



A F F I L I A T E D S A N T É G R O U P

CONSUMER HANDBOOK

**The Affiliated Santé Group
12200 Tech Road
Suite 330
Silver Spring, Maryland 20904
(301) 572-6585 – Office
www.thesantegroup.org**

Welcome to The Affiliated Santé Group

MISSION

Santé facilitates the wellbeing and safety of individuals at risk for emotional distress, as well as their communities. We develop and deliver tailored, recovery-based health services and innovative crisis intervention and response systems.

VALUES

- **Recovery.** We provide services knowing that recovery is possible and hope is always present.
- **Accountability.** We are responsible for our actions and committed to fostering autonomous functioning and accountability among our staff as well as our consumers.
- **Innovation.** We strive to foster a spirit of learning and creativity that supports innovation for the ultimate benefit of individual consumers as well as the public agencies and others that are involved in their care.
- **Diversity.** We embrace diversity as it brings strength and fresh perspectives to the development and delivery of our services, as well as the growth and durability of our organization.
- **Safety.** The physical and emotional safety of our consumers, staff and the communities we serve are an upmost priority.
- **Resiliency.** We are not discouraged by setbacks, but instead see them as opportunities to learn.

Hours of Operation

Monday	8:30am – 4:30pm
Tuesday	8:30am – 4:30pm
Wednesday	8:30am – 4:30pm
Thursday	8:30am – 4:30pm
Friday	8:30am – 4:30pm
Saturday	Office Closed **
Sunday	Office Closed **



**** Please note Mobile Crisis Teams are available 24/7 for emergencies before, during, and after normal business hours.**

Staff Directory



Lanham, Maryland Location

Front Office Manager (301) 429-2171 ext. 3100

Clinic Department

Intern (301) 429-2171 ext. 3101
Clinical Director (301) 429-2171 ext. 3102
Therapist (301) 429-2171 ext. 3103
Therapist (301) 429-2171 ext. 3104
Nurse/Therapist (301) 429-2171 ext. 3105
Therapist (301) 429-2171 ext. 3106
Conference Room (301) 429-2171 ext. 3107

PRP Department

PRP Manager (301) 429-2171 ext. 3108
PRP Counselor (301) 429-2171 ext. 3109
PRP Counselor (301) 429-2171 ext. 3110
PRP Director/Specialist (301) 429-2171 ext. 3111
PRP Counselor (301) 429-2171 ext. 3112

Silver Spring, Maryland Location

Front Office Manager (301) 589-2303 ext. 100

Clinic Department

Clinical Director (301) 589-2303 ext. 101
Therapist (301) 589-2303 ext. 102
Therapist (301) 589-2303 ext. 103
Therapist (301) 589-2303 ext. 104
Nurse (301) 589-2303 ext. 105
Therapist (301) 589-2303 ext. 106

PRP Department

PRP Counselor (301) 589-2303 ext. 107
PRP Director/Specialist (301) 589-2303 ext. 109
PRP Counselor (301) 589-2303 ext. 110

Treatment Options available at The Affiliated Santé Group

Crisis Response Services

Affiliated Santé Group prides itself in offering dynamic, comprehensive and tailored crisis services to the specific needs of the community. We are mental health first responders for those individuals or groups who are experiencing a mental health crisis. (We offer emergency psychological assessment, immediate intervention for individuals, family and community crisis events).

Although typically we assist persons with mental health, (developmental disabilities), or substance abuse issues, we also can be utilized to help individuals and families or communities overwhelmed in a situational crisis; such as a victim of crime, hostage situation, witness of violence or fatal or multiple injury scenes, post homicide or suicide. Crisis is very personal.

Following our initial comprehensive crisis support, we remain involved until the crisis is resolved or until appropriate support is established. We utilize services databases and resources, together with established relationships with local providers, to facilitate a rapid connection with other appropriate resources that may be beneficial.

Operations Call Center

- Operates 24 hours a day/365 days a year
- Calls are answered and screened by mental health counselors
- Danger/lethality of the caller's situation is assessed
- Calls may be triaged to urgent care, mobile crisis team or in home intervention team
- Cases are managed with a crisis plan
- Information and referrals draw from a comprehensive resources database
- Linkages are made to treatment and support systems

Mobile Crisis Team

- Comprised of a specially trained and selected police officer, paired with a licensed mental health clinician.
- Dispatched by 911/law enforcement radio or operations center (crisis response)
- Operates seven days a week between 10:00 a.m. and 1:00 a.m.
- The team can be dispatched for suicidal subjects, mentally ill subjects, situational crisis, emergency petitions and other acute situations

Urgent Care

- Consumers are seen within 48 hours
- Offers both diagnostic assessments and medication evaluations
- The clinics provide an alternative to costly emergency department services
- Transportation and pharmacy assistance are available

Critical Incident Stress Management

- Debriefing for community disasters or crisis events
- Available to groups and individuals
- Staff are specifically trained for managing stress following a critical incident

Community Education

- Mental health education is provided for all first responders: (fire department, law enforcement, emergency medical technicians)
- Education and training is also available to community providers
- Suicide prevention and intervention education
- Seminars are available regarding crisis intervention, mental health.

Community Oriented System

- Relationship with local first responders
- Continuously updating an electronic community providers database
- Community-based crisis stabilization
- Mental health first responders who follow-up with wrap-around services
- Focus on community education and outreach
- Monitored by an advisory committee
- Uses a single point of access to manage consumers in crisis
- Serves as hub of a wheel of community agencies and provider

In Home Intervention Team

- Delivered by Mental Health Clinicians
- Individuals and families needing intense service
- Short time period/ brief/ solution-focused
- In-home or in community setting
- Non acute crisis interventions and follow-up
- Appointment based service available Monday - Friday.

Seniors Services offered:

The following services and programs are free to homebound seniors, 60 years of age and older, who reside in Montgomery County, Maryland. Services are offered in English and Spanish.

- In-home Therapy with Homebound Seniors: Assessments, brief psychotherapy and practical support helps homebound individuals and families deal with issues like difficult behaviors, stress, depression, adjustment and chronic disease management.
- Hispanic Outreach Program: This program provides culturally sensitive, bi-lingual short-term therapy and gero-psychiatric care to homebound seniors in our community who speak Spanish.
- Gero-psychiatric Consultation: In-home consultations with an English or Spanish speaking psychiatrist can determine appropriate treatment interventions. These recommendations are shared with the primary care physician for ongoing care.
- Family Therapy: Families experiencing lifespan transitions, strong emotional response to the health of a senior or caregiver stress may benefit from psychotherapy services.
- Educational Seminars for Seniors: Classes on mental health and wellness issues for seniors. The primary goal of these seminars is mental illness prevention and early intervention for seniors.
- Professional Consultations & Educational Seminars: Free case consultation, staff training and collaborative activities are offered to aging service professionals and community organizations that provide services to seniors in Montgomery County.
- Drop-in Support Groups for Seniors: Community outreach and drop-in support groups are offered throughout Montgomery County. Drop-in groups offered at Senior Centers are designed to decrease social isolation, help seniors make friends and encourage learning about self-care and wellness.
- Mental Health Support for Caregivers: Professionals that understand the unique mental health needs of seniors and caregivers offer ongoing education and support services to caregivers in our community.

Outpatient Mental Health Clinic (OMHC) Services

The Affiliated Santé Group Outpatient therapy Services are located in Lanham and Silver Spring, MD. Offering comprehensive psychiatric services to residents in Prince Georges and Montgomery Counties, Maryland and surrounding areas. We provide recovery- based psychiatric services through an interdisciplinary team approach. We embrace recovery-based models. We believe our consumers should be empowered to live meaningful and hopeful lives, through the process of community integration and self-determination.

What recovery means for our consumers:

- Choosing their treatment
- Deciding their own goals
- Focusing on their relationships
- Respecting their decisions
- Recognizing that difficult feelings and behaviors are normal responses to trauma and stress and not merely symptoms or diagnoses
- Developing a sense of hope
- Assisting in discovering and using their natural community supports
- Services emphasizing self-responsibility, empowerment, self determination and self-advocacy
- Help in recovery from their mental illness at their own pace
- Help with developing strategies that work
- Help in achieving their plans for the future

How we work with you:

- Medication evaluation and management
- Diagnostic evaluation
- Individual psychotherapy
- Group therapy
- Co-occurring groups
- Cognitive behavioral therapy (CBT)
- Dialectical behavioral therapy (DBT)
- Reality based therapy

- Supportive therapy
- Supportive group therapy for parents with children with mental illness.
- Relapse prevention group

Psychiatric Services

- Psychiatric Evaluation
- Medication Management

Payment Options:

- Maryland Medicaid and Self Pay; If you need assistance on payment options, please contact us.

Populations Served:

- Adults with severe and persistent mental illness
- Adults with developmental disabilities and mental illness
- Adults with emotional and/or behavioral challenges

Areas served:

- Prince Georges and Montgomery Counties, MD. Please contact us if you would like to consider receiving services at these locations.

Psychiatric Recovery Programs

Our psychiatric recovery services provide a multi-faceted range of services for individuals with chronic mental illness with or without the complicating problem of alcohol/substance abuse. Our focus is to assist individuals in recovery in reaching their desired goals. We believe in person-centered care and the use of a strengths based approach. We utilize evidence-based practice models of care. An emphasis is on developmental and daily living skills that support each person's unique ability to live in the community, to recognize symptoms of potential relapse, and to use strategies to prevent it and enhance personal independence.

Based on need, consumers may attend on a part time or full time basis.

Residential and employment services are provided by our sister company the Rock Creek Foundation at 301-586-0900.

What recovery means for our consumers:

- Choosing their treatment
- Deciding their own goals
- Focusing on individualization
- Focusing on their relationships
- Respecting their decisions
- Recognizing that difficult feelings and behaviors are normal responses to trauma and stress and not merely symptoms or diagnoses
- Developing a sense of hope
- Assisting in discovering and using their natural community supports
- Services emphasizing self-responsibility, empowerment, self determination and self-advocacy
- Help in recovery from their mental illness at their own pace
- Help with developing strategies that work
- Help in achieving their plans for the future

How we work with you:

- Preparing for school and employment
- Opportunities for community and cultural awareness
- Opportunities for creative expression
- Consumer run Wellness and Recovery Center (Silver Spring only)
- Psycho-education
 - Relationship enhancement
 - Emotional enhancement and regulation
 - Social skills development
 - Recognizing signs of potential relapse to prevent it

Community Outreach PRP Services:

For individuals who may not be able, willing or for whom a traditional Day Service setting is not appropriate, our psychiatric recovery counselors will work with individuals in their home or other safe community locations. Services are flexible and meet the individual needs of the individual. Counselors are able to provide the following assistance through our Outreach Recovery Services:

- Vocational and Educational preparation

- Full community integration
- Entitlements/Benefits support
- Financial Planning
- Psycho-education

Supported Independent Housing (Prince George's County Only):

We work with clients to individually develop their own housing based on their unique resources. Affiliated Santé Group will provide wraparound psychiatric recovery services to support these individuals in their home in reaching their recovery goal of independent living.

Populations served:

- Adults with severe and persistent mental illness
- Adults with developmental disabilities and mental illness
- Adults with emotional and/or behavioral challenges

Payment Options:

- Maryland Federal Medical Assistance and Self Pay. If you need assistance with payment options, please contact us.

Areas served:

- Prince Georges and Montgomery Counties, MD. Please contact us if you would like to consider receiving services at these locations.

Our hours of operation are 8:30 – 3:30 Monday through Friday. Community Outreach PRP Service hours are flexible.

We take pride in providing individualized services. This includes flexibility in scheduling and attendance; contact us to speak about your scheduling needs.

Types of Discharge

Discharged Completed

- Consumer has fulfilled all goals in the treatment plan or agrees to continue working on goals post discharge.
- The treatment team agrees that consumer is appropriate for discharge.
- Contract consumers will be discharged per the contract and treatment team.
- Mandated consumers must complete minimum requirements recommended.
- A discharge form will be completed including copies for referral source and a copy given to the consumer.
- The counselor will assist the consumer when making necessary referrals.

Consumer Terminated Services

- The consumer terminates treatment despite staff recommendations that the consumer should remain in treatment.
- Consumer fails to return to treatment after a minimum of 3 consecutive weeks and ASG has attempted to contact the consumer (unless the team decides to extend the limit).
- Whenever possible, consumer will be given a discharge form that includes referral.
- The counselor will assist consumer when making necessary referrals

At Staff request

- Consumer is asked to leave treatment by the staff for rule violations.
- Discharge form will be completed with referral and a copy will be given to the consumer.
- The counselor will assist consumer when making necessary referrals.

Increased Level of Care

- Consumer is discharged by the staff to enter into an increased level of care. Most consumers are eligible to re-admission once the increased level of care is completed.

Re-entry Requirements

If you have been discharged from the program and want to return to ASG for treatment then, you must call the front desk to set up an appointment. Based on the amount of time that has passed since your last contact with ASG, you may have to do one or more of the following things:

- 1) Have an individual session with your counselor to be re-instated.
- 2) Have an assessment update completed in order to update any new information.
- 3) Complete a new assessment.

(Consumer's who were discharged for violent behavior or who committed a crime on a the premise are not eligible for readmission and will be referred to another comparable provider)

Things You Need To Know



For Court Ordered Clients

If you have been referred here by the courts, we will ask you to sign a consent in order for ASG staff to be able to speak with the one who referred you to treatment. This is to provide information to the court regarding compliance and progress. You have the right to refuse to sign the consent for the release of confidential information or to revoke that consent at any time. However, if you do this, it could impact your treatment and ASG's ability to effectively coordinate your treatment. Individuals will be excused from treatment to attend required legal appointments, sanctions, and court.



Tobacco

Tobacco is strictly PROHIBITED inside of all ASG facilities. Designated smoking areas are located outside of each exit. Please refrain from smoking directly in front of the doorway to allow consumers, visitors, and employees to be access the building easily.



Drug and Alcohol Use

You will be asked to remain abstinent from all mood or mind altering substances while participating in this program. This includes alcohol, illegal drugs, and possibly some prescription medications. You may be subject to random drug screens. If you are prescribed medication by your physician, please ensure to inform your counselor so that it can be properly documented. NO DRUGS OR ALCOHOL ARE ALLOWED ON THESE PREMISES AT ANY TIME. We ask that all prescription medication be secured as ASG will not be responsible for dispensing or storing any medications.



Advance Directives

In Maryland, **Advance Directives for Mental Health Treatment** is a legal document that tells doctors and health care providers what mental health services or treatment you would want and what services or treatment you would not want if you later become unable to decide for yourself. You can name a person to make health care decisions for you if you are not able to make them yourself. You may contact the Maryland Disability Law Center at 1-800-233-7201 or TTY 410-727-6387 if you would like more information.

Returning Calls

ASG is not able to return calls to numbers that are blocked, numbers marked restricted, or are private based on federal confidentiality laws. If your phone has a block, please know that ASG will not be able to return your call. You may leave an alternative number, call ASG back, or remove the block.



After Hours

ASG has a counselor available 24 hours a day, 7 days a week, and 365 days a year for emergencies. Simply call the ASG after-hours emergency at:

Montgomery County: 301-589-2303, number 5
Prince George's County: 301-429-2171, number 4

Feedback

During your course of treatment, you will be asked to participate in a survey possibly more than once. This is to allow ASG a chance to get feedback about the quality of services and you a chance to make suggestions. The administrative team uses this information to improve services and the quality of care that is provided. Your input is vital in helping us with that process. There may be a suggestion box in the front lobby that you may utilize at any time. The staff is open to any and all suggestions and you are free to approach any staff member with your suggestions or concerns as well.



The Affiliated Santé Group has developed its own Code of Ethical conduct for its employees. ASG also follows the ACA Code of Ethics (<https://www.counseling.org/resources/aca-code-of-ethics.pdf>). Both are available upon request.



The Assessment, Treatment Plan and Transition Plan

The purpose of the assessment is to identify strengths weaknesses, abilities and preferences of a client through an interview process with a qualified counselor. Based on information identified in the assessment, together, client and counselor will develop an individualized treatment plan to identify goals, objectives, and specific treatment interventions to be used. Any transition from the ASG program or to another level of care will be based on an on-going assessment process throughout treatment. If ASG is not able to meet the specific needs of a client at any point in the treatment experience, ASG will make an appropriate referral. If the client successfully completes the program, the counselor and client will develop a transition plan to include referrals that will support and enhance on-going recovery.



Weapons are prohibited.

The agency prohibits the possession or use of dangerous weapons on agency property, regardless of whether or not the person is licensed to carry the weapon. Areas covered by this policy include all agency leased buildings and surrounding areas such as sidewalks, walkways, driveways, and parking lots under the agency's control.



Use of Restraints

ASG will not use restraint or seclusion on any of the participants enrolled in the ASG program. ASG staff will address conflict situations primarily with positive interventions such as by separating individuals and talking out problems.



Use of email and text messages

ASG employees will not communicate with consumers through email or text messages regarding the specifics of the consumer's treatment. ASG, in certain circumstances, may communicate with consumer's with email and/or text messages regarding non-clinical issues. ASG cannot ensure the level of protection with these forms of communication.



Fees and Financial Obligations

Financial obligations are discussed at the time treatment recommendations are made. ASG accepts several types of payment. Medicaid and state funds are also utilized.

Positive Environment

ASG works hard to promote a positive healthy environment. We believe in an open and welcoming facility and program. Awards and incentives are used as a way to encourage and promote personal growth. We celebrate success and use encouragement during setbacks. Please feel free to approach any staff member with any questions, concerns, or requests.



Forms and Consents

A copy of all the forms and consents you are asked to sign are included in this handbook for your review. If you should have any questions, please feel free to ask questions.

Emergency and Fire Safety

Fire and emergency safety procedures along with evacuation maps are posted in each service building. Staff will review procedures and conduct regular emergency evacuation drills. A copy of the emergency evacuation map is included in this handbook.



ASG: Safety Drills and Procedures - Overview

Safety drills and procedures are ways of planning ahead so that everybody can remain safe if a dangerous event happens. At ASG, it is important to us to be prepared so that people being served, employees, vendors, visitors, and all other guests are protected in the event of an emergency or disaster. Because of this, we continually seek to improve our safety drills and procedures.

Safety Procedures - Specific plans of what to do if there is an emergency in order to be safe.

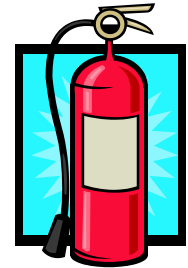
Safety Drills - Simulated emergencies to see if everyone knows what to do, and is able to do it to be safe.

Areas of Potential Emergency

Emergency procedures have been developed in case of the following situations that could affect people's health and safety. Drills will be conducted in each of these areas at least once a year:



- 1.) Severe Weather and Natural Disasters
- 2.) Fire and Facility Evacuation
- 3.) Workplace Threats and Violence
- 4.) Power Failure
- 5.) Medical Emergency
- 6.) Bomb Threats



1.) Severe Weather and Natural Disasters

Severe weather is any weather condition or natural event that could cause physical harm or property destruction, such as extreme thunderstorms, tornados, and flash floods.

- Tune to radio or television to see if the facility is closed due to weather. Announcements will be aired on local news stations. Call to check the status if in question.
- During “watch” periods, you may be encouraged to limit trips to and from ASG.
- If a weather “watch” occurs while you are at ASG, you will be informed of your best options for safety.
- In the event of a severe weather or tornado “warning”, all persons will move to a safety area in the interior hallway of the building.

A radio and the first aid kit are located near this area.



- Staff will assist you and help to see that you are safe, will close doors (and windows and blinds as time permits) and will contact emergency services as needed.

2.) Fire and Facility Evacuation

- Anyone who discovers a fire of any size should announce it immediately by calling, “**Fire!**”
- Get a staff member. If the fire is small, a fire extinguisher may be used to attempt to contain it.
- Doors should be closed to help contain the fire.
- Everyone is to evacuate the building and gather outside in **the far parking lot behind the building**.
- Regardless of where you exit the building, meet and stay at this location until everyone is accounted for.
- Staff will announce the fire, call 911, assist in the evacuation process, and see that all are accounted for.

Evacuation of the facility will also occur in the event of:

Violence and/or Aggression

Utility Disruption or Crisis

Bomb Threats

Noxious Odors or Fumes



3.) Workplace Threats and Violence

Workplace threats and violence is defined as any situation in which there is a perceived threat of violence, or a situation where violence is occurring or has occurred.

- Exercise common sense in any situation with an aggressive person. If a situation involves a weapon, such as a knife or gun, do not attempt to remove the weapon from the individual.
- If you or anyone else is assaulted or physically threatened by another individual while at ASG, remove yourself from the situation, if possible, call for help, and notify a staff member who will call 911.
- Do not attempt to engage in any type of physical restraint with a person who is threatening violence.
- If you cannot remove yourself, do whatever you can to de-escalate the situation.
- If you are not directly involved in the situation, evacuate the building.
- Never put yourself in harm's way in an attempt to diffuse a situation. Always attempt to remove yourself and seek staff assistance.



5.) Medical Emergency

A **medical emergency** is defined as an incident that requires interventions beyond simple first aid available at the facility in order to stabilize a condition that may result in a serious medical outcome. Conditions include excessive bleeding, accidents involving serious injury, failure or obstruction of breathing, failure of the circulatory system, chest pain or severe abdominal pain, loss of consciousness, or any type of distress that is determined to seriously limit an individual's normal level of daily functioning.

- If you witness what appears to be a medical emergency at ASG, notify staff immediately.
- In the event of poisoning or drug ingestion that has caused an acute medical emergency, alert a staff member who will call:

Poison Control Center
800-222-1222

4.) Power Failure



A **power failure** is defined as a full or partial power outage that affects the ability of the organization to provide a normal range of services and operations and may compromise the safety of occupants of the facility.

- In the event of a power failure, remain calm and wait for an evaluation of the situation by staff.
- Emergency lighting is available in the facility. Flashlights may also be used.
- Turn off any electronic equipment being used to prevent damage due to power surges later.
- If it is deemed necessary by the staff, evacuate the building following regular evacuation procedures.



6.) Bomb Threats

- If you are informed that ASG has received a bomb threat, remain calm and follow the instructions of staff which may include following the normal procedure for evacuation of the building.
- If you notice a package, container, briefcase, or other object that is unattended and is out of place within the facility, does not have common identifiable markings or labeling, and/or is not recognized as belonging to anyone, proceed as follows:
- Do not touch or move the object.
- Ask people if they know what it is or if it belongs to anyone.
- If no one claims the object, alert a staff member.
- Follow instructions for evacuation or other procedure, and await the "all-clear" from the public officials managing the situation.

The following are
copies of the forms
you may have signed
in the admission
process.





INFORMED CONSENT FOR TREATMENT

GENERAL INFORMATION

I, _____, voluntarily give my permission and consent to The Affiliated Sante Group (ASG) for providing behavioral health services including evaluation, treatment and/or services provided by ASG. I have been informed and understand that the services rendered by ASG may include an intake, diagnostic process, evaluation of treatment and/or rehabilitation needs and any additional evaluations, therapies, and/or medication that may be recommended or provided by the ASG and its programs. I understand that the information gathered through the above interventions will be used to help me develop a crisis plan when necessary. I have had these services explained to me and have had the opportunity to ask questions. Any questions I asked were answered fully to my satisfaction.

I understand and acknowledge the results of evaluations will be made available to me as appropriate according to law. I understand all evaluation, treatment, and services are voluntary and I may request, refuse, and/or terminate any or all of them at any time which request ASG will honor. I understand the consequences, if any, will be explained to me if I refuse or terminate evaluation, treatment, or services.

CONFIDENTIALITY

I understand and acknowledge that strict confidentiality of my information is practiced and ensured by ASG with the following exceptions:

1. If I have signed a consent form to release designated information to named parties.
2. If there is a court order signed by a judge directing the release of designated information to named parties.
3. If ASG finds that there is a perceived threat of injury to myself or others, ASG is legally bound to disclose certain information to designated parties.
4. If ASG believes that there is a suspicion of abuse involving children or other vulnerable individuals (e.g., intellectually disabled or elderly adults) ASG is legally bound to disclose certain information to designated parties.
5. If ASG is required to defend against a claim or investigation it may use certain designated information in its defense.
6. If ASG is part of a legitimate audit certain information may be disclosed.
7. If ASG is required to disclose certain information in order to obtain payment from a third party payer.

I understand and acknowledge that demographic and utilization information regarding my treatment and/or services may be reported in statistical form to the State of Maryland and/or the contracted managed care organization. This information will be kept confidential and may not be released to any other agency or person without my consent except as identified previously. I understand that information obtained by law enforcement during my involvement with ASG may not be covered by ASG's confidentiality policy. All substance abuse information will be confidential according to 42 CFR Part 2.

I understand that although email and text message correspondence may not be considered as a preferred form of communication between consumer and staff, there may be times when these forms of communication may be useful and necessary. I understand any information relayed in email or text message will be limited and will not be used to provide any form of treatment. You are advised that ASG cannot guarantee complete privacy with regards to text messages and emails that you send. I also understand that ASG will apply reasonable safeguards to protect confidentiality with regards to these forms of communication.

FEES

I acknowledge that any fees for evaluations, treatment, and/or services provided by ASG are charged to the contracted managed care organization or to my insurance plan. I understand services provided by agencies, programs, or companies working with ASG are billed and paid for in accordance with that agency's programs, or company's procedures. I also understand ASG is not responsible for explaining the provisions contained in another agency's programs or company's billing structure or procedures.

NOTIFICATIONS

I acknowledge I have been provided a copy of ASG's Human Rights Notification, HIPAA Privacy Practices, Grievance Procedures and general orientation information. I acknowledge this information was explained satisfactorily to me and I was given the opportunity to ask questions and am satisfied with the responses given to me.

STATEMENT OF UNDERSTANDING

By my signature, I indicate that I have reviewed and understand the above information. I acknowledge that my rights as a consumer have been satisfactorily explained to me and I had the opportunity to ask questions and am satisfied with the responses given to me. I understand that I may withdrawal this consent at any time. I voluntarily give my informed consent for evaluation, treatment, and/or services.

Consumer or Consumer Representation Signature	Date
Print Name of Consumer Representative	Relationship of Representative to Consumer
Staff Signature	Date



GRIEVANCE PROCEDURES

The following is an outline of the Grievance Procedures for consumers who receive services from The Affiliated Santé Group (ASG).

1. Consumers will be advised of the grievance policy at the time of admission.
2. Consumers may initiate a complaint or grievance by informing their counselor, the Clinical Supervisor, or any staff member of their concern.
3. Consumers will then be asked to submit the grievance initially to the direct care staff in writing or verbally. The direct care staff will inform the Clinical Supervisor of such concern.
4. If direct care staff is unable to resolve the grievance to the consumer's satisfaction, then the consumer will be asked to speak with the Clinical Supervisor to review the grievance and determine a resolution or plan of action within 5 working days of the initial complaint/grievance.
5. If the consumer is still not satisfied with the resolution or plan of action, the consumer will be asked to speak with the Program Director. Once the consumer has met with the Program Director, the Program Director will resolve the issue or take the issue to the Director of Corporate Compliance and Quality Assurance for a final decision. The Program Director will provide a written response to the consumer within 5 days of the meeting that includes:
 - a. A summary of the complaint/grievance as presented by consumer;
 - b. The decision of the Program Director with respect to the grievance;
 - c. An explanation that the consumer has the right to ask the Program Director to present the complaint/grievance to the Director of Corporate Compliance and Quality Assurance for review.
6. Grievance/Complaint forms will be available for consumers to use if desired.

Every consumer has the additional right of addressing a grievance to the Maryland Disability Law Center or the appropriate Core Service Agency. Contact information will be made available upon request and will be included in the form signed by the consumer at orientation.

The Program Director will retain all consumer grievance files and will review all complaints with the Director of Corporate Compliance and Quality Assurance and, if appropriate, the Operations Committee.

All consumers must be informed that, at any time, they may seek outside assistance with their complaint/grievance, such as from the referral source or from other agencies.

ASG will comply with the Core Service Agencies (CSA) and/or Department of Health & Mental Health (DHMH) policy regarding any complaint lodged against ASG to the CSA or DHMH.

Consumers will be free from any form of retaliation or barriers to services as a result of any action they take to regarding the filing of a grievance.

This is notice that you may submit any concerns and/or grievances in writing to: The Affiliated Santé Group, 12200 Tech Road, Suite 330, Silver Spring, MD 20904, ATTN: Director of Corporate Compliance. You may also file a complaint with the Maryland Department of Health and Mental Hygiene at (410) 402-8060.



HUMAN RIGHTS NOTIFICATION

Individuals receiving services from any ASG program are entitled to the following human rights:

Non-Discrimination: You are entitled to receive treatment regardless of your race, color, religion, creed, ancestry, national origin, physical or mental disability, veteran status, gender, gender identity, age, social-economic status, intellectual ability, sexual orientation, political opinion, personal appearance, physical characteristics, marital or familial status or any other characteristic protected by law. You will be treated with courtesy, respect, and full recognition of your individuality. You have the right to dignity, privacy, and humane care. You have the right to live as normally as possible while receiving care and treatment.

General Information: You are entitled to be informed about all rules of the program and services and the nature of the services provided. Before your admission to the program, you will be informed of admission, attendance, and discharge policies. You have a right to know why you are being discharged and the plan for your mental health and physical health requirements after you are discharged. You have a right to be informed of all the programs and services of the company. You have the right to access a private physician of your choice at your own expense.

Fees: In clear language that you can understand and before you are admitted to the program, you are entitled to know how much your treatment costs, who will pay for it, any limit to the amount they will pay, and any amount for which you are responsible for payment. You have a right to be free from exploitation for financial gain. This includes misuse of any funds for your use or care.

Treatment Services: All services will be provided consistent with applicable federal, state, and local laws and regulations. You have the right to treatment. You have a right to have your care explained to you and to be informed what we will do if you refuse any treatment.

Medication: You may refuse medication as part of your treatment. If you choose to take medication, you will be informed of the reasons for it, what it is intended to do, of any common side effects, and of any risks associated with the medication.

Research: You have the right to refuse to participate in any research trial. You will be informed if you will be participating in any medication (or other treatment) trial prior to being placed in a research trial. If you do choose to participate in such a trial, you will be given all relevant information required by law so that you can make an informed decision about your participation.

Media use: You have a right to know if any audio or visual recording devices, television, movies, or photographs will be used in your treatment. You have the right to refuse the use of any such devices and to understand what will happen, if any, if you refuse to have them used.

Restraints: **You have the right to be free of all chemical and physical restraints, ASG will not use restraint, restrictive interventions or seclusion on any of the participants enrolled in the ASG program. ASG staff will address conflict situations with positive interventions such as by separating individuals and talking out problems.**

Confidentiality: All of the information recorded in your record, in accordance with medical record policy is confidential *except for legal or regulatory exceptions including the following:*

- You have signed and completed an *Authorization to Release Private Health Information* form that is valid for no more than one year from the date it is signed or until it's intended purposes are completed. You may cancel in writing your authorization at any time.
- There is a court order signed by a duly appointed or elected judge
- There is a perceived threat of injury to yourself or others or there is the likelihood that you will commit a felony or violent misdemeanor
- There is a suspicion of abuse involving children or other vulnerable individuals
- Representatives of a funding source for your treatment or services require that your records be made available to them
- You are an inmate in the Department of Correction and are determined to need treatment for mental illness, developmental disabilities, or substance abuse
- You are receiving emergency medical treatment (only the information necessary to meet the emergency will be released)

Record review: You (or your legally-responsible person) have a right to review your record consistent with company procedures and legal requirements. You can contact the Program Director to request a copy of your record.

Freedom from abuse: You have the right to be free from mental or physical abuse, harassment, physical punishment, or humiliating, threatening or exploiting actions. You have the right to have any allegations of abuse reported to local law enforcement agencies.

Legal: You have the right to representation by a lawyer in matters relating to your care. You may consult with a lawyer and have your lawyer interview staff members who work with or previously worked with you under reasonable circumstances. You may have access to your medical records in accordance with company procedures and legal regulations. You have a right to have your lawyer provide information before a hearing or other judicial proceeding.

Advance Instruction for Mental Health Treatment: Maryland individuals have the fundamental right to control the decisions about their mental health care. The State of Maryland has established an additional, nonexclusive way for an individual to exercise the right to consent to or to refuse mental health treatment when the person does not have sufficient understanding or ability to make or communicate mental health treatment decisions. You have the right to complete a mental health advanced directive to make your choices known. If you are interested, please contact the Maryland Disability Law Center at 1-800-233-7201 or TTY 410-727-6387

Grievances: You have a right to present a grievance you have and to understand how we handle your complaint. Maryland consumers also have the right to contact the Office of Health Care Quality with Maryland's Department of Health and Mental Hygiene, the statewide agency designated under federal and state law to protect and advocate for the rights of persons with disabilities. You **will not be penalized** for filing a grievance or complaint about your care or treatment.



**Authorization for the Release/Exchange
of Protected Health Information**

Name of agency/person that information can be released to or exchanged with. ("Receiving Party")	Name of agency/person that information can be released from or exchanged with. ("Releasing/Exchanging Party")
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I, _____, hereby authorize that the above-name Releasing/Exchanging Party shall release/exchange the following health information to the above-named Receiving Party:

<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Information obtained from other agencies	<input type="checkbox"/> Discharge/Transition Plan
<input type="checkbox"/> Lab results	<input type="checkbox"/> Results and recommendations of assessment	<input type="checkbox"/> Medication information
<input type="checkbox"/> Participation and attendance	<input type="checkbox"/> Medical Information	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Entire Medical Record	<input type="checkbox"/> Other: _____	

For the specific purpose of:

<input type="checkbox"/> Aiding in and coordinating services	<input type="checkbox"/> Legal purposes
<input type="checkbox"/> Insurance/Managed Care purposes	<input type="checkbox"/> Other: _____

This Authorization is valid until one year after the signature date, for the period of time needed to fulfill its purpose, or until the date expressed by the client (please indicate date if less than one year) _____.

The exception to this time period is in the case of disclosures for financial transactions, or as otherwise authorized by law, where the Authorization is valid indefinitely. I also understand that I have the right to revoke this Authorization at any time and that in order to do so I must sign the *Revocation Section* on this form. I further understand that any actions taken pursuant to this Authorization prior to the revocation date and time is legal and binding. I understand information may be released verbally, in writing, by mail, via secured electronic means or secured facsimile.

I understand that my information should not be re-disclosed by the requester of the information without my further written authorization and that this information may be protected by the Federal Substance Abuse Confidentiality Regulations. In any event the recipient should not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to chronic illnesses, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information unless I specifically exclude such information from disclosure.

I also understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), that service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

I further understand that I may request a copy of this signed Authorization.

Client Signature or legally appointed representative _____ Client Date of Birth _____ Date _____

Witness Signature _____ Date _____

Revocation Section

I do hereby request that this Authorization to disclose health information of _____ (Client's Name) on _____ (Date of Original Signature) be revoked, effective _____ (Today's Date) at _____ (Time).

I understand that any action taken on this Authorization prior to this revocation date and time is legal and binding.

_____	_____	_____
Client Signature	Date	Time
_____	_____	_____
Witness Signature	Date	Time

Verbal Revocation Section

I do hereby attest to the verbal request for revocation of this Authorization by _____ (Client's Name) on _____ (Date) at _____ (Time).

The client has been informed that any action taken on this Authorization prior to the revocation date is legal and binding.

_____	_____	_____	_____
Staff Signature	Date & Time	Witness Signature	Date & Time



EMERGENCY MEDICAL TREATMENT FORM

Employees and Representatives of The Affiliated Santé Group in the event of an emergency, have my permission to seek emergency care for me while in their care. I also give my permission to release medical information concerning me to any pertinent medical providers and to my emergency contact. The medical information to be released includes, but is not limited to, information outlines below.

EMERGENCY CONTACT (FAMILY MEMBER OR FRIEND)

First Name:	Last Name:	
Address:		
Home Phone:	Work Phone:	Other Phone:
Relationship to the client:		

CURRENT MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER)

If none, indicate so here.
Current Medications:

ALLERGIES

If none, indicate so here.
All known allergies (medication, food, bee stings, etc.)

PERTINENT MEDICAL HISTORY

If none, indicate so here.
List any current pertinent history:

CURRENT PHYSICIAN

Current Physician:
Physician's Address:
Physician's Phone Number:

This consent has been explained to me and I understand that the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is voluntary and is valid based on any need for medical treatment while in treatment at The Affiliated Santé Group. This consent will no longer be valid once I am discharged from the program.

Client Signature

Date

Witness Signature

Date



CONSUMER'S RESPONSIBILITIES

The following are the responsibilities of each consumer:

1. A consumer has the responsibility to provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to unexpected changes in his condition to the responsible practitioner. A consumer is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
2. A consumer is responsible for following the treatment plan developed by the practitioner primarily responsible for his/her care and the consumer. This may include following the instruction of counselors and other professional staff as they carry out the coordination plan of care and implement the responsible practitioner's orders as they enforce the program's rules and regulations.
3. The consumer is responsible for keeping appointments and when he/she is unable to do so for any reason, for notifying the program.
4. The consumer is responsible for his/'her actions when he/she refuses treatment or does not follow the practitioner's Instructions.
5. The consumer is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible, if applicable.
6. The consumer is responsible for following the program's rules and regulations affecting consumer care and conduct.
7. The consumer is responsible for being considerate of the rights of other consumers and program personnel. The consumer is responsible for being respectful of the property of other persons and of the program.
8. The consumer is responsible for holding in strict confidence other consumer's mental health/substance abuse information which may be obtained during group therapy, socialization, or other interactions.
9. The consumer, along with program staff, is responsible for inviting people who will be helpful and supportive to you to be included in your treatment planning.
10. The consumer is responsible, if applicable, for taking medications as they are prescribed for you.
11. The consumer is responsible for telling your doctor or therapist if you do not agree with their recommendations.
12. The consumer is responsible for telling your doctor or therapist if and when you want to end treatment.
13. The consumer is responsible for cooperating with those trying to care for you.



CONSENT FOR PSYCHIATRIC RECOVERY SERVICES

I, _____, would like to obtain psychiatric recovery services from Affiliated Santé Group and participate in program activities. Psychiatric Recovery Services may include day program, and/or community or home services.

I understand that my participation in activities of the Psychiatric Recovery Program is voluntary and I may withdraw at any time. I understand that my participation in these programs is part of my psychiatric treatment.

I agree to cooperate with the program while I am a member of the program. I agree to follow the guidelines for behavior that have been established by the staff and consumers of the program. I understand that an Individual Recovery Plan will be completed at least every 3-6 months as part of my treatment and participation in the program. Participating in the Individual Recovery Plan is part of my responsibility as a member of Affiliated Santé Group.

By signing this consent, I give consent for Affiliated Santé Group to coordinate care with The Core Services Agency (CSA) and Department of Health and Mental Hygiene, which is our licensing agency.

My signature indicates my permission and consent to participate in the following services (check all that apply and indicate start date):

_____ On-site services

Start Date: _____

_____ Off-site services

Start Date: _____

Signature of Participant or Guardian

Date

Staff Signature

Date



Receipt of Client Handbook

I _____ have received a copy of the ASG Consumer Handbook, have been oriented to the program and facility(ies) and have been given an opportunity to ask questions. I understand that this handbook is not all inclusive and will merely serve as a reference to general guidelines. If I should have any questions, I will consult my counselor or appropriate ASG staff member.

Consumer Signature

Date

Witness Signature

Date