



**Public Health**  
Prevent. Promote. Protect.  
**Harford County**  
**Health Department**

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# ***Client Orientation Manual***

***(Client Copy)***

**Welcome to the  
Division of Behavioral Health**

**MISSION**

The Division’s MISSION is to ensure the residents of Harford County who are at risk of, or suffer from, mental, behavioral, or addictive disorders, have access to a continuum of behavioral health services.

**VISION**

The Division’s VISION is to enhance the well-being of the community by applying a behavioral health service delivery model that fosters resiliency, freedom from addiction and the attainment of psychological recovery

**CORE VALUES**

**Dignity and Respect**

- To treat everyone in a dignified and respectful manner
- To identify, address and minimize barriers to treatment

**Collaboration**

- To understand that partnerships, trust and teamwork are vital to the development and application of services
- To recognize the contributions and perspectives of others

**Person Centered Care**

- To serve the ever-changing needs of the community, while honoring ethnic, religious and cultural diversities
- To be attentive to the individualized needs of the community

**Accountability**

- To be accountable through continuous performance improvement
- To always protect the privacy of others

**Growth and Development**

- To promote health literacy and informed choice
- To invest in our community and ourselves through professional development and educational opportunities
- To believe opportunities for growth are available and obtainable

**CONTACT INFORMATION**

**Mailing Address:**

Harford County Health Department  
Division of Behavioral Health  
120 South Hays St., 3<sup>rd</sup> Floor  
Bel Air, Maryland 21014

**Intake:** 410-877-2340

**Fax:** 410-638-4954

**After Hours Emergency Contact**

**Number:** 410-638-5248

**Hours of Operation:**

Monday – Thursday: 8:00 a.m. - 7:00 p.m.

Friday: 8:00 a.m. - 5:00 p.m.

**INCLEMENT WEATHER/EMERGENCY CLOSURES**

The Division will be closed if either the State of Maryland or Harford County Government is closed. Delayed openings follow the same procedure.

**EMERGENCY CONTACT INFORMATION**

Harford County Mobile Crisis Team: 410-638-5248  
Maryland Crisis Hotline: 1-800-422-0009 TDD line: 410-531-508  
National Suicide Helpline: 1-800-273-8255 1-800-273-TALK  
Call for Help – Suicide and Crisis Hotline: 1-618-397-0963  
Poison Control: 1-800-222-1222

**SERVICES PROVIDED**

The Division provides an array of mental health, substance use disorder and integrated behavioral health treatment, support and rehabilitative services.

Below lists a few services offered by the Division:

1. Outpatient Mental Health Treatment
2. Peer Recovery Support Services
3. Case Management
4. Education and Outreach
5. Psychotherapy
6. Free HIV Testing
7. Continuing Care
8. Referral Services
9. Medication Management
10. Buprenorphine Treatment
11. Vivitrol Treatment
12. Substance use treatment services  
Level I. Outpatient  
Level II.1 Intensive Outpatient

**WHAT TO EXPECT**

- During your appointment, Division staff will gather information necessary to complete a comprehensive assessment. Division staff will assess your living situation, symptoms, level of functioning, employment and school performance, alcohol and substance use, involvement with the legal system, physical and social health. This assessment is used to determine your treatment needs and preferences. Based on a client's specific needs the frequency, intensity and length of treatment may vary.
- Your treatment is a collaborative process. At a minimum your counselor, their supervisor and the Division's Medical Director will be members of your treatment team and will collaborate regarding your treatment regimen. We encourage you to invite your family and/or loved ones to be members of your treatment team.
- Individuals under the influence of drugs or alcohol will be denied services.
- Outside food and drinks are prohibited.

**STAFF RESPONSIBILITIES:** Division staff shall:

1. Recognize their moral, legal, and ethical responsibilities, provide the services and treatment methods for which they are qualified and accurately represent their competencies, credentials, education and experience.
2. Learn and apply research-based best practices, peruse continuing education and remain open to new counseling approaches, trends and changes in the field.
3. Provide culturally and linguistically competent services and recognize the importance of cultural diversity, the diversity of varying populations and how cultural expectations and values change over time.
4. Create and maintain accurate clinical and financial records and provide high quality, medically necessary and individualized client-centered services

**YOUR RIGHTS:** You have the right to:

- Limit access to your confidential medical records.
- Confidentiality unless you've provided written consent.
- Be informed of the circumstances under which the Division intends to release, or has released, confidential information without written consent.
- Copy, amend and provide input into your Medical Record.
- Access your treatment records, unless access to particular identified items of information is specifically restricted for that client.
- Protection from fiduciary, physical, sexual and emotional abuse, inhumane treatment, assault or battery.
- Receive treatment in the least restrictive setting.
- Be free from restraint and seclusion unless there is imminent risk of physical harm to yourself or others.
- Be free from financial exploitation, humiliation and harassment.
- Receive humane services.
- Be treated with consideration and respect for personal dignity and autonomy.
- Exercise rights without reprisal in any form including the ability to continue services with uncompromised access.
- Receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
- Be offered and provided with an interpreter, language translator or other reasonable accommodation.
- Receive information in manner in which you understand.
- A current treatment plan that addresses your needs and responsibilities and specifies the provision of appropriate and adequate services, as available, either directly or by referral.
- Actively participate in your treatment planning process.
- 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.
- Receive an explanation of the reason(s) for denial of service.
- Be informed of any potential treatment risks or benefits.
- Refuse treatment or medications.
- Be informed of your rights prior to consent to proceed with services, and the right to request a written copy of these rights.
- Be informed of any co-payments or fees that must be paid.
- Be fully informed of the cost of services.
- Consult with independent specialist, advocacy group or legal counsel at your own expense.
- Be referred to and have access to needed services.
- File a complaint or express a grievance without fear of retaliation and with assistance; to have the Division's Complaint protocol explained orally and in writing; to have your complaint or grievance reviewed through a formalized review process; and to have the option to appeal the decision.

**YOUR RESPONSIBILITIES:** As a client of the Division, you have the following responsibilities:

- Provide the Division with as much information as possible.
- Help make decisions about your health care.
- Contact your counselor or the Mobile Crisis Team in the event of a behavioral health emergency unless a delay would be detrimental to your health.
- Apply for all benefits for which you are eligible, including health insurance.
- Help the Division assess the quality and integrity of their services by providing ongoing feedback and completing client satisfaction surveys.
- Learn about your illness, symptoms, triggers and treatment benefits.
- When required, pay your co-pays or associated fees.
- Report suspected fraud or abuse.
- Inform your counselor when there has been a change to your health status.
- Refrain from sharing information about other clients. All personal matters discussed in group and the identities of all participants are confidential.
- Be respectful to staff, clients, visitors, yourself and others and their property (no stealing, handling or tampering with others property).
- Abstain from engaging in threatening behavior, verbal or physical. Such behavior will not be tolerated and will result in your discharge.
- Dress appropriately. Staff reserves the right to determine when a client needs to change attire.
- Turn off your cell phone and all other electronic devices.
- Be open and honest.

**THE DIVISION DOES NOT:** Conduct physically intrusive research or use restraint or seclusion or exclude, deny benefits to, or otherwise discriminate against any client on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of services, whether carried out directly or through a contractor or any other entity with which the Division arranges to provide services.

**MANDATORY REPORTING/DUTY TO WARN:** When a staff member becomes knowledgeable of a client's propensity for violence and indication, by speech, conduct, or writing, of the client's intention to inflict physical injury upon a specified victim or group of victims, they have a duty to seek civil commitment or inform law enforcement.

**CONFIDENTIALITY:** You have the right to choose *who* may have access to your medical information and that certain information may not be disclosed without your consent. At any time, you may repeal a consent. There are federal exclusions to this policy, such as court order or to medical personnel in the event of an emergency.

**PROHIBITED PRACTICES:** The following are prohibited on the grounds of the HCHD: alcohol, illegal substances, trafficking medications, violent behavior (physical or verbal), loitering, the use of cell phones or other electronic devices during group or individual sessions, tobacco use and weapons. If you choose to

engage in these practices, I may be discharged or suspended from services without the right to appeal.

**MEDICAL RECORD:** You may request access to my medical record. Division staff will provide me access, according to the Division's Privacy and Confidentiality Practices which requires advanced notice and you may receive copies of your medical information. You may be charged 50 cents per page (HG §4-304). If you would like to correct or amend information in your medical record, staff will be available to assist in this process. Information may not be deleted from the medical record and your request to correct or amend information can be denied. If a denial occurs, you have the right to appeal.

**ADVANCED DIRECTIVE (MH Only):** An Advanced Directive for Mental Health allows you to state your preferences and instructions for future mental health treatment (including medication and restraint), or to appoint a substitute decision maker in the event you are unable to make decisions. At any time an Advance Directive can be developed with your assigned clinician.

**ALTERNATIVE TREATMENT OPTIONS:** At any time, you may seek alternative or supplementary treatment options and upon request staff shall provide you with a referral or the contact information necessary to initiate these services.

**REASONABLE ACCOMMODATIONS:** You have the right to request (in writing) a reasonable accommodation. If a reasonable accommodation is requested, the Division's Program Manager shall consider the request and either fulfill the request, or document in writing, within 10 days of the request, the reason for denial.

**TRANSITION AND DISCHARGE:** As part of the Treatment Planning process your goals for discharge shall be discussed and put into action. It is the responsibility of the Division to clearly document your needs and preferences and ensure current and future supports are identified and efforts are made to facilitate access to these resources.

**ADDICTIONS TREATMENT ONLY:**

- If your treatment is court ordered, frequent communication will occur between your counselor and your probation officer.
- Your recommended treatment level may change based on a positive toxicology screen, treatment compliance, criminal activity, and/or attendance.

**\* Free interpretation and translation services are available upon request**

**Attachments:**

<b>Title</b>	
Program Overview	What to Expect
Complaint Protocol	Client Rights and Responsibilities
Contact Information	Client Responsibilities
Emergency Contact Information	
<b>Informational Forms</b>	
Medicaid Enrollment	Communicable Disease Informational Brochure
Birth Control Guide	Tobacco Cessations Brochure
Sexually transmitted Infections	Women's Wellness Brochure
Family Education and Support	Influenza Informational Form

## **ADDICTIONS TREATMENT ADDENDUM**

### **ATTENDANCE POLICY:**

In order to get the most out of treatment, active participation is required. Clients are expected to attend all counseling sessions and arrive on time. Please contact the Division at **(410) 877-2340** if you are running late, or call your individual counselor.

**Late admissions to group(s) are prohibited and access will be denied.**

Attendance and lack thereof will be communicated with the members of your treatment team. Excused absences may be considered at the discretion of your counselor.

If your treatment is court ordered the following rules apply:

- After two consecutive unexcused absences your counselor will contact you and your probation officer via telephone to discuss your attendance issues.
- After three consecutive unexcused absences, a discharge warning letter will be sent to your house and to your probation officer.
- After four consecutive unexcused absences or 30 days since your last session, whichever comes first, you will be unsuccessfully discharged and your probation officer will be notified.

### **DRUG TESTING POLICY:**

Drug testing (urinalysis, oral fluid, blood draws and breathalyzer) whether random or scheduled, are part of the Addictions Treatment Program at the Division of Behavioral Health. Failure to provide a urine sample, failure to comply with drug testing, tampering with or altering a test shall be considered a **positive** test result.

Positive tests will be reported to the members of your treatment team including (as applicable) probation officer, monitor, or referral source. A positive test could indicate the need for a referral to a more intensive level of treatment, such as intensive outpatient or inpatient treatment. Attempts to alter or falsify results will be considered positive and grounds for discharge.

### **ADDITIONAL RESPONSIBILITIES**

- As part of my treatment, I will refrain from the use of illicit drugs and alcohol. If I am unable to make this commitment, I will discuss my treatment options with Division staff.
- If I am prescribed medications from a physician not affiliated with the Division, I will authorize consent, so information regarding my health care can be shared.