



Client Orientation Handbook

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I. WELCOME

Welcome to Building Blocks Health Care Network (BBHCN). We are honored to serve you. This handbook has been designed to introduce you to BBHCN and help you understand the nature of the services that you will receive at BBHCN.

This is a guide to your behavioral health services. Please review this handbook carefully. Sign and date the acknowledgement located at the back of this handbook and return to BBHCN staff.

BBHCN is a for profit private agency whose services are made possible through the support from the state of Maryland Department of Mental Health.

At the time of admission, each person served will participate in an assessment in order to determine needs and goals for treatment. Your counselor will work with you to identify a personally meaningful Individual Plan of Care. Your active participation in this process is vital to your recovery!

We welcome you as a person served of BBHCN. Our goal is to provide professional clinical services in a timely and cost-efficient manner, while rendering the highest quality of care possible.

II. ORGANIZATIONAL ISSUES

Mission Statement

To build minds, touch hearts, and change hearts.

Our Organization

Building Blocks Health Care Network (BBHCN) is a behavioral health organization which delivers mental health services. We are an independent, for profit organization operating as a life-line for individuals and families from all ages in the state of Maryland. BBHCN was established in 2019. We offer Psychiatric Rehabilitation Program (PRP) service, Outpatient Treatment and Medication Management. BBHCN serves people of diverse ethnic, cultural, and economic backgrounds.





History

Building Blocks Health Care Network was incorporated in 2014. Through its Psychiatric Rehabilitation Program (PRP) and Outpatient Treatment BBHCN provides individualized care to individuals with Mental Disorders. BBHCN are committed to providing our person served a wide-range of support services and educational programs to promote independent living skills. Our staff of highly skilled professionals is dedicated to providing innovative, individualized, clinical interventions and mental health services that serve the best interests of the person served and the community.

Civil Rights

All individuals requesting services from BBHCN have a right to receive such services without regard to race, ethnicity, age, color, religion, creed, gender, national origin, sexual orientation, veteran status, financial condition, handicap or disability, HIV infection - whether asymptomatic or symptomatic, AIDS-related complex or AIDS in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

No distinction will be made in determining eligibility for participation in services provided by BBHCN based on any of these identifiers, conditions or circumstances.



Code of Ethics

All BBHCN employees are expected to maintain acceptable job performance and to conduct themselves in a professional and courteous manner. BBHCN follows an ethics policy that address issues in the provision of service delivery, professional responsibilities, billing, marketing, contractual relationships, admissions practices and human resources. Professional service providers are expected to comply with any codes for professional conduct or ethical behaviors adopted by their respective licensure or certification authorities.

Hours of Operation

Services are provided on-site as well as in the community based on need, professional agreements and staff availability.

Location	Building Blocks Health Care Network 4000 Old Court Road-Suite #206 Pinesville, Maryland 21206
Administrative Office Hours of Operation	Monday 9:00 AM – 6:00 PM Tuesday 9:00 AM – 6:00 PM Wednesday 9:00 AM – 6:00 PM Thursday 9:00 AM – 6:00 PM Friday 9:00 AM – 6:00 PM

Access to After-Hour Services

If you need emergency mental health assistance at any point outside of business hours please call:

- **Baltimore Crisis Response Inc (BRCI) (410) 433-5175**
- **Mobile Crisis (MD Relay Dial 711)**
- **Sinai Hospital LifeBridge Health Center (410) 601-9000**
- **Saint Agnes Hospital (410) 667-234-6000**
- **Northwest Hospital (410) 521-2200**

Site Map

Maps are posted within the BBHCN facility. On these maps are identifiers for Fire Suppression equipment, First Aid kits, routes to leave the building in case of emergencies, as well as “safe areas” in the case of violent weather.

Smoking/Tobacco Use Policy

Smoking and the use of all tobacco products are prohibited in the BBHCN offices, facilities, and vehicles owned, leased or used by the organization at all times. This policy is to protect the health and safety of all employees, person served, family members or significant others of person served being served, and visitors to BBHCN.

Talk to your counselor if you would more information about smoking cessation. Research shows that the health benefits of smoking cessation include increased life expectancy; reduced risk of heart disease, heart attacks, strokes, and cancer; as well as a more rapid process of brain recovery from addiction.



Use of Legal / Illegal Drugs brought to BBHCN Site

BBHCN is a drug-free work place. The manufacture, distribution, dispensing, possession or use of alcohol or other drugs, except for lawfully obtained prescription medications and over the counter medications is prohibited in BBHCN. Failure to respect this rule can result in restriction of services.

Weapons Policy

Firearms and other deadly weapons of any kind are strictly forbidden on the premises of BBHCN. The term “premises” includes all offices, buildings and property that are operated as part of BBHCN. This prohibition shall not prevent firearms and other deadly weapons from being kept in vehicles as long as the firearm is properly stored according to state and local law. This policy applies to person served, visitors, employees, and any other persons entering an BBHCN facility for any reason. BBHCN intends to prosecute anyone who knowingly violates this prohibition and refuses to leave after being informed of the prohibition. This policy shall not prohibit (1) law enforcement officers, and (2) probation / parole officers from carrying a firearm on BBHCN premises.

If a handgun, or other deadly weapon, is discovered on a person served, such as when a person served presents in an emergency, the BBHCN employee discovering the handgun or other deadly weapon will inform the person served of this policy and notify the Chief Executive Officer or other supervisor immediately; in addition, Law Enforcement may also be contacted. Failure to respect this rule can result in restriction of services.

Emergency & Safety Precautions

All persons receiving BBHCN services will be provided, when applicable, with a tour of BBHCN facilities and given instructions of emergency and safety procedures to include: identification of emergencies, evacuation procedures, location of fire suppression equipment, and first aid kits.

Weather Emergencies

There may be times during the year when BBHCN needs to delay opening or, in extreme cases, close the office because of weather related circumstances. If you question if BBHCN is open please call the office (Office number). If BBHCN will be closed or delay opening, there will be a specific message you will hear explaining the circumstances.

What if there is a Fire or Other Emergency?

Fire or Fire Drill



During a fire or fire drill:

- 1) You will hear an alarm.
- 2) You should walk, **DON'T RUN**, to the nearest exit. There is an Emergency Evacuation map located throughout the building. Refer to the map to find the exit closest to you and leave in a quick, but orderly manner. If an exit is blocked, other exits will be identified and used.
- 3) You should stay at a safe distance from the building and go into the parking lot across the street from the building.
- 4) Don't go back into the building until a BBHCN staff person or fireman says it is OK to do so.



Tornado or Tornado Drill

During a tornado or tornado drill:

- 1) If a tornado is sighted in the immediate area, a tornado warning will be issued and you will hear an alarm from the city. Refer to the Site Map for the designated tornado shelter area;
- 2) You should go to the designated Tornado area on the site map for your location;

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- 3) Once in the assigned area, sit on the floor with your head between your knees and hands over your head;
 - 4) Don't leave the area until BBHCN Staff says it is OK;
 - 5) If there is major damage, BBHCN Staff will call 911.

Power Failure or Power Failure Drill

During a power failure or power failure drill:

- 1) When the lights go out, stay where you are until an BBHCN Staff person tells you it's OK to move.
- 2) Emergency lights will come on, and flashlights will be used, if needed.

Bomb Threat or Bomb Threat Drill

During a bomb threat or bomb threat drill:

- 1) BBHCN Staff will verbally tell you to leave the building.
- 2) You should walk, **DON'T RUN**, to the nearest exit.
- 3) You should go to the parking lot across the street from the building and remain at least 100 yards away from the building.
- 4) Don't go back into the building until a BBHCN Staff person, law enforcement officer or fireman says it is OK to do so.

Gas Leak or Gas Leak Drill

During a gas leak or gas leak drill:

- 1) BBHCN Staff will either verbally tell you to leave the building.
- 2) You should walk, **DON'T RUN**, to the nearest exit.
- 3) You should go to a space in the parking lot or on the sidewalk by the street.
- 4) Don't go back into the building until a BBHCN Staff person or fireman says it is OK to do so.

Earthquake or Earthquake Drill

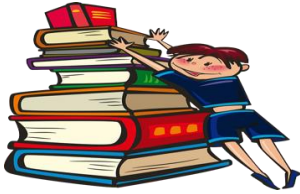
During an earthquake or earthquake drill:

- 1) Find a place to protect yourself from falling objects. You can get under a desk or a doorway. Cover your head with your arms.
- 2) When the earthquake ends, stay where you are until BBHCN Staff tells you where to go.
- 3) If there is major damage, BBHCN Staff will call 911.

Medical Emergencies / Illness or Injury of a Person served, Volunteer or employee

- 1) After talking with the person needing medical attention, the employee will seek appropriate medical attention immediately.
- 2) If injury is due to a fall resulting in trauma, do not move the injured person until authorized to do so.

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- 3) If the injured person requires immediate medical attention, 911 will be called unless the person requiring attention requests other services.
 - 4) If the person does not require immediate attention but does require examination, arrangements will be made for someone to accompany the person to the emergency room of the nearest hospital or to the employee's physician.
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II. Person served Rights in Maryland

You are entitled to be treated in a humane and dignified way at all times, and with full respect to:

+ Personal Dignity + Right to Privacy + Right to Personal Property + Civil Rights

All individuals requesting services from BBHCN shall receive a Statement of Person served Rights as part of the screening, intake and initial orientation process, and, if applicable, on an annual basis. This statement shall conform to all applicable regulations issued by State, Federal and other funders.

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IN SUMMARY, Your rights as a person served of BBHCN include, but are not limited to the following:

You have the Right to:

- 1) Be treated with consideration and respect for personal dignity, autonomy, and privacy;
- 2) Be serviced in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- 3) Be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- 4) Consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor person served;
- 5) A current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- 6) Active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- 7) Freedom from unnecessary or excessive medication;
- 8) Freedom from unnecessary restraint or seclusion;
- 9) Participate in any appropriate and available BBHCN service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the person served participation in other services. This necessity shall be explained to the person served and written in the person served current service plan;

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- 10) Be informed of and refuse any unusual or hazardous treatment procedures;
 - 11) Be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
 - 12) Have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
 - 13) Confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the person served or parent or legal guardian of a minor person served or court-appointed guardian of the person of an adult person served in accordance with family law rule §5-704 of Maryland's Administrative Code;
 - 14) Have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual person served for clear treatment reasons in the person served treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the person served such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the person served and other persons authorized by the person served the factual information about the individual person served that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the person served has unrestricted access to all information. Person served shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
 - 15) Be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
 - 16) Receive an explanation of the reasons for denial of service;
 - 17) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
 - 18) Know the cost of services;
 - 19) Be fully informed of all rights;
 - 20) Exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
 - 21) File a grievance; and
 - 22) Have oral and written instructions for filing a grievance.

Confidentiality



BBHCN believes that you have the right to privacy. With few exceptions, everything you say while in treatment is private. Under the Federal Health Insurance Portability and Accountability Act (HIPPA) the following information is considered protected:

- ⇒ information your doctors, nurses, and other healthcare providers put in your medical record;
- ⇒ conversations your doctor has about your care or treatment with nurses and others;
- ⇒ billing information about you; and
- ⇒ most other health information about you held by any person providing you physical or mental health treatment.

Prior to receiving services, BBHNC will provide you with a Notice of Privacy Practices. This is a written statement about how your provider uses and shares your information. You will receive an acknowledgement that you have seen the notice, but acknowledgement does not necessarily mean that you accept or reject how your information is used. If you do not agree with the terms, you are able to ask questions and discuss specific uses of information with your counselor.

Who can access my healthcare information?

Information is only to be shared with other staff on a need-to-know basis and may only be shared with non-staff or other agencies with your consent as the person served. If there is good reason, a judge can order your records for court review. To provide you the best treatment possible, counselors often ask each other's advice. Occasionally, our records are inspected by reviewers and lastly, if you admit you're involved in abuse of the elderly or youth (child abuse includes domestic violence in homes where children live), or if you tell us you plan to hurt yourself or someone else, or that someone is hurting you, we have to report that to the proper authority because it's the law.

Confidentiality also means not discussing content from group sessions, not revealing someone's participation in the program to someone outside of the program, not discussing admissions or discharges to someone outside of the program. Sharing information with staff members out of concern for another person served is not considered a breach of confidentiality. If you have questions about confidentiality, please ask! Intentional breach of confidentiality is a serious concern and can result in discharge.

Minors

If you are under 18, the ability to make decisions about your mental health treatment varies by state. Depending on various circumstances, your parent/legal guardian may have access to all or some of our records. If your parents/guardians agree to confidentiality between you and your provider, the treatment provider does not have to grant access to your health records.



Person served Complaints or Grievances

You have the right to complain if you are not happy, or if you believe you've been disrespected in anyway by an employee of BBHCN. If you have a problem, talk to your Case Manager / Counselor or other service provider first. If you're still not happy, ask to talk to the supervisor.

BBHCN has an internal person served complaint system through which, in most cases, complaints and grievances can be resolved quickly and satisfactorily. You can address any complaint you have to the following individuals if talking to your case manager or counselor did not resolve your complaint :

- a. The Program Director; or
- b. the Chief Executive Officer

If you choose to use this internal system and not speak with your case-manager or counselor we request you address your complaint with the Program Director first. If your concern is still not resolved to your satisfaction, you may complete a Complaint / Grievance form. Forms are available in the front area. Place your compliant form in the compliant box and they will be reviewed by the Program Director and forwarded to the Chief Executive Director if needed.. Your complaint will be promptly investigated and action will be taken to resolve it.

Person served Satisfaction



The input and suggestions of all person served regarding the quality of service is welcomed at any time. For this purpose, BBHCN will conduct periodic person served satisfaction surveys. Surveys will be utilized for measuring the quality of services being delivered and implementing any needed corrective actions. Surveys are easily accessible. It is important for you to know that our voice matters!



Sexual Harassment

Sexual harassment in any form is not allowed at BBHCN. Sexual harassment is using words or actions, of a sexual nature, that make someone feel uncomfortable. It also includes any situation where you feel that your job or success may be in danger if you do not go along with what the person who is harassing you wants, whether they say it outright or in a roundabout way. It also includes any behavior, by anyone, that

would get in the way of someone getting services or doing their job, by making an uncomfortable environment. All reports of harassments are taken seriously!

All persons served have the right to be treated with dignity and respect and must disclose to their Counselor and or other service providers' anytime sexual harassment happens. All reports of sexual harassment will be reviewed and documented. A written report of what will be done will be prepared by management and all parties will be informed of outcome within in 10 days if the original report if at all possible. All reports of sexual harassment are kept private.

IV. TREATMENT ISSUES

Your Responsibilities

While you have several rights protected by law, you may be wondering what are some responsibilities expected of you. Your success with overcoming your issues will be greatly enhanced by your participation in your treatment and your honest input when your treatment plan needs to be revised. To make your mental health treatment successful, we need to work together. There are a few things you can do to enhance the services you receive and develop a good therapeutic relationship with our agency. Your part is to take responsibility for the following:

- 1) BBHCN asks that all persons served provide the agency and staff with clear, complete and truthful information at all times. We do our part by providing you with information concerning your rights and the services we offer.
- 2) Treat others with respect, consideration, and to deal honestly at all times.
- 3) Respect other's cultures and cultural differences.
- 4) Comply with program rules and treatment plans.
- 5) Bring nothing into the building, which might be used to hurt another person accidentally or on purpose.
- 6) Keep scheduled appointments and call to cancel or reschedule if you cannot make your scheduled appointment.
- 7) Bring up and process your treatment concerns with staff; Ask questions when you don't understand or when you want more information.
- 8) Participate actively to create goals that will help you in your recovery. Be very involved in developing and reviewing your person-centered plan. And follow the treatment plans that you and your providers have agreed upon.
- 9) Talk to your Counselor or case manager on your planning team often about your needs, preferences and goals and how you think you are doing at meeting your goals.
- 10) Tell staff members when you are experiencing problems.
- 11) Take medications as they are prescribed for you by your physician and to tell your doctor if you are having unpleasant side effects from your medications, or if your medications do not seem to be working to help you feel better.
- 12) Discuss medication issues or concerns with your doctor, nurse, and/or therapist;
- 13) Invite the people (family, friends, etc.) who will be helpful and supportive to you to be included in your treatment.
- 14) Control yourself so you are not harmful to yourself or others;
- 15) Be respectful with your peer's issues and not bring them up at inappropriate times;
- 16) Respect the confidentiality and privacy of other consumers.
- 17) Follow the steps described in this handbook if you want to file a grievance or appeal with BBHCN;

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- 18) Let your provider know if you decide to discontinue services.
 - 19) Let your provider know about changes in your name, insurance, address, telephone number or your finances.



Admission

All persons who are willing to participate in their individualized treatment plan as applicable, adhere to program guidelines, and who do not present an imminent danger to themselves or others will be afforded the right and opportunity to participate in services offered by BBHCN

When you come to the appointment we will ask some questions about you and your family. Together, we will decide how we can help you and your family to feel and function well. Family inclusion is a choice.

All person served will be scheduled for an orientation session. During this orientation session a staff member will conduct necessary assessments to determine the person served strengths, needs, abilities, skills, interests and desires for treatment outcomes. After this session the person served may be referred to any of our services as appropriate. All recommendations for services will be determined based on clinical urgency and need.

All persons seeking services must meet the standards for a mental health diagnosis through the DSM-5 or be court ordered to therapy or be referred for assessment purposes.

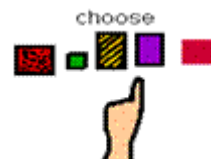
All services must be voluntary on the part of the person served unless determined otherwise through the legal system.

Person-Centered Planning / Individualized Service Plan (ISP)



The treatment goals and activities of person served participating in an assessment at BBHCN will be documented in an Individualized Service Plan.

Individualized service plans then guide the person served treatment process. Individualized service plans are developed with input from the person served and will incorporate a prioritized focus on the problem areas identified in the assessment, the person served strengths or assets, needs, abilities and preferences as identified in the assessment.



Individualized service plans will include:

- Problems to be addressed in treatment;
- Goals developed in response to the person served needs;
- Measurable treatment objectives with a timeframe for the completion of each objective;
- Specific therapeutic interventions performed by staff
- Frequency, duration and types of treatment services to be provided;
- Original signature of the person served;
- Date, original signature and credentials of the case manager / counselor who completed the treatment plan and is qualified to provide the services described.



Treatment Services

Counselor / Community Support services are provided to the person served in his/her home and in other community settings. These services include:

- 1) Assisting, or cueing the participant to perform:
 - a) Meal planning and preparation, shopping, housekeeping (e.g., changing linens, washing dishes, vacuuming/ dusting, laundry, mending clothing repairs), basic household tasks (e.g., regulating home temperature, storing food appropriately, resolving issues about bill paying).
 - b) Dressing, personal grooming and hygiene (e.g., bathing, dressing, and oral care).
 - c) Appropriate use of emergency medical services.
- 2) Assisting or cueing the participant to perform or become engaged in:
 - a) Family, social, recreational activities.
 - b) Appropriate use of natural community supports (e.g., social clubs, faith-based supports).
 - c) Appropriate use of routine medical/ dental services
 - d) Use of medications as prescribed, including self administration of medications.
 - e) Healthy habits (e.g., healthy diet, exercise, and behaviors designed to alleviate stress).
 - f) Fulfillment of personal commitments, and adherence to scheduled appointments/ meetings (e.g., clinical, vocational, educational, and judicial/court).
- 3) Assisting or cueing to avoid:
 - a) Risky behaviors
 - b) Substance abuse
 - c) Overspending
 - d) Unnecessary conflicts
- 4) Supportive and Problem solving-oriented discussions with the participant
- 5) Establishing and maintaining a helpful, supportive, companionship relationship with the participant that involves such activities as:
 - a) Escorting the participant to necessary medical, dental, or personal business appointments
 - b) Reading to or for the participant
 - c) Engaging in or discussing recreational, hobby, or sport-related activities

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- 6) Other activities directed at reducing disability, restoring participant functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence
 - 7)

Transition Planning and Discharge Criteria



Transition Planning begins upon admission and is an on-going, collaborative process involving the person served, counselor, and referral agencies. Every effort is made to refer person served to the most appropriate treatment resource. When it is evident that a person served has received optimum benefit from treatment, the person served will be step-down to a lower level of care or discharged.

Persons Served will normally be discharged following successful completion of the agreed upon treatment goals set out in their course of treatment. Persons referred by the Judicial system must complete all phases of treatment as determined by the judicial system in order to successfully complete treatment.

Person served who are assessed to need substance abuse treatment or who engage in substance abuse behaviors while in mental health treatment may also be referred for substance abuse services.

Other reasons person served may be discharged may include:

- 1) Person served chooses to withdraw from treatment or moves out of service delivery area of BBHCN.
- 2) Person served who fail to attend three scheduled sessions or demonstrate a pattern of non-compliance to treatment recommendations and further attempts to provide treatment is deemed non-beneficial will be considered to be not engaged in treatment and may be discharged.
- 3) Person served who are in need of services not available through BBHCN will be referred to other agencies for services. BBHCN will provide these agencies with information regarding the person's served treatment and outcomes when authorized by the person served and will be limited to what is authorized.

How do I Change my Appointment Time?



Call the office at least one business day in advance and let staff know you need to reschedule your appointment. BBHCN will work to reschedule as soon as possible; however, please be aware that it may be some time before another appointment can be scheduled. If we do not receive at least one business day notice of the cancellation there may be a cancellation fee charged directly to you. Insurance and Medicaid will not pay cancellation fees. If you experience an emergency before we can reschedule your next appointment please call 911 for immediate assistance.

If I need to talk with my Treatment Provider and they aren't here, what do I do?

Leave a detailed message for your treatment provider with staff or on their voice message, telling them what you need. If you need to talk with someone right away, tell the staff and they will connect you with a supervisor if your treatment provider is unavailable. If you do leave a voice message include in your message the best way and time to reach you. If you are experiencing an emergency please call 911 for immediate assistance.



What do I do if I want a different Treatment Provider?

We encourage you to let your treatment provider know if you are not happy with their services. If you are not comfortable in doing this or have tried and are not satisfied, ask to speak with the Program Director, and that person will work with you to come to a resolution.



Restrictions to Services

BBHCN reserves the right to restrict services to a person served in the event that the person served demonstrates behaviors or attitudes that are detrimental to the therapeutic process for themselves and other person served. Aggressive or extreme rebelliousness, refusal to participate in treatment, or hostile or threatening gestures to BBHCN staff or other persons receiving services shall result in the removal of the person served from some or all of the services available.

BBHCN will attempt to continue delivering services to the person served in an environment that may be more restrictive. When the clinical team determines that the behaviors or attitudes that caused restrictions have been resolved, the person served will be allowed to return to the previous level of services. If the behaviors or attitudes continue or worsen, the clinical team will determine if the person served is in need of discharge or transition.



Prescription Medications

BBHCN does not administer or store medications. All medications (prescribed or OTC) brought into the facility are to be self-administered and taken as prescribed. All medications must be maintained on the person served at all times without exception.

BBHCN does provide Medication Management for outpatient treatment that involves the initial evaluation of the person's served need for psychotropic medications, the provision of a prescription, and ongoing medical monitoring related to the person's served use of the psychotropic medication. All medications are prescribed by a qualified physician/prescriber.

Advance Directives

An advanced directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or do not want, especially the treatments often used in a medical emergency or near the end of a person's life. See following [link](#) for more information regarding advanced directives.

Fee for Service

The cost of your treatment is paid by Maryland Medicaid. Please inform your Counselor of any changes to your Medicaid coverage.

BUILDING BLOCKS HEALTH CARE NETWORK

ORIENTATION CONFIRMATION STATEMENT

Your initials
here indicate
agreement

1.	<p><u>ADMISSION INFORMATION:</u> I acknowledge that I have been provided a copy and read and understand the following person served information. I have had the opportunity to ask questions regarding these issues and they have been explained to me.</p>	
	Service Policies and Person served Responsibilities	
	Person served Rights and Privileges	
	BBHCN Guidelines & Rules	
	Confidentiality	
	Complaints/Grievance System	
2.	<p><u>SMOKING POLICY:</u> I understand that the BBHCN is an indoor smoke free facility and prohibits the use of all tobacco products in and around it's facilities. I agree to abide by this policy while receiving services.</p>	
3.	<p><u>STATEMENT OF EMERGENCY MEDICAL PROCEDURES:</u> I understand that if I am injured or become ill while receiving services at BBHCN, emergency medical personnel will be summoned.</p>	
4.	<p>I acknowledge that I have been provided with a PERSON SERVED ORIENTATION HANDBOOK providing extended details of covered information.</p>	
5.	<p><u>PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST:</u> I certify that the information given by me in applying for payment is correct. I authorize any holders of medical or other information about me to release that information to my insurance payer or its intermediaries that are needed for this or a related insurance-type claim. I request that payment or authorized benefits be made on my behalf.</p>	

Person served Signature

Date

Responsible Party (if Minor)

Date

Building Blocks Health Care Network' Staff

Date