

Emergency & Crisis Procedures

Important Notice

- Pediatric Neuropsychology Associates PLLC is an outpatient specialty neuropsychological evaluation practice.
- This practice does NOT provide 24-hour crisis services.
- Dr. Maiman and this practice are not designated Baker Act receiving facilities.

In the Event of a Mental Health Emergency

If you or the patient is in immediate danger or experiencing a mental health crisis, please take one of the following actions immediately:

- Call **911**
- Go to the nearest emergency room
- Call or text the **988** Suicide & Crisis Lifeline (available 24/7, free and confidential)
- Call Florida 211 or **1-877-949-211** (for crisis support and local services)
- Ask law enforcement for a wellness check when safety concerns are present
- Mobile Crisis Unit (contact your county's behavioral health provider); availability varies by county

Please share this information with family members or caregivers so they also know how to respond in a crisis. This information should be shared with anyone responsible for the child's care. For minor patients, parents or legal guardians are responsible for monitoring safety, implementing crisis plans, and contacting emergency services when necessary. This practice cannot monitor patient safety between appointments.

Other Florida & National Mental Health Resources

- Florida Mobile Crisis Services (varies by county): Contact your county's behavioral health provider (e.g., Central Florida Cares, Broward Behavioral Health, etc.)
- Florida DCF Abuse Hotline (Child/Elder Abuse & Neglect): **1-800-962-2873** (Available 24/7) | Report abuse online
- NAMI HelpLine (National Alliance on Mental Illness): **1-800-950-6264** | Text "HelpLine" to 62640 | nami.org/help
- Crisis Text Line: Text "HELLO" to 741741 (Available 24/7) | crisistextline.org
- The Trevor Project (LGBTQ+ Youth Support): **1-866-488-7386** | Text "START" to 678678 | thetrevorproject.org
- RAINN – National Sexual Assault Hotline: **1-800-656-4673** | rainn.org
- SAMHSA's National Helpline (Mental Health & Substance Use): **1-800-662-4357** (Available 24/7) | samhsa.gov/find-help/national-helpline
- National Domestic Violence Hotline: **1-800-799-7233** | Text "START" to 88788 (Available 24/7) | thehotline.org

Florida Baker Act Information

Under Florida law (Chapter 394, Florida Statutes), a person may be taken for involuntary examination if they meet specific legal criteria related to risk of harm to themselves or others or inability to care for themselves.

Confidentiality Reminder

Information shared is kept private and confidential in accordance with HIPAA and applicable Florida law. However, information may be disclosed without written authorization (consent) if legally required, such as in cases involving:

- When a parent or legal representative provides written authorization to release information to another party (e.g., school personnel, physicians, therapists, or insurance companies)
- If the patient expresses thoughts, intent, or plans to seriously harm themselves or another person
- If the provider has reasonable cause to believe that a child, an elderly person, or a dependent adult is being abused, neglected, or exploited
- If disclosure is required by a valid court order, subpoena, or other legal process
- If the patient meets criteria for involuntary psychiatric evaluation or hospitalization due to safety concerns
- If the provider consults with other professionals for purposes of treatment planning, supervision, or coordination of care, only the minimum necessary identifying information will be shared
- If services are requested, authorized, or funded by a third party (such as a school district, legal agency, or court), relevant information may be shared in accordance with the agreed-upon purpose. Schools and external providers do not receive evaluation reports or clinical information without a valid written authorization, unless disclosure is otherwise required by law.
- Any crisis-related communications or legally required disclosures will be documented in the clinical record.
- Disclosures will be limited to the minimum necessary information to address safety and legal requirements.

For minor clients, parents or legal representatives generally have the right to access the patient's records. In certain situations, limited information may be handled with clinical discretion when appropriate to support treatment, safety, or therapeutic effectiveness, as permitted by law. A complete description of privacy practices and confidentiality limits is provided in the Notice of Privacy Practices.

Non-Emergency Contact with Dr. Maiman

- Office Hours: Monday–Thursday, 8:00 AM to 5:00 PM
- Response Time: Messages are typically returned within 3 business days
- Do not use messages or calls for emergencies. They are not routinely monitored.

Non-Emergency Questions

For non-urgent matters (appointments, billing, insurance, etc.), please contact the office during regular business hours at 954-284-0048 or office@maimanhealth.com. These methods are not monitored for emergencies.

Disclaimers

- This document is for educational purposes only and is not a substitute for emergency medical or psychiatric care. If an individual is experiencing suicidal ideation, hallucinations, or poses a risk of harm to self or others, emergency services must be contacted immediately.
- This document does not create a 24/7 monitoring obligation or emergency duty of care.
- Services provided by this practice do not substitute for emergency mental health care.
- Providing crisis resource information does not establish an emergency treatment relationship.

Policy Updates

This Emergency & Crisis Procedures document will be reviewed and updated routinely. Clients will be notified of any significant changes during appointments or via email.

Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement.

Parent or Legal Representative Acknowledgment of Receipt and Review (for Minors or Individuals Lacking Legal Capacity)

I acknowledge that I have read and understand the Emergency & Crisis Procedures of Pediatric Neuropsychology Associates PLLC. I understand that this document is provided for informational purposes and does not require my consent for services.

By signing below, I confirm that I am the parent or legal representative of the patient named below and that I have the legal authority to receive and acknowledge this information on the patient's behalf.

I understand that I am not required to sign this acknowledgment. If I choose not to sign, the practice will document that the document was provided to me.

Printed Name of Patient:

Printed Name of Parent/Legal Representative:

Signature of Parent/Legal Representative:

Relationship to Patient:

Date:

A copy of this signed form will be retained in the patient's health records.

For Office Use Only

Date Received: Received By:

Staff Role:

Filing Method: ☐ Paper File ☐ Digital File ☐ Both

Notes: