



Mandated Reporting

Imara clinical staff are expected at all times to abide by Maryland law and the ethics of their license regarding mandated reporting of abuse and neglect.

Abuse and/or neglect is not limited to minors but can also include vulnerable adults as well as elderly individuals. In situations when an Imara clinician is made aware of abuse or neglect, this policy will help serve as a guide.

In addition to following mandated reporting requirements under Maryland law, all clinical staff are required to notify their clinical supervisor and the Clinical Director in writing immediately if they believe they have a situation that requires them to report potential or actual abuse and/or neglect. Imara may also confer with its legal counsel as needed.

If any clinical staff have questions or need clarification regarding a potential reportable situation, they should also contact the Clinical Director to discuss if further.

Abuse of a Minor.

Maryland law requires that in any case where a health practitioner suspects child abuse, they must promptly report this to the local Department of Social Services (DSS). The law makes it clear that the standard is "reason to believe"; therefore, any clinician at Imara who has a reason to believe that there is abuse of a child has a duty to report.

If the alleged abuse occurred in Maryland, then the report should be made to the county's social services office where the alleged abuse occurred, if known. If unknown or the abuse allegedly occurred outside of Maryland, the report should be made to the county's social services office where the client is receiving services (i.e., Baltimore County/Baltimore City) or where the client currently lives, if in Maryland.

An oral report must be made as soon as possible with a written report provided within 48 hours of the intervention or contact where the therapist/prescriber began to suspect evidence of child abuse. A copy of the written report needs to be provided to the local Office of the State's Attorney. An additional copy should be placed in the client's chart and a note written, including the person's name to whom the report was made and the reason for the reporting.

The report must contain the following information insofar as reasonably possible:

1. the name, age, and home address of the child;
2. the name, relationship, and home address of the child's parents or other person who is responsible for the child's care;
3. the whereabouts of the child;
4. the nature and extent of the abuse or neglect of the child, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and
5. any other information that would help to determine:
6. the cause of the suspected abuse or neglect; and
7. the identity of any individual responsible for the abuse or neglect.

Neglect of a Minor.

All of the policy above for Child Abuse applies to and for Child Neglect. Follow the above procedures precisely, as laid out above, with the exception of reporting to the State's Attorney: it is unnecessary to report neglect to the Office of the State's Attorney. Suspicion of child neglect must still be reported to the local Department of Social Services.

Disclosure of Past Child Abuse by an Adult Client.

General Policy.

In cases where the alleged victim of the abuse is now an adult, the abuse still must be reported. The legal necessity to comply with the law and the purpose of making a report should be fully discussed with the adult client at the first face to face contact while discussing the confidentiality statement.

The emphasis is on identifying children currently in need of protection; it is not DSS's intention to attempt to substantiate the historical abuse/neglect experienced by the adult client. DSS must accept the report, but they may choose not to investigate due to insufficient information. It is unnecessary to provide the name of the adult client, only the alleged perpetrator if known. See additional details below.

As a general policy, we should not include the name of our client in the report for confidentiality reasons.

When to make the report.

Generally, a report will not be made at the initial assessment. It is clinically more appropriate for this to be done in the context of an on-going therapeutic relationship. However, if identifiable children are known to be at risk, a report must be made immediately. Otherwise, it should be documented as a part of the assessment that a report is being deferred pending further information and the onset of therapy. It will be the responsibility of the therapist to follow through with the reporting process.

If a client does not return for therapy, then the therapist, in conjunction with the Clinical Director will determine if there is sufficient information to make a report from the file.

Clinically, it is recommended that the report be completed with the client. If the client is not ready to provide any details regarding the abuse they experienced, the name of the abuser, or any children who might be at risk, there is insufficient information to make a report. This must be documented in the client's file in writing; this is mandatory and Imara will hold therapists accountable who fail to do this.

The clinical status of the client must be considered when choosing when to make the report or when to press for further details. On occasion, the clinical needs of the client may supersede the reporting requirements, e.g., when the client is suicidal. Any time a therapist feels that a report is not clinically appropriate, he or she must consult with the Clinical Director. Documentation must be placed in the client's file regarding consultations, the clinical reasons for delaying the report, and the plan for determining when to make the report.

Only a written report needs to be made to DSS if it is known that the perpetrator is no longer around children, for example, if they are deceased. The written report can be made on letterhead and needs to include the information regarding the suspected abuse, a contact name and phone number of the person making the report, and whether or not the alleged victim would like to pursue filing charges against the suspected abuser.

A call needs to be made to the local Department of Social Services only if the suspected perpetrator is currently around children or if it is unknown if the suspected perpetrator is around children. Due to the potential present-day harm to current children, this must be taken very seriously.

When a written or verbal report is made, a note should be written in the chart.

Abuse Or Neglect of Vulnerable Adults.

Maryland law requires a report to be made in any case where a health practitioner suspects a vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation.

A report must be made either orally or in writing promptly to the local Department of Social Services. If the alleged abuse occurred in Maryland, then the report should be made to the county's social services office where the alleged abuse occurred, if known.

If unknown or the abuse allegedly occurred outside of Maryland, the report should be made to the county's social services office where the client is receiving services (i.e., Baltimore County/Baltimore City) or where the client currently lives if in Maryland.

The report must contain the following information insofar as reasonably possible:

1. the name, age, and home address of the alleged vulnerable adult;
2. the name and home address of the person responsible for the care of the alleged vulnerable adult;
3. the whereabouts of the alleged vulnerable adult;
4. the nature of the alleged vulnerable adult's incapacity;
5. the nature and extent of the abuse, neglect, self-neglect, or exploitation of the alleged vulnerable adult, including evidence or information available to the reporter concerning the previous injury, possibly resulting from abuse, neglect, self-neglect, or exploitation;
6. any other information that would help determine: (i) the cause of the suspected abuse, neglect, self-neglect, or exploitation; and (ii) the identity of any individual responsible for the abuse, neglect, self-neglect, or exploitation.

A note must be written in the client's chart, including the person's name to whom the report was made, the details reported, and the reason a report was made.