# P3.jpg

**CLIENT HANDBOOK**

**110 PAINTERS MILL RD**

**SUITE 213**

**OWINGS MILLS, MARYLAND 21117**

**Phone: 443-898-6128**

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**Website: www.TheP3Pursuit.com**

# Welcome,

Thank you for choosing P3 Pursuit as your provider. Our mission is to provide you with person-centered, specialized programming that is based on a recovery-oriented holistic model. Your assigned counselor is responsible for reviewing this handbook with you and providing an overview of program services and what you can expect from the program The purpose of this handbook is to highlight the various aspects of the treatment you will receive while you are a client here at P3 Pursuit and the services that are available to you, and how you can expect to be treated.

**Program Mission:** P3 Pursuit strives to strengthen communities through innovative, rehabilitative, therapeutic psychiatric and behavioral health treatment that empowers and strengthens clients and communities.

**Program Philosophy: The program focuses on creating:**

1. Comfortable & therapeutic surroundings
2. Welcoming environment
3. Availability of evidence-based, client centered services
4. Communicating with clients and families served in culturally competent ways
5. Provide psychoeducational activities
6. Reinforce privacy & confidentiality of client information
7. Rapid response to client needs
8. Convey respect to clients & other stakeholders

**HOURS OF OPERATION:** MONDAY-FRIDAY 9:00AM-5:00PM

**CODE OF ETHICS OVERVIEW:**

The Code is intended to promote high standards of service delivery and business conduct. P3 Pursuit, LLC employees are required to adhere to this Code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during orientation to the agency and are given a copy of the Code. It is also available to other stakeholders upon request. P3 philosophy is based upon recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of disability (physical, developmental or mental), gender, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and encompass social, physical, spiritual and psychological aspects of each individual.

**What Treatment is Available?**

1. Outpatient Substance Abuse Services
2. Intensive Outpatient Substance Abuse Services
3. Psychiatric Rehabilitation Program for Adults & Minors
4. DUI/Anger Management/Domestic Violence Groups
5. Mentoring for children and adolescents
6. Referrals for Outside Services

**Treatment Interventions Include:**

1. Rehabilitative Supports & Interventions
2. Workshops & Psychoeducational Groups
3. Group Therapy
4. Individual Therapy
5. Family Therapy
6. Anger Management
7. Supported Employment
8. Supported Living
9. Daily Living Skills/Life Skills Assistance and Training
10. Case Management/Service Coordination
11. Therapeutic Behavioral Aide Add-On Service

**BENEFITS OF SERVICES:**

1. To better understand addiction & rehabilitation
2. Improving client's self-concept and self-control
3. Reducing client's behavior problems, substance use, and association with antisocial peers
4. To maintain good & physical health
5. To obtain the supports that you will need for community integration
6. Increasing parental involvement and development of more positive and effective parenting
7. Making parental management of children's behavior more effective
8. Improving family structure and interactions
9. Improving family communication, conflict resolution, and problem solving skills Learning Context.

**What is Recovery?**

Recovery is overcoming the challenges of related to behavioral health/mental illness to live a satisfying, hopeful and productive life. Recovery is a personal and unique process of growth to develop the skills to choose, obtain and maintain the roles, relationships and other things that are meaningful in our lives. Recovery reinforces the belief that it is possible for people with mental illness to lead satisfying & productive lives. The recovery approach is a process of assisting you to develop the skills and identify the supports you need to accomplish your goals. Recovery promotes your active involvement in all aspects of your treatment and rehabilitation.

**Guiding Principles of Role Recovery:** *All interactions with clients, families, support networks and staff are guided by the following principles*:

1. **Client centered orientation**- P3 focuses on the dignity of each client as a whole, not exclusively on his or her status or behavior
2. **Client Involvement-** We focus om the opportunity for each client and/or his/her support person(s) to participate in all aspects of his/her service provision
3. **Client-Choice-** P3 focuses on enabling each client to make informed choices

**What happens after you’re enrolled into P3 Pursuit?**

1. You will be assigned to a program designed to meet your needs
2. You will be introduced to members of your treatment/rehabilitation team
3. You will participate in an evaluation/assessment and planning process designed to develop a far reaching personalized plan for your rehabilitation.
4. You will assist in developing an individual schedule of treatment and rehabilitation activities from among those generally available within your program (the Master Schedule). You may also add activities unique to your rehabilitation/treatment plan.
5. You will begin to participate in some of those scheduled activities. You will receive medication appropriate to your mental illness & physical condition.

**The Members of Your Care Team:**

All P3 programs and interventions are delivered by a multi-disciplinary team approach to assist you in identifying & resolving issues that require of the services currently provided by P3 Pursuit, LLC. A multi-disciplinary team means that your treatment team consists of a variety of behavioral healthcare professionals with special qualifications to address the different issues that brought you to the program. You will also be assigned a specific counselor as your point person.

**Agency Holidays:**

Services will not be available (except for Emergencies and 24 hour programs) on the following holidays:

* New Year’s Day
* Good Friday
* Memorial Day
* Independence Day
* Labor Day
* Thanksgiving and the day after
* Christmas Eve and Christmas Day

**Standards of Personal Conduct:**

P3 Pursuit is committed to providing services to you in a professional, competent and ethical manner. The following are guidelines regarding professional behavior in the provision of the agency’s services.

* Staff will establish and maintain appropriate boundaries with clients.
* Staff will avoid dual relationships.
* Staff should refrain from any activities that may violate client trust.
* Staff must not share their religious beliefs or values with clients, or their political views.
* Staff will provide services to clients in a manner that respects their dignity, integrity, and rights as stated in agency documentation.
* Staff will respect an individual’s beliefs and differences by not attempting to change or influence personal views.
* Maintain confidentiality in all interactions and documentation and only release information as allowed by legal standards.
* Ensure clients know the benefits, risks, side effects and other pertinent information in order to make an informed decision regarding treatment.
* Provide services to individuals according to one’s qualifications, training, competence, and position.
* Staff will recognize potential situations of violence and protect the individual from harming him/herself or society by notification of the proper authorities.
* Staff will not engage in romantic or sexual relationships with clients, their family members or guardians.

**Quality Assurance:**

P3 Pursuit is seeking CARF accreditation insuring that you will receive quality services.

**Drug Testing Policies:**

Drug testing (urinalysis, oral fluid, blood draws and breathalyzer) whether random or scheduled, are part of the Substance Abuse Program here at P3 Pursuit. 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.

**Clients with a Co-occurring Mental Health and Substance Use Diagnosis**

It is our belief that mental health and substance use diagnosis are interrelated. Recovery is most successful when both disorders are treated in an integrated model. It is the policy of P3 Pursuit, LLC to assist our clients with developing a treatment plan which includes all of those services necessary for the client to recover and reach their greatest potential. At the time of the initial evaluation or anytime during treatment, any clients found to have a substance use diagnosis will be required to be seen for an ASAM assessment.

Recommendations for addiction treatment will be made at that time and documented. If you decline the recommended treatment, the physician who completes the psychiatric evaluation will make the determination whether or not you can be provided mental health services without the recommended addiction services. If you agree to the addiction services but do not comply with the agreed upon treatment plan, the treatment team will staff and determine whether or not you can continue to be provided mental health services.

Clients requesting/receiving addiction services who report receiving prescriptions for controlled substances will be required to obtain documentation from their prescribing physician indicating (1) medical rationale for treatment with that medication, and (2) that the prescribing physician is aware of the individual’s addictive disorder. Documentation must be provided to the treating clinician within two weeks of beginning treatment, or within two weeks of starting a new prescription for a controlled substance.

**Consent to Treatment**

As part of the admissions process, we want to inform you about:

* Your responsibility to provide us with information as a condition of your admission into the program and your ongoing treatment;
* Reasonable treatment choices, discussed at the time when you consented for treatment; and
* Risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment and services.

**Treatment Plans**

Your Treatment Plan is where your goals, strengths and preferences are documented. This document helps you and your treatment team stay focused on the important things for your recovery. We use a strength-based, person centered process to develop your treatment goals that includes discussions of your:

* Strengths
* Needs
* Abilities
* Preferences

**CLIENTS RIGHTS**

Client’s Rights and Responsibilities are based on respecting the unique individuality of every client is a major goal of P3 Pursuit, LLC. To attain this goal, we have determined that the rights and responsibilities of every client should be protected and preserved.

**You Have The Right:**

* To be informed of the rules and regulations as they apply to your conduct.
* To be communicated to persons served in a way that is easy to understand and prior to the beginning of service delivery
* To have these rights reviewed annually if you remain a client for 1 year
* To have these rights and responsibilities reviewed for better understanding and clarification
* To be free from abuse, financial or other types of exploitation & abuse, retaliation, humiliation, neglect or other forms of abuse
* To have your personal health information kept private and confidential
* To expect privacy and dignity in treatment consistent with providing you with good medical and rehabilitative psychiatric care.
* To receive information on Informed consent or refusal of treatment or expression of choice regarding, Service delivery, Release of information, Concurrent services, who will be providing clinical services and the right to refuse involvement in any research projects.
* To receive considerate, respectful care at all times and under all circumstances.
* To expect prompt and reasonable responses to your questions.
* To know who is responsible for authorizing and performing your procedures or treatments.
* To know the identity and professional status of your care giver.
* To know what client support services are available, including access to an interpreter if language is a problem.
* To have access to your medical record according to P3 Pursuit Policy.
* To be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis, and any continuing health care requirements after your discharge in terms you can understand.
* To be informed of medical alternatives for care or treatment.
* To refuse treatment, except as otherwise provided by law, and to be informed of the consequences of your action.
* To receive impartial access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, national origin, religion, physical handicap, or sources of payment.
* To participate in the decision-making process related to the plan of your care.
* To have access to professionals to assist your with emotional and/or spiritual care.
* To exercise your cultural values and spiritual beliefs as long as they do not interfere with the well-being of others, or the planned course of any rehabilitative care.
* To participate in the discussion of ethical issues that arise.
* To express concerns regarding any of these rights in accordance with the grievance process.
* To formulate advance directive and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.
* Personal dignity and services considerate and respectful of personal values and beliefs;
* Information about program rules and regulations concerning conduct of clients
* Informed participation in decisions regarding treatment
* Appropriate assessment and management of mental health symptoms
* Individualized treatment;
* Opportunity to identify a surrogate decision maker if a client is incapable of understanding a proposed course of treatment or is unable to communicate regarding treatment as part of an advance directive.

**You Are Responsible For:**

* Providing accurate and complete information about present and past medical conditions and all other matters pertaining to your health.
* Reporting unexpected changes in your condition to your counselor.
* Informing your counselor whether or not you understand the plan of care and what is expected of you.
* Following the treatment plan recommended by the treatment team that is developed with your input.
* Keeping appointments and, if you cannot, notifying the proper person.
* Knowing the consequences of your own actions if you refuse treatment or do not follow the rules of the program.
* Being considerate of the rights of other clients and P3 Pursuit personnel and to follow program policy and regulations affecting care and conduct.

P3 Pursuit executive team and management welcome your comments. If you have concerns about the care you or your family member have received, we encourage you to speak with your counselor or with the supervisor of the program. If you are uncomfortable or cannot resolve your concerns, please feel free to contact the appropriate OHCQ licensing unit phone:

Making the most of group therapy:

* Attend every group session.
* Arrive for group sessions on time or a little early.
* Listen carefully and respectfully to the counselor and the other clients. Be supportive of other clients. If you disagree with someone, be polite when you speak to him or her.
* Do not attack people personally. Do not talk about other clients’ personal information outside group. Clients must be able to trust one another if they are to feel comfortable sharing their thoughts.
* Think about what you read and about what the counselor and other clients say.
* Ask questions when you do not understand something.
* Participate in group discussions.
* Do not dominate the conversation. Allow time for other clients to participate. Be honest. After the session is over, think about what you learned and try to apply it to your recovery.
* Work on the homework assignments that the counselor gives you. (The homework assignments are usually an activity. These are different from the handouts that you work on during the session.)

The goal of the program is to help you :

* Identify high-risk situations for relapse and using
* develop strategies to Avoid those situations if possible
* learning Coping skills that will enable them to effectively navigate those high-risk situations without using substances.

**Community Mental Health Unit- (410) 402-8060 Toll-free 877-402-8220**

**CONDUCT:**

IT IS THE POLICY OF P3 PURSUIT LLC THAT THERE WILL BE NO LOITERING IN THE PARKING AREAS OR AROUND PROGRAM PROPERTY AND NO DOUBLE PARKING IN FRONT OF THE BUILDING. WEAPONS OR ILLICIT DRUGS ARE NOT ALLOWED ON PROGRAM GROUNDS INCLUDING PARKING AREAS OR INSIDE THE PROGRAM. IF YOU ARE FOUND WITH WEAPONS OR ILLICIT DRUGS, YOU WILL BE IMMEDIATELY DISCHARGED AND MAY FACE CRIMINAL CHARGES.

VIOLENT BEHAVIOR AND PARTICIPATION IN ANY ILLEGAL ACTIVITY ON THE PREMISES WILL NOT BE TOLERATED, AND WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM.

We expect all clients to be courteous and respectful to others while you are in the clinic. Please be respectful of those who are waiting in the medication line. ***PLEASE KEEP ANY NEGATIVE OR DRUG RELATED COMMENTS TO YOURSELF.*** You must be considerate of people from the other businesses in the area. Please do not solicit the surrounding businesses for any reason. In addition if you must bring your children to the clinic you are responsible for your children’s behavior and keeping them safe. ***LOUD, PROFANE, OR THREATENING LANGUAGE TOWARDS OTHER CLIENTS, STAFF, LOCAL BUSINESS OWNERS OR THEIR PATRONS WILL NOT BE TOLERATED AND WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM. THIS INCLUDES HOME VISTS BY SUPPORT STAFF. SUPPORT STAFF WILL NOT ENTER ANY HOME THAT IS DEEMED DANGEROUS AND THE CLIENT MAY BE TERMINATED.***

**SMOKING:** P3 Pursuit is a smoke-free program and does not allow smoking inside of the building or within 15 feet of the building.

**Gambling**

Gambling is not allowed on P3 Pursuit property. It is a common occurrence for recovering individuals to switch addictions (gambling, nicotine, caffeine, etc.) since they no longer 15 have their drug of choice available to help them cope with life. P3 PURSUIT counselors/staff will help clients develop techniques to help manage the ups and downs of early recovery.

**Gang Activity**

P3 Pursuit has a zero tolerance policy for gang activity and/or gang-related behaviors/lifestyle. Gang hand signs (or anything that resembles a gang hand sign), colors, graffiti, handwriting, gang symbols, or gang slang will not be tolerated. Challenging or checking other people’s signs in the program will not be tolerated.

**Gifts**

P3 Pursuit staff is not allowed to accept gifts from program participants or give gifts to program participants.

**VISITORS ON PREMISES**

1. Due to the confidential nature of our business we ask that you do not bring visitors onto the premises unless necessary.
2. Anyone accompanying a client must show identification on request, sign a visitor confidentiality form and be seated in the waiting room. The client assumes responsibility for the behavior of the visitor while on the premises. Any visitor may be asked to leave the premises at the discretion of the Executive Director.
3. Visitors should be limited, but when necessary must abide by the rules.

**PHOTOGRAPHY AND VIDEOS:** Taking pictures, audio and/or videos on the premises, or of any person on the premises, is strictly forbidden. All clients have the right to confidentiality while receiving treatment. If a client is found to be taking pictures, voice recording or video they will be involuntarily discharged from the program.

**CONFIDENTIALITY:** Confidentiality laws are very strict. Federal and state confidentiality laws protect your records. If you want our assistance in matters involving others, you must sign a *Consent to Release Confidential Information* form **BEFORE** we can speak to **ANYONE** on your behalf. Please advise family members or friends of these requirements **BEFORE** they attempt to contact us on your behalf. Any written correspondence (letters to courts, lawyers, probation officers etc.) requires **at least 3 day notice**. Please arrange this through your counselor.

Our pledge regarding medical information:

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by P3 Pursuit, whether made by health care professionals or other personnel. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**What is my Protected Health Information?**

Anything from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or give to anyone providing care to you, such as, a health plan, a public health authority, your employer, your insurance company, your school or university, or anyone who processes health information about you.

**What rights do I have about my Protected Health Information?**

* Consent—You have the right to consent to the use and disclosure of your Protected Health Information for the limited purpose of diagnosis and administering and paying for your treatment.
* Authorization—You have the right to authorize the sharing of your Protected Health Information for other purposes.
* Access—You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care.
* Amendment—You have the right to request that we amend your Protected Health Information.
* Confidential Communications—You have the right to be informed about and share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible or reasonable for us to do.
* Restrictions—You have the right to restrict certain uses and disclosures of your Protected Health Information. We do not have to agree to your restrictions.
* Accounting—You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make.
* Privacy Notice—You have the right to obtain the Privacy Notice form. You may get a copy of the current Privacy Notice by requesting it from the front desk staff or the Privacy Officer.

**Copy of Your Medical Record:**

You are entitled to receive one free copy of your medical record. Once you have received the free copy, any additional copies will cost $1.00 per page. This applies regardless of the timeframe since you received your free copy

**HIV/AIDs and Tuberculosis (TB)**

Each client receives information regarding HIV/AIDS prevention and treatment and TB screening during their orientation at P3 Pursuit, LLC. It is each client’s responsibility to protect themselves and others from infection and transmission of HIV/AIDS and TB. Should a client have a positive TB screen, he/she will be referred to the appropriate agency for follow up and/or treatment. In some cases the client may not return to services until cleared by a physician.

**Recovery Environment**

P3 Pursuit, LLC facilities are drug, alcohol, gambling, tobacco, and weapon free. The agency is committed to providing a safe recovery environment for all clients, family, and staff. If an individual presents for services at a P3 Pursuit, LLC facility under the influence, and then attempts to drive a vehicle, or attempts to leave a P3 facility while in a condition which has been determined by a staff member to represent a danger to the individual or public safety, the condition of the individual will be reported immediately to law enforcement.

**Relationships**

If there is a problem with another individual, talk to that person about it, not to someone else. If the problem continues, talk to a P3 staff person. It is important to provide support to all P3 program participants equally. Sexual relations and fraternization between individuals on P3 property is not allowed.

**GRIEVANCE PROCEDURE:** The following procedures will be implemented to allow for appropriate and prompt resolution of a client’s disputes or grievances.

1. The client must discuss the matter with his or her counselor within 24 hours of the incident. If unresolved, the grievance process will proceed to the next step.
2. ***A client may waive the first step and request a meeting with the clinical director to resolve any problems that he/she may be having, or rule violations he/she may be accused of.***
3. The client must present the problem to the clinical director or his/her designee in writing within 72 hours (excluding weekends). The clinical director or his/her designee will give a decision in writing within 72 hours (excluding weekends).
4. If the problem is still unresolved, the client can make an appeal in writing to the Executive Director within 72 hours of the clinical director’s decision. The decision by the Executive Director is final.
5. If the client is not satisfied with the Executive Director’s decision they may appeal to the Office of Healthcare Quality or Maryland’s Department of Human Resources
6. If violent or threatening behavior is the reason for the appeal, the client will be medicated at another clinic. The client’s counselor will attempt to have the client courtesy dosed at any other clinic of the client’s choice if that clinic is willing to accept the client.

**NON-RETALIATION:** In the event that a complaint is filed either internally within P3 or with an outside organization, it is the strict policy of P3 Pursuit that the complaint will not result in retaliation toward the client, create a barrier to the provision of services, or the refusal on the part of P3 Pursuit employees to provide the availability or assistant of the complainant seeking an advocate.

**APPEAL PROCESS: *The primary counselor will inform the client about the appeal process. The client also has the right to the following:***

1. To be appraised of the charges made against him or her
2. The client may have his/her record brought to any hearing with the clinical director or the program sponsor
3. The client may have a representative speak on his/her behalf as long as the representative can appear within a reasonable amount of time so as not to interfere with the client’s treatment and the operation of the program.
4. To call witnesses that may support his or her case
5. To cross examine any witnesses brought against him or her
6. To expect a fair and impartial trial within a reasonable time frame and to notified of the decision as soon as possible.
7. If the client is found to have violated the rules, the program will make a reasonable effort to treat the client until the client is enrolled in another program.
8. If the client is determined to be guilty of any rule violation, he/she may be referred to another program and immediately discharged.

After exhaustion of the programs grievance process/procedure or at any point, the client may appeal to:

Office of Health Care Quality   
55 Wade Avenue Catonsville, Maryland 21228

**NO SHOW/CANCELLATION POLICY:** P3 Pursuit provides a critical service to the community and the list of people seeking treatment continues to grow. To remain a client at this agency, it is your responsibility to be on time and show up for all scheduled appointments. In the event that you need to cancel an appointment, it is your responsibility to do so with a minimum of 24 hours’ notice. Should cancellations or No Shows become an issue, lack of follow through may result in discontinuation of services.

**SECLUSION AND RESTRAINT:** P3 Pursuit does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions.

*Restraint- defined as the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit the individual’s freedom of movement.*

*Seclusion- defined as the separation of an individual from normal program participation in an involuntary manner. The individual is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is NOT considered seclusion.*

**WEAPONS POLICY:** Weapons of any sort are prohibited inside any building or on any property owned, leased or rented by P3 Pursuit. This policy applies to all personnel, clients and visitors, and will be strictly enforced. Clients will be discharged if this rule is violated

**DISCHARGE CRITERIA & PROCEDURE:** Transition & Discharge planning begins at intake. Each client and clinician will develop a person-centered treatment and transition plan to determine when discharge is appropriate. On occasion, a discharge will occur for a reason other than completion of the treatment plan. Discharge will not take place as punishment retaliation for displaying symptoms of a disorder. Clients may be discharged due to non-compliance with treatment recommendations, violation of P3 Pursuit policies, or aggressive / assaultive behavior.

**FACILITY DISASTER AND SAFETY PLAN**

P3 Pursuit conducts regularly scheduled safety drills to ensure the safety of all clients, family members, staff, and visitors. This information is covered during the client orientation process and includes where individuals are to go during a drill or actual emergency. Every room and/or office at each facility has an emergency plan posted near the doorway for easy reference. In the case of a natural disaster or power failure, please follow the directions of P3 Pursuit staff as they will do everything possible to ensure the safety of everyone in the facility.

**SATISFACTION SURVEYS**

In an effort to continually improve the quality of services P3 Pursuit provides, P3 Pursuit wants to know the level of satisfaction with the services provided to clients. Client Satisfaction Surveys are given at the admission appointment, once a month while in treatment, at the discharge appointment, and at a point in time after discharge for those in Substance Abuse Services. Client Satisfaction Surveys are conducted regularly for those in mental/behavioral health related services. The feedback provided is very important to P3 and the surveys are anonymous. We very much appreciate comments on how we are doing!

**REASONABLE ACCOMMODATIONS**

P3 follows the requirement of the Americans with Disabilities Act (ADA), and will provide reasonable accommodations when requested to ensure everyone who needs (and is eligible for) services is able to access them. P3 will assist in securing American Sign Language interpretation services for individuals who are hearing impaired at a level that permits them to interact effectively with the provider. The program is also equipped with a TTY line.

P3 Pursuit facilities are handicap accessible. Parking lots have designated handicapped accessible parking spaces. If you require a particular type of assistance, please notify us when you call for services or arrive for your first appointment. P3 Pursuit will also assist in securing interpretation services for individuals who are limited in their ability to speak, read, write, or understand the English language at the level that permits them to interact effectively with the provider.

Financial:

P3 Pursuit is a private agency that accepts self-pay and private insurance. Our pricing is comparable with other treatment providers in the area. Full-payment/co-pays must be received when services are rendered. You will receive a monthly statement each month with a balance, if any. We accept the following forms of payment:

**FORMS OF PAYMENT ACCEPTED**

* Cash
* Personal check
* Money order/Cashier’s check
* Major credit cards

**FEE SCHEDULE FOR IN-HOUSE TREATMENT**

* ASAM Assessment (2 hrs.) $200.00
* Individual Counseling (1 hr.) $110.00
* Group Counseling (2 hrs.) $90.00
* Family Counseling (1 hr.) $ 200.00
* Drug Screen (per unit) $15.00
* No Show $25 per occurrence

**PRIVATE INSURANCE**

* It is each client’s responsibility to provide P3 Pursuit with their complete insurance information.
* ID & Insurance card is required at the time of the assessment for photocopy
* We provide insurance billing as a courtesy to our clients. All claims are subject to the guidelines exercised by each carrier. In any case that your insurance provider does not cover your claim for treatment services, then the you are financially responsible for any/all remaining balance(s), which will be made payable to P3 PURSUIT.
* If services are provided to a minor (under age 14), then the legal guardian/parent(s) will be financially responsible.
* Each client is responsible for paying their co-pay at the time services are rendered.

**Advance Directives/Durable Power of Attorney for Mental Health Care**

You or your caregivers will receive a handout/brochure explaining Advance Directives for the state of Maryland. In an Advance Directive, you state what healthcare decisions you wish to be taken on your behalf in the event that you become incapacitated. It is important that you let us know whether you already have an Advance Directive, so that we may include a copy with your chart, and honor it if necessary. However, there are exceptions to honoring it in a few very specific situations. These are explained in the enclosed material. Durable power of attorney for health care is a document designating whom you want to act on your behalf for health care decisions in cases where you are unable to make such decisions. In cases where you are unable to make decisions you will need to determine who takes that responsibility and in what circumstances. An attorney can assist you. Your assigned therapist will review the Advance Directive

**CLIENT RIGHTS REGARDING HEALTH INFORMATION**

1. Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. P3 is not required to agree to any restrictions you request, but if it does agree, it is bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency.
2. You have the right to request that we communicate with you by alternative means or at an alternative location. P3 will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health care information maintained by P3, except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.
3. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in P3 records, and to request and receive an accounting of disclosures of your health related information made by P3 during the six years prior to your request. You also have the right to receive a paper copy of this notice.

**DUTIES OF THE ORGANIZATION**

1. P3 is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. P3 is required by law to abide by the terms of this notice.
2. P3 reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Such changes will be provided to Client through Orientation Handbook will be communicated to present clients through provision of a copy of the revised notice. Former clients making appropriate requests will be provided a copy of the updated notice at the time of request.

**REPORTING COMPLAINTS AND VIOLATIONS OF PRIVACY RIGHTS**

1. You may file a complaint with P3 Pursuit, Mid-Shore Mental Health Systems and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA.
2. Such complaints should be pursued initially through the established P3 Complaint/Grievance/Appeal Procedure. You will not be retaliated against for filing such a complaint. Please refer to the Complaint/Grievance section below for additional information. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs. For further information, you may contact the P3 Executive Director at (443) 898-6128.

**CONFIDENTIALITY OF CLIENT RECORDS**

1. The confidentiality of client records is protected by Federal Law and Regulations and State statutes. If you have questions about how these exclusions to confidentiality may affect you, please discuss this with any P3 Pursuit staff. Information and/or copies of records concerning past or present treatment or services provided by P3 Pursuit to the above referenced client will not be disclosed to third parties unless: 1. The client, or those authorized by Federal or State law, consents by written authorization to P3 Pursuit for the release of such information to a third party.
2. The disclosure is ordered by a court of competent jurisdiction and a copy of said Order is provided to P3 Pursuit in advance of the request disclosure.
3. The clinician has a ***“duty to warn”*** in the event there is a dangerous situation, in the opinion of the clinician, and the client and/or others are considered to be in danger. In crisis situations in which a client is at imminent risk of harming self or others, and a safety plan is not feasible, local law enforcement and/or an emergency medical team may be contacted without prior authorization from the client.
4. Federal & State laws and regulations do not protect any information concerning suspected child and/or vulnerable adult neglect, physical abuse, or sexual abuse.
5. Child & Vulnerable Adult Abuse Any staff suspecting child and vulnerable adult neglect, physical abuse, or sexual abuse will be reported to the Department of Social Services where the abuse or neglect occurred or is currently occurring.
6. Adult Survivors of Child Abuse All staff is required to report past child sexual abuse to the Department of Social Services, which includes information about the abuser (name, address, where abuse occurred, etc.), even if the abuser is deceased. Violation of the Federal Law and Regulations and/or State Statutes is a crime.
7. Suspected violations may be reported to appropriate officials. (See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal Laws and 42 P3 PURSUIT Part 2 for Federal Regulations.)

P3 adheres to all governmental requirements. You have the right to privacy and P3 will safeguard your privacy. P3 has developed a client privacy process that will guard your personal information. If, for any reason, you believe that P3 has violated your right to privacy as a client you can file a formal complaint to the following:

Office for Civil Rights U.S. Department of Health and Human Services

150 S. Independence Mall West Suite 372 Public Ledger Building

Philadelphia, PA 19106-9111

800-368-1019,800-537-7697 (TDD) 202-619-3818 (Fax) [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**INFORMED CONSENT TO AUDIO AND/OR VIDEO TAPE:**

As required by state and federal Privacy Regulations, P3 Pursuit may not use or disclose your protected behavioral health information without your consent except as provided in our “Notice of Privacy Practices”. The use of video and/or audio taping of sessions is sometimes a part of clinical supervision and training. Having sessions taped may contribute to improvements in the quality of services and the types of services that we provide.

The material on the tapes will be kept confidential, stored in a secure location, and used only for training and supervision purposes. Tapes may be reviewed by clinical staff off the agency. When a therapist and clinical supervisors are finished with the tapes, the tapes will be completely erased and/or destroyed. Your decision to allow taping or NOT will have no influence on the quality of care you will receive at P3 Pursuit.

**HEALTH AND SAFETY:**

If you have a special need or disability, please let us know so that we can provide accommodations and ensure that you are comfortable and are receiving quality care. P3 Pursuit is a smoke free environments. Smoking and tobacco products are permitted at designated outside area that must be at least 25 feet away from the programs building. To protect the safety and health of our clients, staff, and visitors we prohibit the possession of any weapons or illegal substances on all properties of P3.

**ABSENCES FROM PROGRAM:**

Recovery & Rehabilitation services are more effective when clients attend therapy and other recovery related activities or interventions as specified by the treatment plan. We suggest that you do everything in your power to ensure that you attend sessions and workshops as outlined by your counselor. P3 staff will work with you to be able to do this. If you are absent from the program for any reason please contact your counselor or another staff member as soon as possible to let us know.

**Missed Sessions:**

If you need to miss more than 14 days of treatment and are not being treated during that time you will be asked to speak with your counselor or another staff member about why you were absent and how you can avoid being absent in the future.

**Hospitalizations:**

If you are hospitalized for any reason it is very important that you tell the medical director within P3 and who is providing medication management services that you gave been assigned any new medications. Clients are expected to inform the Medical Director of any outside medication that has been prescribed by the client. If the client has received treatment we ask that you supply the discharge summary with you when you return to P3 Pursuit

**Illness and Surgery:**

If you become ill or are scheduled for surgery, you should inform the program immediately. The program will not discharge clients who have an illness or surgery that acts as a barrier for treatment.

**Incarcerations:** If you are arrested please inform staff through your family members or other supportive person. P3 staff will track your case status on Vinelink.com and/or the Maryland Judiciary Case Search website. We will be aware of your reason for arrest, when you are scheduled for trial and when you are released. You will not be discharged from this program as long as you remain at BCDC (Baltimore City or County Department of corrections.

If you are detained anywhere other than BCDC for more than 30 days you will be discharged from the program. You may be readmitted if you return to the program as soon after you are released as possible and you meet all other requirements for readmission, i.e. you do not owe fees.

**Vacations:**

If you are thinking about planning a vacation you should talk to your counselor as far ahead of time as possible. If you are receiving services in the home or in the community it will be important to discuss your absence from treatment during that time.

**Drug Screens:** Drug screening is an important part of any substance abuse treatment program. As a therapeutic intervention, it serves as a tool to assist you in overcoming your denial and as a measure of success for you when you have been able to remain drug free. It is one concrete, behavioral and measurable source of data that we have available to use in establishing the efficacy of substance abuse treatment.

**Drug Screen Procedure:**

1. When you check in with the receptionist you will be notified if you are scheduled to leave a drug screen.
2. You will be directed to the drug screening area in the medication room and will check in with the Toxicology Technician.
3. You will be given a specimen cup with a label on it. Please make sure you check the label to make sure it has your client number on it.
4. The specimen cups are temperature sensitive. If a specimen doesn’t register on the temperature strip you will be asked to leave another specimen.
5. After you provide the specimen, make sure the lid is securely on the cup and return it to the Toxicology Technician.

**Falsification:**

1. Falsification is when a staff member observes clients exchange drug tests, altering a drug test or providing a BA for someone else. If the drug test does not register on the temperature strip more information is gathered to rule out falsification.
2. The test will be checked with the temperature gun. If the temperature falls outside the range of 90-99 degrees Fahrenheit you may be asked to provide another specimen depending on the results of the last two specimens. If the last two specimens are positive for drugs no further action will be taken because it will be assumed 24 that this specimen will be positive.
3. If the last two specimens are negative for drugs then you will be asked to leave another specimen, either urine or an oral swab. What if the specimen is falsified? If you provide a specimen that is falsified P3 may have to provide this information to other pertinent parties (e.g., your parole officer)
4. It is very important that you are honest with your counselor and the treatment team in order for them to help you move into recovery. If you lie about using drugs it shows that you are having difficulty working towards recovery and will result in increased counseling requirements. If the problem persists then you may be tapered from the program for failure to use the program resources appropriately.

**Gambling and Substance Abuse Evaluations**

P3 Pursuit provides substance abuse and problem gambling evaluations for adults and adolescents. Evaluations are conducted by professional counselors who consider the individual’s physical, emotional, mental, and behavioral conditions, as well as family information and addiction-related problems. Upon completion of the evaluation, the extent of the problem with substances, gambling, and mental health is shared with the individual, as well as effective treatment options. Referrals are made to the most appropriate services offered by P3. In some cases, referrals are made to other community resources to meet the identified needs of the individual

**(Adolescent Treatment)**

Substance Abuse Treatment for Adolescent Recovery offers several treatment options for substance abusing adolescents and their families. The program accepts both males and females. P3 professional counselors will meet with the adolescent and his/her family to discuss the appropriate program intensity, treatment schedule, and expected length of treatment. The following treatment options are available:

* Intensive Outpatient: Adolescents participate in outpatient groups that meet three times a week for a total of six or more hours per week. Length of treatment varies depending on the adolescent’s needs.
* Extended Outpatient: Adolescents participate in outpatient groups that meet two days a week for a total of four hours each week. Length of treatment varies depending on the adolescent’s needs.

**Biopsychosocial Assessments and Treatment Plans:** You may wonder why we ask you so many questions when we do your intake. Addiction and other forms of mental illness are viewed as a disease that affects many parts of your life. Our goal at P3 is to help you move into recovery. That means that all of the areas in your life where you are having difficulty could contribute to continued drug use or a relapse. Addressing these areas in counseling can help you stop using and improve your life. These areas will be addressed on your treatment plan.

**Treatment plans:** While you are a client here at P3 you will work with your counselor to develop a treatment and transition plan that will guide your treatment.

The following are some areas that may be included on your treatment plans:

1. Stopping the use of all drugs of abuse 2
2. Stopping all illegal activities
3. Getting and keeping employment or another productive activity
4. Finding stable housing
5. Improving your family relationships
6. Stabilizing your mental and physical health
7. Improving social relationships
8. Improving your hygiene
9. Finding drug-free recreational activities
10. Becoming an active member of your community

**Loitering:** Loitering is defined as “to stand idly, to stop numerous times, or to delay and procrastinate”. Loitering is a serious issue for the program and the community. It is also a sign that you are not working on your recovery. It is important that while you are in treatment at P3 that you complete your program business and then move out of the program area as soon as possible.

**What happens if I loiter?**

1. You are expected to use your time at P3 to participate in activities that will help to support your 40 recovery and assist you to accomplish your goals in treatment. Activities that may indicate that you are not using your time here productively include standing idly outside on the front steps or entering and leaving the building multiple times.
2. The first time you are seen loitering you will receive a verbal warning and your counselor will be notified of the incident.
3. If you are seen loitering a second time while on the program you will be referred to the “loitering group”. This group will help you to identify productive ways to use your time. You will attend this group for four weeks. You may also be placed on a behavioral contract at this time.
4. If you receive a third loitering citation, you will be placed on afternoon medication restriction for a minimum of 30 days.
5. Your fourth loitering citation will result in administrative taper from the program.

**Health Insurance and Benefits:** If you have health insurance, please inform the fee administrator as soon as possible. Some public insurance covers various forms of substance abuse and mental health treatment. Please remember that it is your responsibility to maintain your health insurance coverage. This means that you keep all appointments for re-determination, complete and sign any necessary paper work, and notify all appropriate agencies of address or phone number changes. Sudden changes such as change in coverage, changes in your benefits, or changes of insurers could create financial difficulties and should be reported to the fee administrator or the billing coordinator as soon as possible. If you are in need of Medical Assistance please see your counselor for assistance.

**THANK YOU FOR CHOOSING US! WE ARE HERE TO HELP.**

**Letting Go**

**To “let go” does not mean to stop caring, it means I can’t do it for someone else.**

**To “let go” is not to enable, but to allow learning from natural consequences.**

**To “let go” is to admit powerlessness, which means the outcome is not in my hands.**

**To “let go” is not to try to change or blame another, it’s to make the most of myself.**

**To “let go” is not to fix, but to be supportive.**

**To “let go” is not to judge, but to allow another to be a human being.**

**To “let go” is not to be in the middle arranging all the outcomes, but to allow others to affect their own destinies.**

**To “let go” is not to deny, but to accept.**

**To “let go” is not to nag, scold or argue, but instead to search out my own shortcomings and correct them.**

**To “let go” is not to adjust everything to my desires, but to take each day as it comes, and cherish myself in it.**

**-Anonymous**