

INTAKE A



### Admission Orientation Checklist

Upon admission, I have been oriented and understand the following as indicated by the checkmark next to each program requirement and my signature below.

- \_\_\_\_\_ 1. Patient Rights
- \_\_\_\_\_ 2. Grievance procedure and process
- \_\_\_\_\_ 3. Program Rules and Regulations
- \_\_\_\_\_ 4. Consent for treatment
- \_\_\_\_\_ 5. Confidentiality of Alcohol and Drug Records and its limitations
- \_\_\_\_\_ 6. Notice of Privacy Practices
- \_\_\_\_\_ 7. Release of information
- \_\_\_\_\_ 8. HIPPA law
- \_\_\_\_\_ 9. Treatment requirements
- \_\_\_\_\_ 10. Treatment Schedule
- \_\_\_\_\_ 11. Consent Form
- \_\_\_\_\_ 12. Employment Verification requirements
- \_\_\_\_\_ 13. Urinalysis and Drug screen results
- \_\_\_\_\_ 14. Admissions and Discharge Criteria
- \_\_\_\_\_ 15. Financial agreement and Treatment cost
- \_\_\_\_\_ 16. Patient Handbook

Client Signature: \_\_\_\_\_

Second Chance

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

Written 01/02/2020  
Approved 01/03/2020  
Revised 03/30/2021

INTAKE A

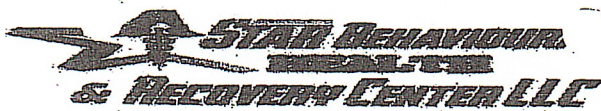


Counselor Signature: \_\_\_\_\_

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

Second Chance

Written 01/02/2020  
Approved 01/03/2020  
Revised 03/30/2021



Date of Intake \_\_\_\_\_ DOA \_\_\_\_\_

Client Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Highest Grade Religion \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ SSN \_\_\_\_\_

# of Dependent Children \_\_\_\_\_ # of arrests in last 30 days \_\_\_\_\_ In past year \_\_\_\_\_ Veteran \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relationship to client \_\_\_\_\_ Phone \_\_\_\_\_ Source of Referral \_\_\_\_\_ Reason for seeking treatment (in client's words) \_\_\_\_\_

Sexual Preference/Orientation \_\_\_\_\_ Unemployed \_\_\_\_\_ Receiving Disability \_\_\_\_\_ Unemployed looking for work \_\_\_\_\_ Employed \_\_\_\_\_ Receiving Public Assistance \_\_\_\_\_

(Circle One) F/T or P/T Employer \_\_\_\_\_

Insurance/Medical Assistance Number \_\_\_\_\_ MCO \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Allergies \_\_\_\_\_ Medical Issues \_\_\_\_\_

Mental health Diagnosis/Issues \_\_\_\_\_

CURRENT MEDICATIONS for medical and mental health issues \_\_\_\_\_

Mental Health Issues in family history \_\_\_\_\_

Primary Drug \_\_\_\_\_ Severity \_\_\_\_\_ Route \_\_\_\_\_ Age of first use \_\_\_\_\_ Last use \_\_\_\_\_

Secondary Drug \_\_\_\_\_ Severity \_\_\_\_\_ Route \_\_\_\_\_ Age of first use \_\_\_\_\_ Last use \_\_\_\_\_

Tertiary Drug \_\_\_\_\_ Severity \_\_\_\_\_ Route \_\_\_\_\_ Age of first use \_\_\_\_\_ Last use \_\_\_\_\_

Quaternary Drug \_\_\_\_\_ Severity \_\_\_\_\_ Route \_\_\_\_\_ Age of first use \_\_\_\_\_ Last use \_\_\_\_\_

Use tobacco product: Cigarette Y N Pipe Y N Cigar Y N Any other Y N What do you use? \_\_\_\_\_ Do you have a problem with gambling? Y N

Prior Treatment episodes Y N How many \_\_\_\_\_ Where \_\_\_\_\_

Legal issues: Parole Y N Probation Y N Pretrial Y N Pending charges Y N

What \_\_\_\_\_

Agent's name \_\_\_\_\_ Location \_\_\_\_\_ Phone # \_\_\_\_\_

**STAR BEHAVIORAL HEALTH & RECOVERY CENTER  
EMERGENCY CONTACT FORM**

I, \_\_\_\_\_, authorize Star Behavioral Health & Recovery Center to contact the person(s) listed below in the event of any emergency.

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

The following information may be provided to my contact. I have initialed what can be provided.

\_\_\_\_\_ Initial Interview      \_\_\_\_\_ Psycho Social History

\_\_\_\_\_ Counselor's Notes      \_\_\_\_\_ Medical History, Physical Exam, Laboratory Work-ups

\_\_\_\_\_ Information only regarding the exact nature of the emergency and what is being done.

**NO CONTACT**

\_\_\_\_\_ I do not want anyone to be contacted in the event of an emergency

I understand that my treatment records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without my written consent otherwise provided by regulations. I understand that I may revoke this consent at any time, except to the extent that action has to be taken in reliance on it (e.g., probation, parole, court ordered, etc.). I also understand that this consent expired automatically at the completion of this disclosure unless specifically provided for by the following date, event or condition, which marks the expiration of consent.

Date Consent Initiated: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

## GRIEVANCE PROTOCOLS

All clients of Star Behavioral Health & Recovery Center are entitled to be treated according to its foundational principles and applicable State and Federal Laws and Regulations.

A client who believes he or she has been treated unfairly, does not agree with his or her termination from the program or change of status within the program and/or has a complaint of any kind is entitled to have his or her grievance heard by the staff, and supervisory personnel.

The program or a staff member may also bring a grievance against a client for reasons including but not limited to the client failing to abide by the program's Rules. This grievance may result in the client's discharge from the program or change of status from the program.

Client shall be immediately notified in writing of any decision that results in his or her discharge from or change of status within the program and shall have the right to appeal this decision by filing a grievance of his or her own within 5 working days from the date he or she received written.

Under no circumstance shall any employee of Star Behavioral Health & Recovery Center retaliate against any client who files a grievance.

If significant changes are made to this policy which result in there being a substantial difference to what is stated herein you will be notified of such as long as you are an active client of the program.

### Summary of Grievance Process:

If you feel at any time you are being treated unfairly as a member of this program or if you do not agree with termination from or status change within the program and/or if you have complaints of any kind, please bring this matter to the attention of your counselor or any available staff member.

If the matter cannot be worked through informally, you may request a Grievance Form from your counselor or any staff member and have his or her assistance in completing the form.

If your grievance is with a particular staff member, the form will be sent to the staff member's immediate supervisor who will meet with the staff member within one week and take appropriate action if necessary. The results of the meeting and any action taken will be reported to

If your grievance is with the program in general or your termination from or change of status within the program the form will be sent to the appropriate Division Manager, responsible for that portion of the program. That Division Manager will investigate the matter and take appropriate action, if necessary, within one week. You will be notified of any action

If you are still not satisfied, the complaint will be forwarded to the Director or other appropriate person for further action. You will be informed of any action taken.

If you are still not satisfied, you may write to the Board of Directors of Star Behavioral Health & Recovery Center for final resolution. You will be notified of any action taken by the Board.

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# STAR BEHAVIORAL HEALTH & RECOVERY CENTER

## CLIENT RIGHTS, RULES & REGULATIONS

1. All persons receiving services from Star Behavioral Health & Recovery Center shall retain all rights, benefits and privileges guaranteed by Federal, State, and local law, except those specifically lost through the due process of law.
  2. Persons served have the right to live in the community of his or her choice without restraints on their independence, except those restraints to which all citizens are subject.
  3. Persons served have the right to be treated with courtesy and dignity and are at all times entitled to respect for their individuality, and the recognition that their strengths, abilities, needs, and preferences are not determinable based on a psychiatric diagnosis.
  4. Persons served have the right to be notified of all rights accorded them as recipients of services at time of admission or intake, and in terms that he or she understands.
  5. Persons served have the right to receive services conducted in a manner reflecting quality professional and ethical standards of practice and shall be apprised of the organization's code of ethics/conduct.
  6. You are expected to inform your primary counselor, in writing, of any planned absences because of doctor's appointment, legal, psychiatrist, vacation, employment, etc. at least a week prior to appointment.
  7. You must inform your primary counselor at least 5 business days prior to needing a treatment verification letters. All letters will consist of your attendance, program compliance, and history.
  8. No physical violence, threats of violence, or harassment against clients or staff will be tolerated. No weapons of any type will be permitted on Star Behavioral Health & Recovery Center properties. Any and all acts of violence will result in immediate discharge without the possibility of re-admission.
  9. You are required to participate in the development of your individualized treatment plan. Your treatment plan will be reviewed prior to treatment completion to determine if additional treatment is necessary or warranted and if the goals of treatment have been sufficiently met. In addition, you may request to review your monthly progress report(s) documenting your attendance, progress, and participation or any non-compliance with primary counselor.
  10. You are required to report any changes in emergency contacts information, residency, employment, phone number(s), or referral sources immediately. This will help ensure the quality of provided services and referring agent/agency.
  11. Persons served have the right to receive services without discrimination based on race, color, sex, sexual orientation, age, religion, national origin, domestic/marital status, political affiliation or opinion, veteran's status, physical/mental handicap or ability to pay for services.
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12. Persons served have the right to be treated in an environment free from physical abuse, sexual abuse, physical punishment, or psychological abuse by threatening, intimidating, harassing, or humiliating actions on the part of staff.
  13. Persons served have the right to an orientation to be fully informed of the services that will be provided, the right to consent to services, as well as the right to refuse services (except for legally mandated services) without fear of retribution or loss of rights.
  14. Persons served have the right to formulate or refute to develop an Advanced Directive.
  15. Persons served have the right to privacy during facility visits. Individuals and/or group visits are permitted only when the purpose of the visitation is education or professional in nature. Planning for outside visitors shall provide for limited interruption of consumer routine, therapeutic or rehabilitative programs, and related activities. Persons served will be given notice of such visitation.
  16. Persons served have the right to confidentiality. Information may not be released without the consumer's written permission, except as the law permits or requires.
  17. Persons served, or the consumer's legal guardians, have the right to review the consumer's record at any reasonable time upon request, including prior to an authorized release, and shall be afforded the assistance of an appropriate clinical employee in cases where a reasonable concern exists of a possible harmful effect to the consumer through the misinterpretation of information in the record.
  18. Persons served, along with family or significant other(s), when appropriate, have the right to participate in their treatment and treatment planning. Persons served have a right to a full and complete explanation of the nature of treatment and any known or potential risks involved therein.
  19. Persons served have the right to an individualized, written treatment plan to be developed promptly following admission, treatment based on the plan, periodic review and reassessment of needs, and appropriate revisions of the plan including a description of services that may be needed following discharge from services.
  20. Persons served have the right to request and receive outside (other than Star Behavioral Health & Recovery Center employees) professional consultation regarding their treatment at their own expense.
  21. Legally competent persons served have the right to refuse treatment, except in emergency situations or other circumstances required by law. Persons served shall not be denied treatment, services, or referral as a form of reprisal, excepting that no individual provider shall be obligated to administer treatment or use methods contrary to his or her clinical judgment.
  22. Persons served have the right to an explanation if services are refused to them for any reason including admission ineligibility or continued care ineligibility and have the right to appeal such decisions.
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23. Persons served have the right to informal complaint and/or formal grievance regarding practices or decisions that impact their treatment or status without fear or concern for reprisal by the organization or its staff and have the right to have this process clearly communicated to them upon entry to services and throughout participation in services.
24. Persons served have the right to refuse to participate in research without loss of services and participate in research on a voluntary basis only with full written informed consent.
25. Persons served have the right to access guardians, self-help groups, advocacy services and legal services at any time. Access will be facilitated through the person responsible for the consumer's service coordination.
26. Persons served have the right to be treated in the least restrictive environment, be provided evidence-based information about alternative treatments, have access to they're records, have equal access to treatment regardless of race ethnicity, gender, age, sexual orientation, and sources of payment.
27. Persons served have the right to be informed of appeal procedures, initiate appeals, have access to grievance procedures, receive a grievance appeal decision in writing, and appeal a grievance decision to an unbiased source.
28. Persons served have the right to be protected from the behavioral disruptions of other persons served.

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Clinician Signature

Date

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Client Signature

Date

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## STAR BEHAVIORAL HEALTH & RECOVERY CENTER

Name:

DOB:

### CONFIDENTIALITY FORM

Star Behavioral Health & Recovery Center will treat what you tell us with great care. Our professional ethics (that is, our profession's rules about moral matters) and the laws of this state prevent us from telling anyone else what you tell us unless you give us written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about - in other words, the "confidentiality". But Star Behavioral Health & Recovery Center cannot promise that everything thing you tell us will never be revealed to some one else. There are sometimes when the law requires us to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because we want you to, understand clearly what we can and cannot keep secret. These are very important issues, so please read these pages carefully and keep this copy.

1. **When you or other persons are in physical danger**, the law requires us to tell others about it. Specifically:
  - a. If Star Behavioral Health & Recovery Center comes to believe that you are threatening serious harm to another person, Star Behavioral Health & Recovery Center is required to try to protect that person. We may have to tell the person and the police, or perhaps try to have you put in a hospital.
  - b. If you seriously threaten or act in a way that is very likely to harm yourself, Star Behavioral Health & Recovery Center may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, Star Behavioral Health & Recovery Center will fully discuss the situation with you before we do anything, unless there is a very strong reason not to.
  - c. In an emergency where your life or health is in danger, and Star Behavioral Health & Recovery Center cannot get your consent, Star Behavioral Health & Recovery Center may give another professional some information to protect your life. We will try to get your permission first, and Star Behavioral Health & Recovery Center will discuss this with you as soon as possible afterwards.
  - d. If Star Behavioral Health & Recovery Center believes or suspects that you are abusing a child, an elderly person, or a disabled person Star Behavioral Health & Recovery Center must file a report with a state agency. To "abuse" means neglect, hurt, or sexual molest another person. Star Behavioral Health & Recovery Center does not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell us anything about these topics. You may also want to talk to you lawyer.
  - e. If you disclose to Star Behavioral Health & Recovery Center that you yourself are or were being abused as a child or as a vulnerable adult Star Behavioral Health & Recovery Center may need to report this information to the appropriate state agency. We should discuss mandatory reporting of disclosed abuse before you disclose any abuse that you may have experienced to us.
  - f. In any of these situations, Star Behavioral Health & Recovery Center would reveal only the information that is needed to protect you or the other person. We would not tell everything you have told us.
2. In general, **if you become involved in a court case or proceeding**, you can prevent us from testifying in court about what you have told us. This is called "privilege," and it is your choice to prevent us from testifying or to allow us to do so. However, there are some situations where a judge or court may require us to testify:
  - a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt
  - b. In cases where you're emotional or mental condition is important for a court's decision.
  - c. During a malpractice case or an investigation of us or another provider by a professional group.

- d. In a civil commitment hearing to decide if you will be admitted to a psychiatric hospital.
- e. When you are seeing us for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell us what you don't tell the court to find out through our report.

**3. There are a few other things you must know about confidentiality and your treatment:**

- a. Star Behavioral Health & Recovery Center may sometimes consult (talk) with another professional about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when a staff member is unavailable, another provider will be available to help our clients. Star Behavioral Health & Recovery Center must give him or her some information about our clients, like you.
- b. Star Behavioral Health & Recovery Center is required to keep records of your treatment, such as the notes Star Behavioral Health & Recovery Center takes when we meet. You have a right to review these records with us. If something in the record might seriously upset you, Star Behavioral Health & Recovery Center may leave it out, but Star Behavioral Health & Recovery Center will fully explain our reasons to you.

**4. Here is what you need to know about confidentiality in regard to insurance and money matters:**

- a. If you use your health insurance to pay a part of our fees, insurance companies require some information about our services. Insurers such as Blue Cross/Blue Shield or other companies usually want only your diagnosis, our fee, the dates we met, and sometimes a treatment plan. Managed care organization, however, ask for much more information about you and your symptoms, as well as a detailed treatment plan.
- b. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although Star Behavioral Health & Recovery Center believes the insurance company will act morally and legally, Star Behavioral Health & Recovery Center cannot control who sees this information at the insurer's office. You cannot be required to release more information just to get payments.
- c. If you have been referred here by another agency, they may require information from us. In order to give them any information you will sign a release. Again, Star Behavioral Health & Recovery Center believes that agencies will act morally and discuss our agreement with your employer or the program before we talk further.

**5. Children and families create some special confidentiality questions.**

- a. When Star Behavioral Health & Recovery Center treats children under the age of about 12, we must tell their parents or guardians whatever they ask us. As children grow more able to understand and choose, they assume legal rights. For those between ages of 12 and 18, most of the details in things they tell us will be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going. They need to be able to make well-informed decisions about therapy. Star Behavioral Health & Recovery Center may also have to tell parents or guardians some information about other family members that Star Behavioral Health & Recovery Center is told. This is especially true if these others' actions put them or others in any danger.
- b. In cases where Star Behavioral Health & Recovery Center treats several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. Star Behavioral Health & Recovery Center may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and our role. Then we can be clear about any limits on confidentiality that may exist.

**6. Confidentiality in group therapy is also a special situation.**

- a. In group therapy, the other members of the group are not counselors. They do not have the same ethics and laws that Star Behavioral Health & Recovery Center have to work under. You cannot be certain that they will always keep what you say in the group confidential.

**7. Finally, here are a few other points:**

- a. Star Behavioral Health & Recovery Center will not record our therapy sessions on audiotape or videotapes without your written permission.
- b. If you want us to send information about our services with you to someone else, you must sign a "release-of-records" form. Star Behavioral Health & Recovery Center have copies which you can see so you will know what is involved.

The laws and rules on confidentiality are complicated. Situations that are not mentioned here come up only rarely in our practice. Please bear in mind that Star Behavioral Health & Recovery Center is not able to give legal advice. If you have special or unusual concerns, and so need special advice, Star Behavioral Health & Recovery Center strongly suggest that you talk to a lawyer to protect your interests legally.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

**ACKNOWLEDGEMENT**

\_\_\_\_\_  
Clinician Signature Date

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Clinical Director Signature Date



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21202

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[www.starbhandrcenter.com](http://www.starbhandrcenter.com)

## CRISP Notice of Privacy Practices

### **Notice of Privacy Practices:**

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP) will still be available to providers.

### **Notice of Privacy Practices Acknowledgement Page:**

We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at [www.crisphealth.org](http://www.crisphealth.org)

Acknowledgement

Signature: \_\_\_\_\_

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