Inclement Weather:**

The decision to close the outpatient clinic will be made by the Director. Clients are encouraged to call the office at 240-304-FFCP to ascertain if the office is open or closed. If needed, clients can call the outpatient clinic on the next business day to reschedule their missed appointment. There will be no charge for the missed visit or for a cancellation due to inclement weather.

### **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 FAMILIES FIRST COUNSELING & PSYCHIATRY, you have the **right** to:

- ❖ Be treated in a courteous and dignified manner.
- ❖ Freedom from seclusion or restraint
- ❖ Be met on time for your appointment or told of any time changes as early as possible.
- ❖ 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 in some cases, reviewing your chart with your therapist.
- ❖ Have your questions about your therapy answered.
- ❖ Discuss your medication with your doctor. This includes how the medicine works, how it makes you feel, side effects, or any needed for medication changes.
- ❖ Find out in advance how much money you will be charged for treatment.
- ❖ 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.
- ❖ Refuse to participate in intrusive research or to be photographed by an employee, visitor or other patient.
- ❖ Receive an understandable explanation of these rights at any reasonable time. File a grievance if you believe that any of these rights have been violated, using the Grievance Procedures shared with you.
- ❖ Refuse medication.

As a client of FAMILIES FIRST COUNSELING & PSYCHIATRY you have the **responsibility** to:

- ❖ Work with your clinician to plan your treatment and decide on the goals of your treatment.

- ❖ Work to accomplish your treatment goals. This includes taking medication as prescribed.
- ❖ Be honest with your clinician(s) in discussing anything related to your problems.
- ❖ Tell your therapist and Psychiatrist how your medications make you feel. Tell them about the side effects from any medications you take.
- ❖ Give correct information to the staff about your family income, your employment and your health insurance coverage. Immediately tell the administrative staff whenever there is a change in any of these.
- ❖ Pay your fees at the time of your visit. Discuss any problems with your fees with the administrative staff.
- ❖ Keep your appointment and be on time, since your appointment time is set-aside for you. If you are late, the time available for your session will be shortened. If you are more than 15 minutes late your therapist or doctor may not be able to see you at all. If you know that you will be delayed or that you will not be able to keep your appointment, please call. You may be charged for any sessions that you miss without giving 24 hours notice.
- ❖ Let your clinician know if you are not doing well or if you are feeling worse.
- ❖ Talk with your clinician 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 spot in treatment and need some additional help dealing with it.

## **GRIEVANCE PROCEDURES**

### **STEP 1**

If clients or family members have grievances or complaints concerning their treatment, bill or any other issue, they are first directed to discuss it with their therapist. They have the right to be seen within five working days. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

### **STEP 2**

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

### **STEP 3**

If the above steps do not resolve the problem, the client or family may contact the Medical Director, using the same written format as previously described above or call. The Medical Director will review the problem, meet with the client, if needed, and prepare a written response within 10 working days. One copy of the response will be given to the client or family.

### **Names and Addresses of Contact For Grievances**

Todd Christiansen, M.D.  
CEO and Medical Director  
7474 Greenway Center Drive, Suite 202  
Greenbelt, MD 20770  
Phone: 240-304-3327

## CANCELLATION POLICY

FFCP is an offsite-counseling program that makes our services easily accessible within the community. We take strides to ensure clients have access to services during times that meet their needs. To receive the best care that our office has to offer, it is important to consistently attend appointments. We understand that occasionally issues arise that may prevent you from attending. However, the following attendance policy has been adopted to facilitate participation and to ensure that your treatment is successful. Effective Psychiatric and Psychological care entails consistent monitoring.

- ❖ All clients are responsible for scheduling all client appointments during business hours either by phone, email, or their assigned therapist.
- ❖ Three (3) cancellations and/or no-show appointments within a 60-90-day period will result in discharge from treatment.
- ❖ Three (3) or more scheduled appointments are missed for our therapist in the community, the client will be eligible for discharge at FFCP's discretion. Additionally, three (3) consecutive cancellations or no shows will result in a termination of treatment.
- ❖ To assist you in keeping track of appointments, a written reminder card will be provided by our staff.
- ❖ A reminder call may be made as a courtesy, but ultimately, it is your responsibility to keep the scheduled appointment.
- ❖ A '*Cancel*' is defined as providing less than 24 hours' notice that you will not be able to attend your appointment.
- ❖ A '*No Show*' is defined as not showing up or calling prior to your scheduled appointment time.
- ❖ If cancellations are due to illness, the office may request a doctor's note.
- ❖ Please also note that if you are more than **10 minutes** late for an appointment, that appointment session may be shortened or rescheduled.
- ❖ If the client fails to contact the office and/or does not show up to two (2) psychiatric appointments, medication refills may be disrupted or supply reduced until the client is seen by a FFCP medication provider.

Thank you for your cooperation.

By signing this document, I agree and consent to the parameters explained in this attendance policy.

Signature: \_\_\_\_\_ (of patient or responsible party)

Date: \_\_\_\_\_

## FINANCIAL AGREEMENT AND CREDIT CARD ON FILE POLICY

In consideration of services rendered to {client name} ("Patient"), by Families First Counseling and Psychiatry ("Provider"), we the undersigned, jointly and severally agree to the terms and conditions of this Agreement. This Agreement covers all services rendered by the provider beginning {system date} and continuing for as long as the patient receives services.

**Release of Information and Authorization to Pay Insurance Benefits:** I hereby authorize the Provider to release any information related to the care and treatment of the Patient to third-party payors and their review agents which may be necessary to obtain benefits payable under any medical insurance plan for services rendered by the Provider. I understand that any benefit quotes or coverage information given to us by any member of the staff or representative of the Provider is not guaranteed and is only what the Provider has been told by our insurer, review agencies, and/or third party payors. I assign to the Provider all benefits due me from insurers, health management agencies, and/or third-party payors. I further authorize the Provider to discuss financial information with third parties for the limited purpose of collecting payment for services rendered.

**Responsibility for Payment:** I hereby guarantee payment to the Provider for services rendered to the Patient in accordance with the rate schedule that is in effect at the time of service. If I notify the Provider that the patient is an enrollee or subscriber of a Health Maintenance Organization ("HMO") or other third party payor that requires preauthorization for services, I understand that for services covered and authorized, I will be responsible for copayments or co- insurance payments. If a service is not covered by the third-party payor, I agree to pay for the full amount of the service. If I do not give immediate notice to the Provider of any third-party that may pay for services but requires preauthorization or timely filing, I agree to pay for any charges not otherwise paid. I understand that it is my responsibility to provide a referral from my primary care physician should one be required for payment by my insurance company.

**Medicare Assignment and Authorization (for Medicare Patients only):** I certify that the information given by me in applying for payment under Title SVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf for any services furnished by the Provider to this Patient. I assign the benefit payable for physician services to the physician or organization furnishing the services or authorizing such physician organization to submit a claim to Medicare for me. I understand that I am responsible for any health insurance deductible and co- insurance.

This document serves to confirm that I wish myself/child to receive services from Families First Counseling and Psychiatry.

I hereby represent that the above listed client is eligible to receive the services as a Maryland Medicaid beneficiary. I understand that I am required by law to provide, at this time, information on any and all alternative insurance that may provide coverage for myself/my child, and I represent that the following coverage may be applicable.



I understand that I am required to provide all information of any Additional or Secondary Insurance Information and/or indicate NONE on the signed copy of the Financial Agreement consent form.

I fully understand that any deliberate omission or failure to accurately report all insurance information may result in my being prosecuted for Medicaid fraud. In addition, I acknowledge that if any information provided herein by me proved to be incorrect or inaccurate, I may be personally liable for the cost of the services provided to me/my child.

I understand that it is the policy of Families First Counseling and Psychiatry to require that I/my child maintain a relationship with a therapist within the clinic. In addition to therapy services, therapists maintain the authorization for your insurance to pay your claims and they provide necessary treatment planning services. I understand that failure to keep the required therapist appointments will result in my not being allowed to schedule further appointments with the psychiatrist nor receive any prescriptions until I have done so.

### **Patient Information Regarding Credit Card on File**

Families First Counseling & Psychiatry has implemented a policy requiring a credit card to be held on file. As you may be aware, the current healthcare market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and copayments in amounts not known to you or us at the time of your visit.

You will be asked for a credit card number during your intake process or at the time you check-in for your appointment. This information will be held securely until your insurance has paid their portion and notified us of the patient's (your) responsibility. You will be provided with a statement and can request documentation associated with charges from Families First Counseling & Psychiatry.

The card on file can be charged for the following reasons:

- Visit payments not collected from you at the beginning of your visit
- No show or late cancellation charges
- Insurance discrepancies that are not resolved within 90 days of the date of service
- Outstanding balance greater than 90 days past due

Collection of credit card information makes payment collection easier, faster, and more efficient. This in no way will compromise the patient's ability to dispute a charge or question your insurance company's determination of payment.