

## LSBH Client Handbook

### NON-DISCRIMINATION POLICY

The services and facilities of Lifespan Behavioral Health Services PC are operated on a nondiscriminatory basis. This policy prohibits discrimination on the basis of race, color, age, sex, national origin, marital status, disability, sexual orientation, economic situation, religion, or political affiliation with service delivery.

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#### GENERAL INFORMATION

**Who We Are:**

Lifespan Behavioral Health Services PC (LSBH) is a multidisciplinary team of mental health professionals who have a wide variety of specialties.

**What You Can Expect Prior Your First Visit:**

You are receiving Lifespan Behavioral Health Services PC Client Handbook because you either filled out a registration form online at our website: [lsbhtherapy.com](http://lsbhtherapy.com) or came into one of our locations and filled out a registration form. When we received your registration form, you were sent an email to set up and access your patient portal. There were several documents preloaded into your portal that LSBH requested you to acknowledge receipt of and/or to complete, one being this Handbook. We also requested that you fill out your Personal Health Information (PHI) through your portal. We ask you to complete this information so at the time of your first appointment, your provider can spend the necessary time creating a treatment plan for you, rather than data gathering. We took the form information you completed to build a chart for you, verify your insurance information, provide you any expected fees that may occur either as part of your insurance plan or based upon the requested services, assign you a provider and

their contact information, and contact you with the date and time of your appointment. A lot of the “behind the scene” work is performed by our partnership with IOU Billing. IOU Billing is based out of New York and is owned by our Business Manager, Carolyn Reidy. IOU Billing can be reached at 1-800-819-7570 or via their website at [www.ioubilling.com](http://www.ioubilling.com). You can meet our entire team prior to your first visit by visiting our website.

**What You Can Expect at Your First Visit:**

On the day of your first appointment, you would have already registered and completed all necessary forms. You might be asked if you paid any expected fees. If you come into one of our locations in person this might be done by one of the workforce or your provider. If you are being seen via Telehealth, your provider might ask you. You were asked to fill out a form allowing us to charge your credit card on file. If you consented to keeping a credit card on file, you can request your credit card be charged. You can also pay via our website [www.lsbhtherapy.com](http://www.lsbhtherapy.com). We accept all major credit cards and checks. If a check needs to be returned, there will be a \$35.00 processing fee assessed to your account. We do not accept cash. If the patient is under the age of 18 (minor), make sure to bring the photo ID of the legal guardian. If circumstances are one in which guardianship is appointed of a minor or compromised adult to another individual; or there is shared custody, please bring and/or upload the custody agreement and/or guardianship paperwork into your portal. If there is joint custody, with shared decision making for medical purposes, please bring a copy of the photo ID of the other guardian as well as a written statement, signed, allowing LSBH to treat the client if the other party is not available. We do our best to check benefits eligibility at the time of registration.

Treatment begins with an evaluation. You already would have provided your Personal Health Information (PHI) that your provider/prescriber will read and verify with you, if they have any questions. You will meet with a clinician, either in person or via Telehealth, who will ask you about problems for which you are seeking help. The clinician<sup>1</sup> will determine the services you need and whether LSBH will be able to provide those services. If we are able to serve you, the clinician will use the information you have provided to develop a recommended plan of treatment tailored to meet your individual needs. The clinician doing your evaluation may continue as your provider; or will use their professional judgment to recommend another provider within our organization or outside of our organization for your needs.

**Appointments:**

We will make every effort to arrange appointment times that are at your convenience. Some clinicians might schedule you in their offices as part of their practice, while others will ask for you go to the front desk to schedule PRIOR to leaving our office. If you are seen via

Telehealth, your provider will schedule your next appointment with you. It is important to note that for medication management, you must be seen every three months. There are occasions that this time frame could be extended out, and this is between you and your clinician only. Our workforce are instructed to adhere to the three-month rule. Without hearing from your clinician directly, our workforce will instruct you on the same. We understand you will run late at times, as do we, as we want to ensure that we are providing the care everyone deserves.

Our workforce may not be informed of your clinician's schedule if you notify us of your lateness. They cannot guarantee whether you will be accommodated on the same day if you are more than 15 minutes late; this determination rests with your clinician. While we strive to answer calls promptly, our high call volume means it's unreliable for informing us of tardiness.

For new patient appointments, we kindly ask for a 72-hour notice for cancellations or rescheduling. For existing patients, please provide at least 48-hour notice. We understand that unexpected events occur, and we appreciate your prompt communication to accommodate changes.

**Starting March 1st, 2024, anyone who cancels a follow-up appointment 48 hours or less or no shows who are non-Medicaid will be charged a late cancellation fee.**

To avoid a fee, please contact our office at least two full business days in advance. Our business days are Monday through Friday. If your appointment falls on a Monday, please reach out by Thursday during business hours to avoid any charges. Failure to provide sufficient notice may result in a fee, and you won't be able to see your clinician until the fee is settled. Please note that holidays are not considered regular business days.

The Prescriber Fee is \$95, and the Provider Fee is \$65. However, if your primary insurance is Medical Assistance, you will not incur any charges. Thank you for your understanding and cooperation.

**Discharge Criteria:**

If you cancel less than one (1) business day on two occasions, and/or do not show up on two occasions, your clinician reserves the right to discharge you. If you do not adhere to the client's responsibilities which you will read more about later in the handbook you will be discharged. If you do not adhere to the mandated policies that you acknowledged receipt of which includes: Confidentiality Policies, Intent / Consent to Treat Policies, Use of Seclusion or Restraint Policies, Use of Tobacco Policies, Illegal or Legal Substances Policy brought into program and Prescription Medication Policy brought into the program. A discharge letter will be sent to your address on file alerting you to the fact you were discharged, and your chart will be flagged and made inactive.

**Discharge and/or Transition Procedures:**

Discharge planning starts when you start your treatment with your provider and create your treatment plan and goals. After you set your goals there will be opportunity to assess your goals with your provider. Once your goals are achieved and /or if your goals are not able to be achieved your provider will either discharge you and/or transition you to a level of care that will aid you in achieving your goals. When you are discharged and/or transitioned, you will be part of the ongoing process in coordination of all phases of the process. If there is an unplanned transition and/or if you choose to discharge yourself, Lifespan Behavioral Health Services PC (LSBH), will make every effort to contact you off ongoing services if desired. For every patient leaving services, a discharge summary will be made part of your medical record.

**Contact In-between Appointments:**

We do understand contact in between appointments might be necessary. We offer contact in between appointments via e-mail and/or phone. Contact in between appointments will be an out-of-pocket expense to you. Any contact in between appointments which takes greater than 5 minutes may be charged at the discretion of your provider. The fee for email will be \$25. The fees for Phone Calls are \$25 for every 10 minutes. 10-minute blocks are not pro-rated. If you have Medical Assistance as your primary insurance, you will not be charged.

***What Kind of Treatment Might be Recommended?***

Individual Therapy: Also known as "psychotherapy" or "talk therapy," individual therapy is a form of treatment in which the client meets on a one-on-one basis with a trained mental health professional in a safe, non-judgmental environment. It is time-limited, focused, and usually occurs once a week for 45-60 minutes per session. Therapy can address a wide range of mental health issues such as depression, anxiety, and grief, but can also be used for coping with life stressors, such as academic challenges, life/career transitions, relationship challenges and internal struggles regarding your sense of self and identity.

Family or Couples Therapy: Family therapy is a form of psychotherapy that seeks to reduce distress and conflict by improving the systems of interactions between family members. This type of treatment is also useful in helping the family adjust to a member who is struggling with a medical issue, addiction, as well as teaching coping strategies with the new reality of a new baby or couple's separation.

Medications: Often a person's problem involves chemical imbalances. For example, some types of depression are related to the way brain chemistry affects mood. In such instances, taking a specially prescribed medication may be very helpful. Trans-Cranial Magnetic

Stimulation (TMS): TMS is an office-based treatment used for various mental health conditions as an alternative to medications, or to help you reduce the need for medications.

*Urine Drug Screens:* Some client's conditions are due to the use of drugs and alcohol in whole or in part. Because we treat each client's struggles in whole or in part to achieve success, you will be asked to submit a random urine drug screen if substances are suspected. If you are prescribed controlled substances and over the age of 16, expect to be asked to submit to a urine drug screen. The charge for a urine drug screen will be \$25. Most commercial insurances will not reimburse for these screens, and it is your responsibility at the time of service to pay the \$25 fee. If you have Medical Assistance, you will not be responsible for paying, and your insurance will be billed. Refusal to submit to a urine drug screen is your right. We reserve the right to not prescribe controlled substances to you if you refuse. You will be provided a copy of our urine drug screen policy and this handbook and expected to sign the policy acknowledging consent to obtain a urine drug screen, even if your original presentation does not disclose substances. Refusal to sign the policy does not mean your clinician will not request you to submit to a urine drug screen. A signed urine drug screen policy must be completed to receive a prescription for controlled substances.

*Blood Work/ Consultants:* Depending on your medications and co-morbidities you will be asked to obtain blood work prior to or during your treatment. You may also be asked to obtain an electrocardiogram or cardiac work up prior to starting treatment, or imaging of your brain to seek consultation with a neurologist, or to obtain a physical exam prior to or during your treatment. We ask that you complete and sign a Release of Information (ROI) form at the time of your first visit from your primary medical doctor and any medical providers you are seeing or have seen. This includes any hospitalizations, partial programs or intensive outpatient programs you may have attended.

*Other Means of Treatment:* Treatment is not just what you do in the therapist's office. It may be suggested that you undertake outside activities such as reading, journal keeping, attending self-help groups, nutrition, exercise, talking to a dietician, practicing desirable new behaviors, etc.

## **What Kinds of Clinicians Are There?**

*Psychiatrist (MD or DO):* This is someone who has graduated from medical school and has completed residency training in psychiatry. MD stands for medical doctor. DO stands for doctor

of Osteopath. Most of our psychiatrists completed post-residency training known as fellowship and are double Board Certified in Child, Adolescent and Adult Psychiatry.

**Physician Assistants (PA's):** This is someone who has graduated from a master's level approved program who practices medicine on a team with other physicians and health care providers. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own with oversight from an MD or DO.

**Psychiatric Mental Health Nurse Practitioner (PMHNP):** This is someone who has graduated from a master's level approved program or doctoral level program. They practiced as registered nurses in various fields before deciding to go on for a higher level of education. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own.

**Psychologist (Ph.D. or Psy.D.):** Someone who has graduated from a doctoral program in psychology and completed an approved internship.

**Therapist/Social Worker (LCSW-C):** A person who has graduated from a master's level program in social work and has completed a period of post-graduate supervision.

**Therapist/Social Worker (LMSW):** Same as LCSW-C but has not completed all their postgraduate supervision. You do not need to be an LCSW-C to be an effective therapist. There are professionals who have worked many years but chose not to go on to obtain their LCSW-C.

**Therapist/Professional Counselor (LCPC):** A person who has graduated from a master's level program in clinical psychology or counseling and has completed a period of post-graduate supervision.

**Therapist/Professional Counselor (LGPC):** same as LMSW.

## **How Do You Get the Most from Your Treatment?**

**Attend Scheduled Appointments:** It is necessary to be present to receive the treatment if you want it to be effective.

**Speak Honestly:** You are not there to please the provider; you are there to identify your problems and to work on them. Therefore, to receive the greatest benefit from treatment you need to be very open and honest in talking about your feelings, thoughts, and your behavior, even if you view it as "bad" or "shameful".

*Risk Trying Things the Clinician Suggests:* Often treatment involves some proposed changes. For example, suggestions could include speaking up and being more assertive, listening more, being less aggressive, getting a physical exam or a blood test, completing homework assignments, etc. Also, therapy usually involves suggested alternatives in how you think about yourself and the world. Change is difficult. By seeking help, you are indicating that some changes might be useful to you. Talk with your provider if you are having difficulty pushing yourself to replace old behaviors with new ones.

*Medications and Compliance:* Medication might be part of your treatment. It is a collaborative experience in which your clinician will discuss options and you are expected to ask questions. Such questions might be: What side effects can I expect? Will I gain weight? Will there be problems long term to my body? We do our best to prescribe effective and affordable medications. It is up to you to bring your formulary to your appointment or find out if the medication being prescribed is affordable to you by contacting either your insurance company or pharmacy. If you do not want medications, you have the right to reject the recommendation without concern of having your care terminated. If you are non-compliant it is your responsibility to alert your clinician if you are stopping your medication and to let them know why you are stopping. By collaborating with your clinician, your clinician can support you and help you find alternative treatments of your liking. ***If you do not collaborate with your clinician, your clinician has the right to discharge you for non-compliance.***

### **Person Centered Plan (Treatment Plan):**

It is the policy of Lifespan Behavioral Health Services (LSBH) to develop Treatment Plans for each patient. The planning process is conducted with the active participation of patients, the involvement of family/legal guardians of the patients, when applicable and permitted, and the involvement of other service providers, when applicable. The Treatment Plan shall be completed within fourteen days of a patient's first visit. Each patient is expected to participate in the development and subsequent reviews of the Treatment Plan. The Treatment Plan shall be prepared using information obtained through the assessment process and shall take into consideration the person's strengths, needs, abilities, and preferences. The Treatment Plan shall take into consideration avenues for the patient's inclusion and integration into, as appropriate, the family, available natural support systems, the community, and other services and resources available to meet the patient's needs. The Treatment Plan shall include identification of the patient's needs and desires through goals that are expressed in his/her words, are understandable, and are reflective of the informed choice of the patient and other involved parties. The Plan shall include treatment objectives that reflect the expectations of the patient and the treatment team, and are appropriate for the patient's age, development, cultural



and ethnicity. The objectives should take into consideration any disabilities/disorders or concerns and should be measurable, achievable, time specific and appropriate to the treatment setting.

**Managed Care:**

Most health insurance coverage today is “managed”. Some of the organizations providing managed care is Magellan, Value Behavioral Health, Optimum Choice, United Behavioral Health, Cigna Behavioral Health, plus many others. These and similar organizations usually require that services to their subscribers be authorized in advance. It is your responsibility to track your authorized visits and to notify your provider in advance if further authorizations are needed, although we do our best to keep track of them via our billing department. Any services provided to you without authorizations will be your financial responsibility. Managed care organizations require clinicians to provide their Utilization Review Committees with reports containing diagnostic, symptomatic, and treatment plan information before authorizing continued benefits.

Some managed care organizations or HMOs have their own network of providers. If our providers are not paneled with your HMO, we will not be able to provide services to you except on a self-pay basis.

**Our self-pay rates are as follows:**

Physician: Initial Evaluation \$400; Follow-Up session: \$150

Physician Assistant: Initial Evaluation \$300; Follow-Up session: \$150

Nurse Practitioner: Initial Evaluation \$300; Follow-Up session: \$150

Psychologist: Initial Evaluation \$200; Follow-Up session: \$100

Therapist: Initial Evaluation \$180/ hour session; \$150/ 45-minute session

**Length of Treatment:**

No one can accurately predict how long it will take to meet your treatment goals. Your insurance benefits may help determine the length of treatment by authorizing a certain number of sessions. Additional sessions may be an out of cost expense to you. It is best to define with



your provider or prescriber focused short term goals and plan a short course of therapy/ treatments targeted to those goals.

**Access to After- Hour Services and/or Emergencies:**

If you experience an emergency in which you or a loved one is/are at risk of harm to self or others, either physically or mentally, you must contact 911 or go to your nearest emergency room. For Prince George's County residents, you may also contact the Crisis Response System at 301-927-4500. For Montgomery County residents, you may also contact the Crisis Center 24/7 at (240) 777-4000. For Frederick County residents, you may also contact the Mental Health Association-24 Hour Call Center 301-662-2255 or 866-411-6803.

If you are in another area, you can contact the Suicide Prevention Lifeline at 1-800-SUICIDE or 1-800-273-TALK.

Please speak to your provider directly about the best way to reach them after-hours for non-emergency situations.

**Inclement Weather:**

We will post inclement weather on our website, via e-mail blast, via text message blasts and will record a voice message on our phone system to alert you. These decisions are made by management and at times are done at the last moment to avoid disruption of patient care. Please call our offices the next business day to reschedule your appointment. You will not be assessed a missed appointment fee for inclement weather.

**Emergency Drills:**

Lifespan Behavioral Health Services PC is required to conduct emergency drills, which may require evacuation from our building if you are on the premises. Please be prepared to exit the building promptly.

**Prescription Medication:**

Prescription medications may be brought on site, but their presence should be reported to staff.

**Use of Tobacco Products:**

Lifespan Behavioral Health Services PC is a tobacco-free environment. The use of any tobacco and e-cigarettes are forbidden on site.

**Illegal or Legal Substances Brought onto Premises:**

Lifespan Behavioral Health Services PC is a drug free setting. Illegal substances are forbidden on site. Over the counter medications may be brought on site but their presence should be reported to staff.

**Weapons:**

You may not bring weapons onto Lifespan Behavioral Health Services PC's facility.

**Client Rights and Responsibilities:**

**As a client of Lifespan Behavioral Health Services PC, you have the right to:**

- Be treated in a courteous and dignified manner.
- Be met on time for your appointment or told of any time changes as early as possible.
- Take part in planning your treatment and setting your treatment goals.
- Receive appropriate treatment regardless of your sex, race, age, religion, national origin, disability, or how you choose to pay for care.
- Know your progress in treatment, either through talking with your therapist, or in some cases, reviewing your chart with your therapist.
- Have your questions about your therapy answered.
- Discuss your medication with your doctor. This includes how the medicine works, how it makes you feel, side effects, or any need for medication changes.
- Find out in advance how much money you will be charged for treatment.
- Know the names and professions of people treating you.
- Have your treatment records and conversations with your provider held in the utmost privacy and confidentiality provided by law.
- Decide if you do not want to continue with treatment.
- Not be subjected to physical, mental, verbal or sexual abuse.
- Know that parents and legal guardians are responsible for children 16 years and under.
- All procedures regarding client rights and confidentiality apply to them.

- Have a response within five (5) working days to any complaint that you may have.
- Refuse to participate in intrusive research or to be photographed by an employee, visitor or other patient.
- Receive an understandable explanation of these rights at any reasonable time.
- File grievance if you believe that any of these rights have been violated, using the Grievance Procedures you have been given.
- Refuse medication.

**As a client of Lifespan Behavioral Health Services PC, you have the responsibility to:**

- Work with your clinician to plan your treatment and decide on the goals of your treatment.
- Work to accomplish your treatment goals. This includes taking medication as prescribed.
- Be honest with your clinician(s) in discussing anything related to your problems.
- Tell your clinician(s) how your medication(s) make you feel. Tell them about the side effects from any medication(s) you take.
- Give correct information to the staff about your family income, your employment, and your health insurance coverage. Immediately tell the administrative staff whenever there is a change in any of these.
- Pay your fees at the time of your visit. Discuss any problems with your fees with the administrative staff.
- Keep your appointment and be on time since your appointment time is set-aside for you. If you are late, the time available for your session will be shortened. If you are more than 15 minutes late, your clinician(s) may not be able to see you at all. If you know that you will be delayed or that you will not be able to keep your appointment, please call. You may be charged for any sessions that you miss without giving a 24-hour notice.
- Let your clinician know if you are not doing well or if you are feeling worse.
- Talk with your clinician if you are thinking about stopping your treatment. You may be ready to handle things on your own, or you may be facing a difficult spot in treatment and need some additional help dealing with it.
- Treating all LSBH's affiliations, staff, vendors, property and procedures with respect and safety at all times.

**Contact In-between Appointments:**

We do understand contact in between appointments might be necessary. We offer contact in between appointments via email and/or phone. Contact in between appointments will be an out-of-pocket expense to you. Any contact in between appointments which takes greater than 5 minutes may be charged at the discretion of your provider. The fee for email will be \$25. The fees for Phone Calls are \$25 for every 10 minutes. 10-minute blocks are not pro-rated. If you have Medical Assistance as your primary insurance, you will not be charged.

**Requirements for Reporting and/or Follow-up for the Mandated Patient; Regardless of their Discharge Outcome:**

Lifespan Behavioral Health Services PC (LSBH) does not mandate treatment nor can LSBH enforce compliance to attend treatment. We believe all treatment should be internally motivated by the patient and for the patient. There are times patients will be mandated to treatment due to their legal circumstances or agreements made by outside agencies / circumstances. If you are mandated to treatment, LSBH is obligated to let the entity enforcing the mandated treatment aware of your compliance, progress, discharge (and reasons why) as well as any other information you agreed to consent with that entity prior to services at LSBH. LSBH will protect your privacy by requesting any consents you signed and will let you let you know of the disclosure prior to speaking to the entity that mandated treatment.

**Response to Identification of Potential Risk to the Patient:**

Lifespan Behavioral Health Services PC (LSBH) and their providers have ethical standards that we must adhere to as part of our individual licensing board requirements. Part of those standards is to perform risk assessments on our patients. Your provider might ask if you are feeling suicidal or engaging in self-injurious behavior. Self-injurious behavior is not only engaging in physical harm. It can be through not taking care of your medical conditions such as intently allowing your blood sugar to be high if you are a diabetic or depriving yourself of nourishment that can negatively impact you. Your provider might ask you if you are homicidal or have intent to harm another person/animal or property. You are here and we are here for you to get better. You and your provider are an honest team that work together. If your provider assesses that you might be unsafe, they will discuss with you, alternative level of care to help you. Sometimes this might mean that we request you to call your support system to alert them so they can be there for you as you work through your struggle with your provider. Other times it might mean that your provider asks for you to enroll in a program that can help you or voluntarily admit yourself to the hospital. If your provider assesses imminent danger, they can also file an

emergency petition. LSBH providers pride themselves on the integrity of the therapeutic relationship and the trust between the patient and the provider; therefore, an emergency petition is rarely done. An emergency petition is a legal document that can be filed by a healthcare provider or law enforcement agent that allows emergency services to take you to an emergency room for assessment, regardless of your consent to treatment or not.

As an adult, during your treatment, there might be circumstances that present where you disclose that you were sexually abused as a child/adolescent under the age of 18 years old. Your provider is mandated to report the abuse (even if your abuser is no longer living) to the proper authorities if you disclose the name and address of your abuser.

If you are a child, adolescent, compromised adult (such as someone with an intellectual disabilities reliant on others for care) or over the age of 65 (reliant on others for care) and there is disclosure of physical, emotional, sexual, medical, or financial abuse, your provider is obligated to report the abuse to the proper authorities.

There may be events that require reporting to the proper authority. If so, a clinical decision will be made by your provider whether to inform you before the report is made, or after the report is made and a treatment plan with authority has been developed.

### **Seclusion and Restraints:**

Lifespan Behavioral Health Services PC does not participate in seclusions or restraints. In an event that a patient or visitor becomes disruptive, the Office Manager or his/her designee shall be informed immediately of a visitor or patient who becomes loud and disruptive, makes a threat, or is believed to pose a potential danger to himself or others. Once a concern for patient or visitor is validated, the Office Manager or his/her designee will alert a therapist/prescriber, preferably known to the individual. LSBH staff to address the situation will use a motivational approach. The approach upholds four principles - expressing empathy and avoiding arguing, developing discretion, rolling with resistance, supporting self-efficacy (patient's belief he/she can successfully make a change), and self-care. Another LSBH staff will monitor the situation and when deemed necessary contact the police and/or escort other patients, visitors, or personnel to a safe area.

In an event that a patient becomes violent or other threatening situations arise (such as but not limited to) assault, threat to harm, hostage situations, or the presence of weapons including firearms or explosives, the police should be notified immediately. The Office Manager or his/her

designee shall provide direction to personnel, patients, and visitors, and when possible, evacuate the area.

### **Grievance Procedures Concerning Clinical Care for Self-Pay and Commercial Clients**

#### **STEP 1**

If clients or family members have grievance or complaint concerning their treatment, they are first directed to discuss it with their therapist. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

#### **STEP 2**

If discussion with your clinician does not resolve the issue, the client/family is then directed to voice the grievance to the medical director of Lifespan Behavioral Health Services PC, Dr. Sussal. This request must be in writing and should include the client's name, date of complaint, the nature of the complaint and steps that have been taken to resolve the problem. You have the right to receive or have a written response within fourteen (14) working days of receipt of the request.

#### **STEP 3**

If the above steps do not resolve the problem, the client or family may appeal to their insurance company to review your case. If the client is a self-pay client, they can inquire guidance through the Maryland Attorney's General Office. Their phone number is: 410-528-1840 and their website is: <http://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.

### **Grievance Procedures Concerning Your Bill:**

#### **STEP 1**

If clients or family members have grievance or complaint concerning their bill, they are first directed to discuss it with their provider. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to their provider we request you speak to our billing team at IOU Billing 1-800-819-7570

#### **STEP 2**

If discussion with our billing team do not resolve the issue, the client/family is then directed to voice the grievance to our Business Manager, Carolyn Reidy. She is the owner and operator of

our Billing Company, IOU Billing. She can be reached at 1-800-819-7570 or carolynreidy@lsbhtherapy.com. This request must be in writing and should include the client name, date of complaint, the nature of the complaint and steps that have been taken to resolve the problem. You have the right receive a written response within fourteen (14) working days of receipt of the request.

### **STEP 3**

If the above steps do not resolve the problem, the client or family may appeal to the Medical Director of Lifespan Behavioral Health Services PC, Joshua Sussal MD, using the same written format as previously described. Dr. Sussal will review the problem, meet with the client, if needed, and prepare a written response within fourteen (14) working days. After Dr. Sussal reviews the case and documents his opinion concerning the situation(s), one copy of the response will be given to the client or family, with additional copies given to the Ms. Reidy and the provider.

### **Grievance Procedures Concerning Non-Clinical Staff:**

#### **STEP 1**

If clients or family members have grievances or complaints concerning their interactions with nonclinical staff also known as “Admin”, they must first obtain the name of the person they have a grievance with and speak to their Office Manager about their concerns. If issues cannot be resolved to their satisfaction at this level the next step may be taken.

#### **STEP 2**

If discussion with the Office Manager does not resolve the issue, the client/family is then directed to voice their grievance and may appeal to the Medical Director of Lifespan Behavioral Health Services PC, Joshua Sussal MD, using the same written format as previously described. This request must be in writing and should include the client name, date of complaint, the name of the staff member, the nature of the complaint and steps that have been taken to resolve the problem. Clients have the right to a written response within fourteen (14) working days of receipt of the request.

### **Grievance Procedures for Medical Assistance Clients:**

#### **STEP 1**

If clients or family members have a grievance or complaint concerning their treatment, bill or another issue, they are first directed to discuss it with their therapist. They have the right to be seen within fourteen (14) working days. If the issue cannot be resolved to their satisfaction at



this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

## **STEP 2**

If discussion with the therapist does not resolve the issue, the client/family is then directed to voice the grievance to the Office Manager. This request must be in writing and should include the client name, date of complaint, staff members name (if involvement of complaint is about a staff member), the nature of the complaint and steps that have been taken to resolve the problem. Clients have the right to be or receive a written response within fourteen (14) working days of receipt of the request.

## **STEP 3**

If the above steps do not resolve the problem, the client or family may appeal to the Medical Director of Lifespan Behavioral Health Services PC, Joshua Sussal MD, using the same written format as previously described. Clients have the right to be or have a written response within fourteen (14) working days of receipt of the request.

## **STEP 4**

If the above steps do not resolve the problem, the client or family may appeal to their Core Service Agency for their county.

<https://bha.health.maryland.gov/Pages/Core-Service-AgenciesResources.aspx>

### **Name and Address of Contact for Grievances:**

**Joshua Sussal MD**  
*CEO/Medical Director*

[joshuasussal@lsbhtherapy.com](mailto:joshuasussal@lsbhtherapy.com)

(301) 982-3437, extension 225

**Shay Chambers**  
*Quality Assurance Manager*

[shaychambers@lsbhtherapy.com](mailto:shaychambers@lsbhtherapy.com)

(301) 982-3437, extension 225

**Carolyn Reidy**  
*Practice Manager/Owner IOU Billing*  
[carolynreidy@lsbhtherapy.com](mailto:carolynreidy@lsbhtherapy.com)

1-800-819-757

## Receipt Acknowledgement of Lifespan Behavioral Health Service PC Client Handbook

I acknowledge that I have received the LSBH Client Handbook, which explains the required policies for all patients /clients of the office.

\_\_\_\_\_  
**Printed Name of Patient / Client**

\_\_\_\_\_  
**Signature of Patient / Client**

\_\_\_\_\_  
**Printed Name of Legal Guardian (for minors)**

\_\_\_\_\_  
**Signature of Legal Guardian (for minors)**

\_\_\_\_\_  
**Today's Date**