



# **Volunteer Policy & Procedure Manual**

Bowie Crofton Pregnancy Clinic Inc.  
May 5, 1982

Laurel Pregnancy Center  
Branch office Est. 1987  
Independent 1989

Severna Park Pregnancy Clinic  
March 2006

Annapolis Pregnancy Clinic  
March 2012



We give thanks unto God for his work in the lives of our clients and for raising up Christians who serve at the Pregnancy Clinic, including those who had the vision, commitment, and love to establish this ministry for those faced with a crisis pregnancy.

Updated August 2016



**Policy & Procedure Manual**  
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## **MISSION STATEMENT**

The Pregnancy Clinic is a faith-based, medical non-profit serving those facing pregnancy related and sexual health issues by offering physical, emotional and spiritual support, and empowering them to make healthy and life affirming decisions.

## **VISION**

**(Mission Fulfilled)**

That every member of our community makes healthy, life affirming decisions when faced with an unexpected pregnancy or other sexual health issues.

## **VALUES**

### **Christian**

We believe in and demonstrate a Christ-like life.

### **Integrity**

Our actions and decisions will be beyond reproach.

### **Compassion**

We will be caring, empathetic, and understanding with every client.

### **Dedication**

We are devoted to purposefully working with all our hearts for the Lord.

### **Excellence**

We will continually strive to improve upon the efficiency and effectiveness with which we perform our responsibilities.

## **Core Statements of Belief**

### **Statement of Principle**

- The Pregnancy Clinic (PC) is an outreach ministry of Jesus Christ through His church.  
Therefore, the PC, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with crisis pregnancies -- both in word and deed. Commensurate with this purpose, those who labor as PC board members, directors, and volunteers are expected to know Christ as their Savior and Lord.
- The PC is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
- The PC is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and eschewing any form of deception in its corporate advertising or individual conversations.
- The PC is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their babies.
- The PC never discriminates in providing services because of the race, creed, color, national origin, age or marital status of its clients.
- The PC never advises, provides, or refers for abortion or abortifacients.
- The PC offers assistance free of charge at all times.
- The PC is committed to creating an awareness within the local community of the needs of pregnant women and of the fact that abortion only compounds human need rather than resolving it.
- The PC does not engage in contraceptive counseling or in referring for contraceptives or contraceptive services. (Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and healthcare provider.)
- The PC supports the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to the other life-saving alternatives. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PCs neither initiate nor facilitate independent adoptions.

### **Statement of Faith**

1. We believe the Bible to be the inspired, infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

## **Affiliations, Memberships & Working Relationships**

The Pregnancy Clinic is proud to work in concert with the following organizations:

### **Affiliations**

#### **CareNet**

CareNet is a Christian, pro-life network of pregnancy care centers and churches, proclaiming the Gospel and providing practical help to women, men and unborn children threatened by abortion in the United States and Canada. Care Net is the crisis pregnancy ministry of the Christian Action Council, which was founded in 1975 by Dr. Harold O.J. Brown, with the advice and encouragement of the Rev. Billy Graham and the late Dr. Francis A. Schaeffer.

#### **Heartbeat International**

Heartbeat is a non-political, Christian association of life-affirming education and pregnancy service providers. Their mission is to create an environment where every human heart is cherished and protected -- in the womb and within strong families through education, training, support, and networking.

#### **National Institute of Family and Life Advocates (NIFLA)**

NIFLA provides a "legal checkup" to make sure that all of our legal documents are appropriately written. NIFLA also provides free phone consultation on legal matters, a quarterly newsletter on legal developments for pregnancy help centers in the United States, a monthly legal update, and other services for pregnancy help centers.

#### **Impact Association Accreditation**

IMPACT Association is a nonprofit organization dedicated to providing standards-based advanced support, training and accountability for Pregnancy Medical Clinics in order for them to reach more women at risk for abortion.

### **Memberships**

Human Services Coalition of Prince George's County

Greater Bowie Chamber of Commerce

Greater Crofton Chamber of Commerce

Severna Park Chamber of Commerce

### **Working Relationships**

State Department of Health & Mental Hygiene

Prince George's County Health Department and STD Clinic

Anne Arundel County Health Department

Anne Arundel County Healthy Baby Coalition

Southern Maryland Perinatal Partnership

National Abstinence Clearinghouse

Focus on the Family

## **Pregnancy Clinic Guidelines**

All volunteers and staff must agree with and maintain the counseling standards set forth by the Board and Executive Director. Failure to maintain counseling standards will result in correction, discipline and, when necessary, removal from counseling and service with the Pregnancy Clinic (PC).

### **Legal Issues**

In being honest and forthright with clients, never tell a client something you have not been taught by the PC.

Always ask consent before touching a client. A gentle touch is a form of communicating concern and compassion, but when not desired, could be offensive. Do not attempt any physical contact with a hostile client.

Avoid any action that may cause emotional distress to a client, either intentional or unintentional. Respect a client's desire to leave at any time during her visit. While this may mean she is unable to receive some or all of our available services, let her know she may return for these when she has more time. Be sure she knows that regardless of her decision, this ministry will always be here for her.

Avoid discussing specific abortion providers or pro-abortion organizations. It is always better to spend time discussing the services we offer, rather than making statements about others. This also serves to limit liability for defamation.

### **Confidentiality**

Adhering to and respecting confidentiality is critical to building and maintaining client and community trust and legal obligations.

All clients should be informed of our concern and legal constraints due to confidentiality and be informed of our Authorization to Release form, which they must sign in order for us to speak or pass information about them to others.

Volunteers/staff should use care in identifying "Pregnancy Clinic" when calling or leaving a message for a client in order to protect her privacy.

Communication of detailed information will be limited to the necessary staff members or others within the ministry who are directly related to client services.

There are occasions for reviewing interactions with clients with other volunteers and staff, but great care must be taken to keep discussions limited and specific.

Be careful not to leave charts, message pads, and appointment book or phone log out where clients or other visitors might see them.

### **Confidentiality may be broken only:**

- With written permission.
- If the client is a minor, being physically or sexually abused or abusing a minor.
- When the client is at risk of harming her/himself or others.
- If the client is under the age of sexual consent in MD (16years), as it may be a reportable case of statutory rape.
- Always check with staff before breaking confidentiality.

In any case where a client begins to tell you something you think you may have to report, be sure to inform the client of this obligation. If you are told something you think falls within the guidelines of reporting, promptly contact the Client Services Director or the CEO who will then handle the situation or direct you as to how to handle the situation with the proper authorities. Exception to this would be if a client is threatening to harm himself or others immediately; then you should call 911.

### **Confidentiality Policy**

All volunteers, employees, staff, contractors, and agents of our practice will be trained to respect the health care information of the clients of our practice. They will treat all medical, and personal, biometric, and financial information as confidential. Any person who breaches this trust will be disciplined and risks immediate termination.

## **Organization Structure**

The PC is primarily a volunteer organization with an average staffing of 45-60 volunteer counselors, a support staff, a volunteer Board of Directors, and a volunteer Advisory Board.

### **Board of Directors**

The Board of Directors meets regularly to develop, oversee, and bear responsibility for the entire ministry. An individual may not be a regular volunteer counselor and sit on the Board.

### **Advisory Board**

The Advisory Board consists of individuals that possess specialized backgrounds and can provide guidance to the PC on an as-needed basis.

### **Office Staff**

#### **Chief Executive Officer**

Responsible for all aspects of the daily operations and is accountable to the Board of Directors. Manages all paid and volunteer staff, advertising, community and public relations, and implements goals and services.

#### **Office Manager**

Responsible for the physical operation of the office, administrative operations, and providing support to all other paid and volunteer staff.

#### **Client Services Director**

Responsible for supervision and on-going training of volunteer counselors. Directs Post-Abortion Ministry.

#### **Education Director**

Responsible for initial training of volunteer counselors. Oversees LifeSense.

#### **LifeSense Coordinator**

Responsible for managing LifeSense program including scheduling, curriculum and training of instructors.

#### **Development and Communications Manager**

Responsible for grant writing, raising revenue, awareness, and support. Coordinates all marketing, web, and philanthropic efforts.

#### **Outreach and Volunteer Manager**

Responsible for promoting volunteerism, including recruitment, retention and support, and for the coordination of activities that raise awareness and revenue including all speaking requests.

#### **Counseling Coordinator (Volunteer)**

Plans and coordinates counseling schedules.

#### **Financial Manager (Volunteer)**

Responsible for bookkeeping.

**Medical Staff**

**Medical Director**

Licensed Medical Doctor responsible for maintaining the professional standard of care for all medical clinic operations.

**Nurse Manager**

Responsible for supervising medical clinic functions, training medical staff, and maintaining professional standard of care.

**Medical Staff**

Responsible for providing care to clients, such as pre-natal vitamins, viability sonograms, and STD/STI testing.

## **Services**

All services are free of charge.

### **Prevention Services**

Incorporating the Biblical view of sexuality allows for a strong stand and focus on sexual abstinence and purity before marriage and faithfulness within marriage. The PC fulfills this mission in several ways, such as, counseling sessions, LifeSense classes, special presentations, and community outreach.

### **Intervention Services**

The PC provides a wide variety of services to both women and men facing a crisis pregnancy or issues regarding sexual health. Crisis counseling offers the opportunity to discuss fetal development, abortion, adoption, STD/STIs, parenting and relationships in order to make educated decisions. LifeSense classes provide more in-depth education on a variety of topics. Clients are also provided with help through a wide variety of referrals and resources. The PC's Web site serves as another means for offering educational intervention.

### **Restoration Services**

The Post Abortion Support (PAS) Ministry is committed to offering hope and healing through Christian principles of confession and repentance to those who have experienced abortion in their past. A PAS Bible Study is offered 1-2 times a year. Volunteers and staff who have received advanced training in PAS issues facilitate the Bible study and it is supervised by the Client Services Director who is a licensed social worker.

### **Medical Clinic**

The services provided in the medical clinic include pregnancy tests, pre-natal vitamin distribution, medically-indicated sonograms for abortion-vulnerable clients (confirm pregnancy, verify pregnancy viability, and determine the gestational age of the baby), STD/STI testing, and consultation with medical staff when available. It is our purpose that all clients who are at risk for abortion receive a sonogram for pregnancy viability but all other requests for sonograms, such as gender determination or health of the baby need to be referred to the client's health care provider.

### **Material Aid**

The PC offers limited material aid to those in need. Aid is distributed on two levels. Emergency care provides clients with limited formula, diapers, and basic layette items. The LifeSense Program offers free educational classes where clients can receive a starter layette by attending a specific number of classes.

### **Community Outreach**

The PC desires to educate and inform the civic and Christian community of the services offered and the issues of abortion and healthy sexuality. This objective is fulfilled through attendance at health fairs, community events, and speaking engagements.

## **Volunteer Job Descriptions**

### **Ministry of Volunteers**

The PC is primarily a ministry of volunteers. The charge to minister to women and men facing life and death decisions related to an unintended pregnancy sets it apart from many other types of Christian service. The PC strives to maintain excellence in the services provided to its clients and in the performance of ministry functions by its volunteers.

Therefore, all volunteers who wish to have direct client contact by providing counseling, phone assistance, teaching LifeSense classes, or providing medical services must have successfully completed the Volunteer Training Seminar and Counseling Internship. Additionally, all volunteers must be mature Christians who are able to give witness to their personal relationship with Jesus Christ. They are expected to be involved regularly in Christian worship, teaching, and fellowship. They must be living a lifestyle that is consistent with Godly character. Volunteers must be in agreement with the Statements of Mission, Faith and Principle and be committed to the sanctity of the pre-born and their protection. Volunteer Counselors must be at least 18 years of age.

Volunteers who provide other assistance to the ministry (i.e. office assistants, special project workers, etc.) are strongly encouraged to take the Volunteer Training Seminar to gain a better understanding of the goals and methods of the ministry. Board members are required to take the Volunteer Training Seminar within the first year of their service on the Board.

All volunteers must demonstrate dependability in attendance and commitment to PC policies.

### **Counselor Intern**

Internships begin after successful completion of the Volunteer Training Seminar and must be completed in a minimum of three months. The internship is designed for practice of skills and learning of PC policies and procedures. At the end of the internship period, the intern is expected to be able to meet the requirements listed under Counselor.

- To begin an internship, completion of pastoral and personal references, personal testimony, regular commitment to a local Christian church, and signed statements of commitment are required.
- In addition, during the internship, Interns are to complete a series of observations, role plays, and periods of being observed, as well as policy and procedure training.
- Interns are under the supervision of a Training Counselor. The Training Counselor will contact the intern to begin the formal internship. The Intern is obligated to commit to a regular shift in order to complete the internship and is to let her Training Counselor know when she will not be in the PC, as Training Counselors may have additional shifts solely for the purpose of training. Interns are to arrive 15 minutes prior to doors opening for client hours with her Training Counselor and complete the necessary out-of-office Client Care work.
- Interns who have experienced a prior abortion(s) must complete the PAS Bible Study offered by the PC.
- Interns are also required to attend specific in-service trainings with optional additional ones.

## **Counselor**

Counselors must be able to communicate critical PC content in a compassionate, non-judgmental manner. They must also have the ability to listen and a desire to speak the truth in love. Additionally, a Counselor must be able to hold all information about any client permanently and completely confidential. A Counselor:

- Conducts pregnancy testing, obtains intake information, provides counseling, makes referrals and appointments, and initiates Client Care for clients.
- Understands and can explain information on adoption, abortion risks and consequences, abstinence as a positive choice, evangelism, fetal development, and STD/STIs, as well as PC services such as LifeSense and PC medical services.
- Is responsible for written client documentation and adherence to office policies and procedures.

### *Training & Time Commitment:*

- Complete Volunteer Training Seminar and Counselor Internship.
- Arrive 15 minutes prior to doors opening for client hours for prayer and preparation.
- Volunteer 3-4 times a month and designate time for phone Client Care.
- Attend 4 - 6 yearly in-service trainings.
- Receive review and guidance in evaluations.

Note: Due to the nature of this volunteer work, extended leave of greater than 3 weeks may require supplemental training to resume volunteering.

## **Training Counselor**

Counselors are designated as Training Counselors based on PC need and Counselor skill. The Counselor should have a minimum of one year counseling experience. A Training Counselor:

- Provides additional, on-the-job training and support to Intern Counselors and new Counselors.
- Demonstrates dependability and counseling skill including the ability to think and act independently in assessing client needs, a commitment exemplified through dependability, leadership, and adherence to policies, ease and depth of knowledge in PC topic areas, accuracy and skill in documentation, skills from Volunteer Training Seminar, consistency in Client Care and teachability, including commitment to ongoing training.
- Must be able to give helpful feedback as well as encouragement and support.
- Must be willing to meet early or stay late to work with Counselor Interns.
- Must be willing to attend Training Counselor meetings as needed for on-going training, support and sharing of ideas to help grow the ministry.

## **Male Presence**

It is the general policy that only women counselors will provide direct counseling services to women clients and answer phones because of the sensitive nature of the counseling and the need to meet behind closed doors. The MP program utilizes Christian men to offer counseling for the men who may accompany our clients, as well as others in the waiting room. In addition, they assist the volunteers and staff as needed in the office. They are able to teach LifeSense classes on male topics, file charts, assist clients and volunteers to their cars and perform other duties as needed. The MP:

- Meets the requirements under Counselor, including familiarity with the same knowledge areas, and adherence to time and training commitments.
- Seeks opportunities to counsel those in the waiting room while being sensitive to their desires and expectations.
- Follows separate documentation procedures for client contact, since they do not meet formally with clients.

## **LifeSense Instructor**

The LifeSense Instructor teaches specific LifeSense classes one or more times a month. The LifeSense Instructor:

- Has completed the Volunteer Training Seminar as counseling issues arise during classes.
- Completes specific training on teaching the LifeSense class.
- Prepares for and conducts class and completes the necessary documentation.
- Communicates any issues or needs of clients to staff and/or the client's primary counselor.
- At times, participates in the development of new classes in conjunction with staff.

## **Post Abortion Support Leader**

The Post Abortion Support Leader facilitates a confidential, intense group Bible study. This leader should display a heart for those wounded by abortion. A Volunteer Counselor who desires to join the PAS ministry must have at least one year of experience as a PC Counselor. During this time she must be adept at counseling skills particular to abortion and PAS. A PAS leader:

- Demonstrates the ability to work with a co-leader and various personalities in a group setting.
- Communicates the Gospel message clearly with study participants who have not yet made a commitment to Christ.
- Is familiar with professional resources/referrals and ability to maintain contact with professionals, such as therapists, as deemed necessary for the participant's care during the study.
- Demonstrates commitment to weekly meetings over the course of the entire study, including arriving 45 minutes early to prepare/pray and staying 60 minutes after for session processing.
- Commits to on-going practice and training, as required of Volunteer Counselors.
- Maintains contact with pregnancy clients during the study time, if pregnancy counseling is done between Bible study sessions.
- Successfully completes PAS Leader training.



## **Policy & Procedure Manual**

### **Office Policies & Procedures**

## **POLICY: BUILDING ENTRY/OPENING & CLOSING THE OFFICE**

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Keys (and in some cases, security codes) are distributed by the office manager to all counselors who have completed their internships. These are not to be shared with anyone. Keys must be returned when service is discontinued.

### **BUILDING ENTRY PROCEDURES:**

1. At the end of a counselor's internship, a meeting with the office manager to review the policy and procedure manual is required to obtain keys and key codes.
2. When service is discontinued, please arrange with an office manager to return keys as soon as possible.

### **COUNSELING SHIFT PROCEDURES:**

#### **Opening the office:**

Counselors may be asked to open the clinic for client hours. There may be additional requirements depending on the clinic in which you are located.

1. Arrive **15 minutes** prior to the doors opening for client hours.
2. Park in spaces that are not directly in front of the PC to allow closer spaces for clients.
3. Turn off security alarm (Bowie & Annapolis offices).
4. Adjust air temperature, if needed.
5. Prepare the office for clients: turn on lamps and/or white noise in counseling rooms, ready the bathroom, open blinds if necessary, clean/straighten any areas in need, etc.
6. If available, turn on music in the waiting room.
7. Check, record, and follow up with any phone messages.
8. Unlock files and check appointment book.
9. Read Communication/Prayer Book and pray with your partner counselor.

#### **Working a shift without clients:**

1. Make Client Care calls and record notes in chart.
2. Help with any work that may have been left by staff for volunteers (mailings, filing closed charts, etc.) or ask if there is work that could be done.
3. Browse the resource library.
4. Straighten/clean the office. All offices have housekeeping tasks that could be done. Bowie and Annapolis do not have a cleaning service and could use extra help.

#### **Closing the office:**

1. Finish and file all charts and appointment book/log and lock files.
2. Complete the "Closing Tasks" sheet at the exit to the PC office.
3. Turn out lights, turn off copier, set security alarm (Bowie & Annapolis only), and lock door.

## **POLICY: OFFICE CONDUCT**

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In order to facilitate the most professional and comfortable environment for clients, the following procedures should be adhered to:

### **Dress Code:**

Volunteers and staff should reflect the professionalism and high standards of the PC. The dress code is “business casual” and includes nice pants, dresses/skirts, shirts/blouses/sweaters, and long “dress” shorts.

Prohibited clothing includes: sweats, t-shirts, casual shorts, jeans, tank tops, flip flops (open back shoes are okay, but not rubber, straw, plastic beach-type), and revealing/tight attire. Ask staff if you are unsure of the appropriateness of the attire. Dress down (jeans, shorts, etc.) is fine for in-service trainings.

### **Children:**

While we love children, we cannot have staff’s/volunteer’s children in the office during the scheduled work time. We understand that emergencies happen and are confident staff/counselors will handle the situation to the best of their ability to ensure a substitute is found or child care arrangements are made. Options include an emergency babysitter back up and partnering with a fellow counselor to do emergency substituting.

### **Office Equipment:**

Equipment at the office is for staff use to fulfill the work of the ministry. If Volunteers have need of the office computers for ministry work, they may request permission from the office manager. Volunteers may use the computers for work that is for the PC only. Because of the legal risks to the clinic, volunteers may not use the computers for personal use. Volunteers must log in to the computer using a log-in that has been generated for them or by the “Volunteer” log in. An office manager will supply the password for “Volunteer” and it is subject to change at any time. Any password changed for a personal log in must be reported to the Development Communications Manager or Office Manager and Technology Support person in writing.

### **Communication:**

In a ministry where many are involved, but not in attendance at the same time, communication is vital. The PC utilizes a communication book, mailboxes, bulletin boards, as well as outside mail and email to communicate. Additionally, communication in the PC, while friendly, should be professional and volume kept low so that conversations are not overheard and that those on the phone are able to hear. The PC avoids gossip or communication that would go against core principles.

- Communication Book – used by all for prayers/praises and information to share.
- Mailboxes – used for individual communication.
- Bulletin Boards – used by the staff for education and information. Information to be posted requires staff approval.
- Phone List – for ministry use only and should not be distributed outside of ministry.
- E-mail – for ministry use only and should not be distributed outside of ministry.
- Prayer – as part of spiritual preparation.

## **POLICY: TELEPHONE**

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Often the telephone is our first point of contact with clients, the general public and supporters. It is vital we strive to be pleasant, caring and helpful. The client is best served when she makes an appointment to come to the PC. Because of the nature of the phone calls we receive, **only female volunteers are permitted to answer the phones**. Be mindful, when on the phone, to speak quietly enough to keep your conversation confidential.

### **PHONE PROCEDURES:**

Since all three offices take appointments and calls for each other, it is critical we standardize our phone procedure in order to avoid confusion for the clients:

Greeting: *“Hello. Pregnancy Clinic. This is \_\_\_\_\_. May I help you?”*

### **If making an appointment:**

Please see “Appointment making procedures” on page 19.

### **Calls to clients**

- Make sure you use a safe number and have permission to call.
- Consider using cell phone/home phone when unsure if a house member may be alarmed at the caller ID.
- Counselors making follow up calls at the same time should coordinate the use of phones to keep a line open for in-coming calls.
- In order to protect your client’s confidentiality, please make follow up calls away from the waiting room. Each office has provided a space for this purpose:
  - Annapolis: Overflow Offices, Kitchen
  - Bowie: Financial Manager Office, Conference Room
  - Severna Park: Counselor Room

### **Calls from clients to a specific Counselor**

- If the counselor is not available look up the clients chart and ask her if you can help her.
- Address any pertinent information and let the client know you will notify the Counselor and relay her message. If she is returning a call leave a note in the Counselor’s box, as well.
- Note the client’s chart.

### **Calls asking for information on clients**

- Client information can only be discussed with the client herself unless we have written permission otherwise. Do not confirm or deny any information regarding a client, even whether or not they’ve even contacted us. .
- If the police or social services should ever call, immediately notify the CEO.

### **General information requests**

- Volunteering, Student Internships, Speaker Requests – Log all information on telephone log, then leave a note on the office manager’s spindle with the person’s name, phone, email and request.
- Information for Student Reports – Leave a note on the Office Manager’s spindle with the person’s name, phone, email and request and refer them to our website.

- Donations – Let them know we are 501c3 and donations are tax-deductible; those looking to donate items should know we only accept diapers, formula, and new infant clothing (up to 6 months). A Church or school wishing to make a donation should be referred to the Outreach and Volunteer Manager. Please give them the number for the Severna Park office and take a note with contact information and the request and leave it for the office manager.
- Churches --All church contacts are referred to the Outreach and Volunteer Manager, please give them the number for the Severna Park office and take a note with contact information and the request and leave it for the office manager.

### **Strange/obscene calls**

- Rarely do we receive odd or obscene calls. Simply hang up and note it in the phone log.
- If a threatening call is received, hang up, dial \*57 to trace it, or check the caller ID, and then call the CEO.

### **Sales calls or requests for information on our office equipment**

- Do not give out any information regarding our machines or supplies. These are scams involving ordering.
- Ask for caller's name and telephone number and a staff member will call them back.

### **Requests to “confirm our information” for online or yellow page listing**

- These are scams, ask to be removed and disconnect.

### **Media and other organizations**

- The only person authorized to represent the PC is the CEO. Take the person's name and number and call the CEO at home or on her cell phone.
- If someone like this should walk-in, politely request they leave for the privacy of the clients then call the CEO. Should this ever be an issue, we have the legal authority to request they leave.

### **Logging Calls**

- Be sure to record all calls on the phone log.
- Any calls for staff or volunteers should be noted on the log and a note written to the appropriate person.

If you are ever unsure how to handle a call, the PC would prefer you pass those calls on to staff. You may have the person leave his or her name, number and nature of business, or give the caller the times of the staff's schedule.

## POLICY: CLIENT APPOINTMENTS

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Individuals are best served when they come in the Clinic for an appointment rather than merely getting guidance over the phone. Both walk-ins and appointments are acceptable, but appointments offer the convenience of the client being seen at a scheduled time.

### APPOINTMENT SCHEDULING PROCEDURES:

1. Ask for client's last menstrual period (LMP). If client has an irregular cycle (or DEPO, pregnant or other circumstance), note this in the appointment book.
2. Ask if client has been seen at our PC before, which clinic, and if under the same name. If so, note this in the appointment book as "P" and include dates of last visit.
3. Ask for a phone number for the client (for confirmation and in case of rescheduling).
4. Ask for the client's plan for the current pregnancy. Note that in the appropriate place as "AB" (Abortion Minded); "ABV or V" (Abortion Vulnerable); "Und" or "U" (Undecided); or "C" (Carry). (Clients who indicate "carry" but communicate other risk factors may be considered "vulnerable" and should be scheduled as such.
5. If the client is at risk for abortion (defined as abortion vulnerable or abortion minded), attempt to schedule her during medical clinic hours. If her LMP is over seven weeks, schedule her for a sonogram one hour after her intake appointment. If she is vulnerable, but too early for a sonogram, schedule her for a "Medical Consult". MC's can be scheduled at the same time as existing ultrasound appointments because they are shorter appointments
6. A "walk-in" client should always be entered into the appointment book, even if she is seen right away.

### SONOGRAM APPOINTMENT PROCEDURES:

For a woman to have a sonogram at our PC, she must:

- Have a positive pregnancy test and intake done at our PC.
- Be abortion-minded or abortion-vulnerable.
- Have an LMP on or before the indicated date.

Your assessment of why the client should have a sonogram should be documented in her chart. If any question arises as to the urgency/requirements for a sonogram, check with a PC nurse. Sonograms are performed under a doctor's written orders which are only for abortion-minded or abortion-vulnerable women and solely for pregnancy viability. **A sonogram cannot be performed for any other reason. Clients who are too early for a sonogram but meet the other eligibility requirements should be scheduled for a Medical Consult.**

### CHECK IN PROCEDURE:

1. Ask for her name and appointment time.
2. Put a check mark next to her name upon arrival. (If client does not show for appointment, mark "NS" next to her name at the end of the shift.)
3. Ask if the client has been seen at our PC before and her name at that time. If so, pull and review her prior chart(s) before seeing her (it is okay to have her wait a few minutes). Past charts are kept on the premises for 1 to 3 years depending on space (also kept for 10 years in our record retention storage.)
4. Ask for client's photo ID and make a copy.

5. Give client Notice of Privacy Practices (NPP) forms to review and sign.

## **POLICY: LATE CLIENTS**

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It is fine to see clients who are late, time-permitting. If she has missed her time, and other clients are being seen, or if there is less than 60 minutes left on the shift, reschedule her for another day.

1. Medical appointments: Ask the nurse whether or not the client can be seen. If it is too late for her to be seen, schedule her for the next available appointment.
2. Life Sense class: If they arrive late, and the class has been in session for over 10 minutes, it is a disruption to have the client enter the class and much of the class material may have been missed. Explain that the class is already in progress and offer to sign her up for another session.

## **POLICY: REIMBURSEMENT OF EXPENSES**

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The Pregnancy Clinic will reimburse volunteers for out-of-pocket expenses reasonably incurred for ministry-related activities, including expenses incurred in connection with approved travel and meetings. Travel mileage greater than 20 miles from the office will be reimbursed at the IRS rate per mile.

### **PROCEDURE:**

1. All expenses must be pre-approved by the CEO and those approved passed onto the Bookkeeper for reimbursement.
2. Whenever possible, expenses paid for with the Clinic's state tax exempt card so as to not incur unnecessary expense for the ministry.
3. A detailed log of miles driven shall be submitted for reimbursement within 30 days of the end of the month in which the expenses were incurred. This must show the date, ministry purpose, location and miles driven for each trip.

## **POLICY: CLIENT EDUCATION IN PREVENTATIVE, THERAPEUTIC AND HEALTH MAINTENANCE CARE**

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Clients will be offered education regarding the importance of prenatal care and information about nutrition, fetal development and other topics related to pregnancy via verbal explanations, literature and visual aids.

### **PROCEDURE:**

1. The educational needs of the client will be assessed by the physicians, nurses, or Counselors working with that client.
2. Education may be given to the client in the areas of:
  - a. **Prevention:**  
Pregnancy and sexually transmitted disease, medical or physical complications, child care education.
  - b. **Therapeutic:**  
Comfort measures related to pregnancy, risk factors and interventions.
  - c. **Health Maintenance:**  
Pre-natal care, anti-smoking and substance abuse information, nutrition and exercise, pre-natal development.
3. Educational information shall be approved by the Medical Director and the Clinic Director prior to use by Clinic personnel.
4. All educational needs shall be documented in the client's record.
5. All education given by counselors pertaining to medical issues shall be directly from the Educational Handbook which has been accurately sourced and approved by the clinic.

## **POLICY: OPERATION AND MAINTENANCE OF EQUIPMENT**

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The Clinic shall maintain equipment necessary to accomplish its scope of services.

### **PROCEDURE:**

1. The Clinic shall maintain the following equipment which only qualified personnel may utilize:
  - a. Sphygmomanometer (Blood Pressure Cuff)
  - b. Thermometer
  - c. Examination Table
  - d. Ultrasound Machine
  
2. Flashlights will be in readiness for use at all times and located in readily accessible areas. Two sets of batteries shall be kept with each flashlight. Flashlights will be tested regularly and batteries replaced as needed.



## **Policy & Procedure Manual**

### **Counseling Procedures**

## **POLICY: CONFIDENTIALITY**

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Client Care is necessary to provide the client with further information about her health. Pregnant clients at risk for abortion are to be followed up within 24-48 hours of her visit.

### **PROCEDURE:**

#### **What do I need to know about confidentiality and courtesy?**

1. Be aware that PC walls are not sound proof. Keep voices low when talking to clients, counselors, or on the phone.
2. Use phones in conference room (Bowie), counselor sitting area (Severna Park), or kitchen/overflow desk (Annapolis), when possible, to do Client Care.
3. Make sure to get “safe” numbers for call-backs, and be cautious of answering machines and caller ID.
4. Be aware of where you leave the appointment book, phone log, charts, and LifeSense registration (clients should not see other names listed).

#### **Are there any situations that are reportable or warrant breaking confidentiality?**

Yes, please see page 7 for situations that warrant the breaking of confidentiality.

### **Confidentiality Policy**

All volunteers, employees, staff, contractors, and agents of our practice will be trained to respect the health care information of the clients of our practice. They will treat all medical, and personal, biometric, and financial information as confidential. Any person who breaches this trust will be disciplined and risks immediate termination.

## **POLICY: CLIENT CARE**

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Client Care is designed first and foremost to encourage and support pregnant clients who are at risk for abortion to choose life. If a client asks for no contact or contact to stop, the PC will immediately comply. The counselor is responsible for maintaining her charts and recommending in writing that they be closed when necessary.

### **CLIENT CONTACT PROCEDURE:**

#### **Intake Forms:**

All individuals who desire any type of service are required to have information from their visit recorded by completion of the appropriate intake form. Intake forms are confidential records. Counselors are not permitted to take intake forms outside of the PC.

1. Any woman coming for services should be asked if she has been to the PC previously (and if under any different name).
2. A new intake is done if the client is on a new menstrual cycle (has had a period since her last visit) or if it has been more than 6 weeks since her last visit. If a client was in for a pregnancy test within that time frame and still has not gotten her period, we consider that she is still on the same cycle and do a "repeat test." The previous intake form is used and new notations are added.
3. New intakes for previous clients are attached to the original chart if available.

#### **Client Contact & Records:**

All contact made between counselors and clients or potential clients, must be recorded. This is done either by a chart note (in case of clients) or phone log/schedule book (in the case of potential clients). Chart notes are legal records of the counseling sessions and subsequent contacts. Client charts are reviewed by office staff on a periodic basis.

#### **Timing:**

1. For Abortion Minded/Vulnerable clients, Client Care should be initiated within 24 hours of the client's initial intake and every 1-2 days thereafter.
2. Clients who are pregnant and intend to carry should be contacted within 1 week (due to pressures she may face after the PC visit) and based on her needs thereafter. LifeSense classes and the layette should be re-offered/reminded of during contact.
3. Medical staff will contact the counselor when a client comes for a sonogram. The client should then be contacted the day after the sonogram by the counselor to explore her reactions and intentions. If she does not show for the sonogram, medical staff will call her to try to reschedule the sonogram. The Counselor should also follow up to see if appointment can be rescheduled.
4. Clients who have aborted should be contacted regarding further needs, especially encouragement to go to their follow up appointment with their medical provider. (It's generally inappropriate for a woman who just had an abortion to attend our PAS Bible study. Clients who are having difficulty can be referred to our PAS director.)
5. Clients who tested negative should be followed-up within 2 weeks and based on needs thereafter. Contact is to encourage abstinence/LifeSense/spiritual discussion.

### **Calling Procedures:**

1. Call with the client's permission.
2. Speak only with the client
3. If another person answers the phone and asks who you are, state your first name and that you will call back
4. **Never** identify the name of the clinic to the family/roommates of the client, unless you are absolutely positive that she has made them aware of her involvement with us.
5. In the event that urgent medical information needs to be relayed to the client, staff must attempt to contact the client by telephone three times. If there is no response, then a certified return receipt letter must be mailed to the client with the information enclosed.
6. If contact is made (initiated or received) with another counselor's client, record and sign the chart **and notify the other counselor** by phone or a note in her mailbox.
7. Any contact or attempted contact made with a client needs to be recorded in the client's chart and signed by the counselor.
8. Counselors must never take a chart out of the PC or photocopy a chart. If the counselor is unable to complete the chart notes, a note should be left on the intake form, and an attachable notes sheet taken and returned and attached to the intake ASAP.
9. Contact the Office Manager or the Client Services Director immediately concerning any questionable or unusual situations.

### **Ending Client Care:**

1. If you are unable to contact after attempting once a week for three weeks.
2. If the client asks not to have contact.
3. If the baby has been born, information gathered on birth, and there are no further needs.
4. If the test was negative and there are no further needs.
5. In any of these cases, document the final contact and then recommend that the chart be closed in the notes.
6. File the chart in the "Recommend Close" folder.

### **Chart Note Guidelines:**

1. All notes must be entered in the chart in blue or black ink. Pencil is not permitted. Red ink is reserved for staff notations when necessary.
2. Errors must be crossed out with one line through the error (do not scratch out entire wording). White out is not permitted.
3. All contacts/attempts must be noted with month/day/year. When entering Client Care contacts, mark the date of the contact, not the date of entry.
4. Signatures are required at the end of each contact note.
5. Do not leave large empty spaces in notes. If one is detected, mark the entire space with an "X" so that a note is not entered out of order accidentally.
6. If your entry does not fall in chronological order, please mark "late entry" under the date.
7. Notes on pieces of paper are not permitted to be attached to the chart. Anything of significance should be entered into the body of the note pages or left in the folder unattached to the note pages.
8. Only names of the client and first names of those directly involved in her pregnancy are permitted to be entered into the chart.

### **Email or Texting Guidelines:**

Every attempt to speak to clients personally should be made. However, when no other option for that exists (especially in cases where the client may be hearing impaired), email or texting may be used.

1. **Permission:** Texting or Emailing should be used only with the client's permission. Clients may give permission on the intake form, or an opt-out should be used.
2. **“Opt-Out” Option:** All out-going text-messages initiated by the counselor that do not have written permission to text will include an “opt-out” message, i.e. “To opt out from future texts, Reply: STOP.” All recipients replying “STOP” will not be texted again. It should be noted in the client's chart that they “opted out”.
3. **Medical Advice:** Medical advice will not be transmitted via text-messaging. Any texts presenting an urgent medical issue will be directed to seek immediate medical attention with their care provider, nearest emergency room, or by calling 911.
4. **General Education:** Sharing standard “textbook” knowledge is permitted. For example, responding to questions regarding pregnancy symptoms, pregnancy options, etc. All info must be presented accurately and in a general, non-diagnostic manner. Use of the Educational Handbook is encouraged.

### **Privacy Protection**

BCPC is committed to protecting the privacy of our clients.

1. Text-messaging platform is web-based.
2. Web-based platform provides message encryption for security and added client confidentiality.
3. Text communications are captured in conversation flow format.
4. Text conversations are archived and retrievable.
5. An “opt-out” option is available for recipients of texts initiated and sent by BCPC.
6. Any recipient requesting “Opt-Out” will not be texted further
7. These written policies and procedures provide guidance and accountability to the program.
8. **Secure Confidentiality:** BCPC uses a secure, encrypted internet based platform for text-messaging. “Google Voice” is a free, web-based messaging system. The system is user-friendly and easy to set up by creating a Google Account and selecting the Google Voice feature. Following the prompts make this user-friendly system easy to set up and use.
9. All counselors who wish to text must use a Google Voice account to do so. No regular cell phone to cell phone texting is permitted. Counselors are permitted to access Google voice through their mobile browser or the Google Voice app on their cell phone. If they use the app, the phone must be password protected and the app must be password protected.
10. Client's information in the conversation should be protected. Full names are not used, and situational details are not to be revealed in the initial text. “Hi, this is \_\_\_\_\_, from the clinic, \_\_\_\_\_” is a good way to initiate texting when contact has not yet been established.

### **Text/Email Responses and Techniques**

1. Avoid “Text-Speak”: Text-Speak is the practice of using electronic slang, abbreviations, acronyms or symbols to convey a meaning via text. Some common examples of text-speak are: lol (laugh out loud), BTW (by the way), idk (I don't know). Other “short-cut” abbreviations include: C (see), R (are), U (you). Text Speak can lead to misunderstandings and give the appearance of unprofessional communication; therefore, “Text Speak” is not permitted.

2. All responses shall be professional, friendly and consistent from one text client to the next.

**Documentation of Texts/Emails**

When initiating texts with clients during follow up, indicate in the chart that a text or email contact has been made. This can be brief, such as “texted client to remind about sonogram” and should be dated and signed like other chart notes. A copy of the email or printed transcript of the texts should be dated, signed, and attached to the chart. When transcripts are attached, please indicate in a chart note that they have been attached.

Remember texts and emails may not be confidential and could compromise the client. Texts and Emails are a permanent record of your interaction with the client and could be subpoenaed.

## **POLICY: ABORTION PILL REVERSAL**

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Abortion Pill Reversal (APR) is a medical procedure and therefore part of the Medical Policy and Procedure Manual. This policy and procedure piece is designed for the limited role of non-medical personnel at the Pregnancy Clinic. Medical personnel and specially trained APR counselors will follow procedures as designated in the Medical Policy and Procedure Manual.

### **Non-medical volunteers will be able to communicate the following information to clients:**

1. APR is a medical procedure designed to reverse the effects of the abortion pill and allow a woman to carry the pregnancy to term.
2. APR is a relatively new procedure, which has succeeded in a growing number of documented cases.
3. APR is not successful 100% of the time, so if a woman has any doubts about her abortion decision, she should not proceed with the abortion. APR should not be used as a back-up plan. Do not reassure a client who is considering the abortion pill/medication abortion that if she chooses to undergo the procedure it can be reversed. The Educational Handbook contains the appropriate statement to use with someone considering the medical abortion on page 12.
4. If a woman does proceed with an abortion pill procedure and then changes her mind, she may be able to successfully reverse the abortion pill procedure with APR.
5. The procedure is time sensitive. There is a limited window of opportunity to take the medication. APR treatment must begin no later than 72 hours after taking the first pill in the standard abortion pill procedure, but it is best to seek treatment even sooner. Women considering APR should act as quickly as possible.
6. Not all types of medication abortion can be successfully reversed. Based on which medications the client took, her eligibility for the procedure and next steps will be determined by medical staff.

### **When speaking with a client, caller, or texter who is interested in Abortion Pill Reversal, it is preferable that staff and volunteers use the Abortion Pill Referral Call Guide. If the APR Call Guide is unavailable, personnel should be able to:**

1. Explain the basics of APR (1. Urine Pregnancy Test 2. Sonogram 3. Progesterone Therapy) and that this protocol is an attempt to halt the abortion process. Keep it simple. Medical staff will explain the procedure in more detail.
2. Emphasize to the client that if she wants to attempt to reverse the abortion, she must not take the second set of pills (misoprostol) in the standard abortion procedure.
3. Do not reassure the client that the procedure will work or that her baby will be “ok.” Do not make any promises or predictions about what the future holds. (i.e. Do not say, “I am sure everything will be alright.”)
4. APR is available at our clinic or we can refer to the Abortion Pill Reversal Hotline if client is out of our service area.

Specific medical information regarding APR can be read to clients verbatim from the Educational Handbook, Abortion Pill Reversal Handbook, APR Call Guide, and/or given verbally by medical personnel.

A client or caller who requests APR services should be connected with the Nurse Manager as soon as possible. The following information should be gathered for the referral:

1. Client’s/caller’s full name and safe contact information.

2. Whether she is a previous client of the Pregnancy Clinic (especially for this pregnancy).
3. What type of abortion pill she received.
4. When the abortion pill was administered.

After gathering this information, tell the client that our medical team will be contacting her to answer any further questions, schedule an APR eligibility appointment, and provide more details about the procedure.

## **POLICY: MINORS**

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In Maryland a female from the age of 12 and above may decide to obtain an abortion, procure birth control or obtain any other pregnancy related treatment without her parents' permission or knowledge. A minor, therefore, can consent to the treatment she receives at the Pregnancy Clinic. Her parents should not be contacted without her permission. Contacting her parents would violate her privacy and be a breach of confidentiality.

If a minor becomes pregnant, there is likely to be a certain amount of tension between her and her parents. We must work delicately when dealing with a minor, making sure that we do not violate her parents' rights.

A parent may not force a minor to abort. In fact, a forced abortion would constitute child abuse. In the event that you suspect a parent or parents are forcing their minor to obtain an abortion, you should immediately contact the Office Manager to consult the CEO. The CEO may engage legal counsel who should talk to the minor and plan a legal course of action. Otherwise the CEO may contact Child Protective Services and report the abusive treatment and urge them to intervene.

It is always preferable to do everything in your power to restore the relationship between a minor and her parent, because the parent's support is crucial to the minor being able to make a viable game plan that does not include abortion. In most cases, our goal should be to make it possible for the minor and her parents to begin communicating again.

Emancipation is something the minor petitions the court for -- a parent cannot threaten a minor with emancipation as it is not in their power to do so. If a minor can demonstrate to the court that she can sufficiently provide for herself, the court may declare her legally emancipated from her parents.

## POLICY: CHILD ABUSE AND NEGLECT REPORTING

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In order to protect vulnerable children, Maryland law requires the reporting of known or suspected cases of abuse (sexual, physical and mental) and neglect of clients and those associated with clients to the proper authorities. The CEO or other authorized personnel shall be notified of the incident and report or supervise the reporting of information to the proper authorities as soon as possible.

**Child abuse is defined as:** (1) the physical or mental injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed; or (2) sexual abuse of a child, whether physical injuries are sustained or not.

**Sexual abuse is defined as:** any act that involves sexual molestation or exploitation of a child by a parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member. It includes exposing a child to pornography, incest, rape, or sexual offense in any degree, sodomy and unnatural or perverted sexual practices.

**Child neglect is defined as:** the leaving of a child unattended or other failure to give proper care and attention to a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child under circumstances that indicate: (1) that the child's health or welfare is harmed or placed at substantial risk of harm; or (2) mental injury to the child or a substantial risk of mental injury.

*Md. FAMILY LAW Code Ann. § 5-701 (2013)*

### PROCEDURES:

1. Volunteers shall immediately report any suspicion or allegation of abuse or neglect of the client or a sibling or child of the client, or other child or adult dependent person in the care of the client to the staff. (Any person reporting in good faith suspected neglect or abuse shall be immune from civil liability or criminal penalty.) The staff shall immediately report any notification of abuse or neglect to the CEO and Client Services Director. Reporting must take place even if the alleged or suspected abuse occurred in another state.
2. An oral report shall be made by the CEO, or by the volunteer under the supervision of the CEO, by calling Child Protective Services, or the state agency if the report is to be made to another state. A report will not be made by the volunteer independent of supervision from the Director or designee. A written report of actions shall be inserted as part of the client's chart as well as noted in our Abuse Report File.
3. As mandated reporters, a written report must be mailed or faxed no later than 48 hours after the oral report is made to Child Protective Services with a copy to the local State's Attorney. State form 180 will be used to complete the written report.

*There may be cases that don't fit this definition exactly. If there are questions, contact the Client Services Director.*

## **POLICY: REPORTING MALTREATMENT WHEN THE VICTIM IS AN ADULT**

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In December 1993, the Attorney General for Maryland issued an opinion (No. 93-049) that all incidents of prior child abuse or neglect must be reported to the local authorities even if the alleged victim is now an adult or the alleged abuser is now deceased.

The purpose of such reports is to determine whether children in the household or care of the alleged abuser or neglecter are currently in need of protection: it is NOT to validate whether or not abuse or neglect occurred with the disclosing adult. The local Department of Social Services (“DSS”) will determine if any action needs to be taken on such reports as they are interested in knowing if any current children are in need of protection.

### **PROCEDURES:**

1. The procedures for notifying the CEO and making the report are the same for a minor as listed in the previous policy page.
2. Although the DSS worker will ask for the client’s name, the name of the client alleging the abuse does not need to be disclosed to DSS if the client does not wish her name to be released.

*There may be cases that don’t fit this definition exactly. If there are questions, contact the Client Services Director.*

## POLICY: STATUTORY RAPE

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In Maryland, sexual offenses against minors, commonly referred to as “statutory rape”, are considered criminal offenses. These sexual offenses are included in the definition of child abuse, and should be reported as discussed under the previous section dealing with Child Abuse and Neglect Reporting.

These crimes are based on the premise that until a person reaches a certain age, he/she is legally incapable of consenting to intercourse or other sexual contact or acts. Therefore, instead of including force as a criminal element of the alleged crime, these statutes focus on the ages of the victim and the person performing a specific act to determine guilt. Since the victims covered by these statutes cannot consent to sexual acts performed by the perpetrator it is NOT necessary to determine if the specific act was consensual.

### **Below is part of the Maryland law regarding sexual offenses: Statutory Rape:**

Second-degree Sexual Offense:

- Sexual act with a victim under 14 and perpetrator is at least 4 years older than the victim.

Third-degree Sexual Offense:

- Sexual contact with a victim under 14 and perpetrator is at least 4 years older than the victim;
- Sexual act with victim who is 14 or 15 and the perpetrator is at least 21; or
- Intercourse with victim which is 14 or 15 and the perpetrator is at least 21.

Rape – Second Degree: Intercourse with a victim under 14 and the perpetrator is at least 4 years older than victim.

### **PROCEDURE:**

1. The Pregnancy Clinic’s intake forms do not ask the age of the male partners of our clients, and we are not requiring that counselors routinely ask the age of the male partner. However, if your client is 14 years old or younger and you suspect her partner is older than she is, we need to be concerned for her and the possibility that she is engaging in illegal sexual activity. Even if she indicates she was a willing participant in the sexual activity it still may be prohibited if it falls within the above definition of statutory rape since, by law, the client would not be capable of consenting to the act.
2. The only way to determine if the client is engaged in illegal sexual activity is by asking the age of her partner. However, honesty is crucial, and before asking her you must first communicate to her your concern for her safety and your willingness to assist her if she’s involved in illegal sexual activity. If she declines to tell you, but you are still concerned, report this information to the office staff for reporting to the Client Services Director or the CEO. Either way, make a notation in the client’s chart.
3. If the age of the partner is disclosed whether or not you asked, and you feel this may fall into the category of a sexual offense, you need to say to the client, *“Because of your age and the age of your partner, this sexual relationship may be considered a criminal sexual offense.”*

4. If it seems that she is the victim of statutory rape the previous policy guidelines under Child Abuse and Neglect Reporting should be followed.

*There may be cases that don't fit this definition exactly. If there are questions, contact the Client Services Director.*

## **POLICY: SPOUSAL OR PARTNER ABUSE**

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The Pregnancy Clinic sees a population significantly at risk of domestic and sexual abuse, and will seek to identify spousal/partner abuse and sexual abuse among our clients in an effort to assist them in developing and maintaining healthy relationships.

### **PROCEDURE:**

1. During the client intake, volunteers should be observant of any behavior and/or physical appearance of the client that may indicate partner abuse.
2. If abuse is admitted or suspected, counseling should focus on the issue with the client as appropriate.
3. A determination should be made as to whether any minors are also subjected to the abuse, and if so, the necessary reports made.
4. Each client exhibiting signs of abuse shall be given a current referral list of private and public community agencies that provide or arrange for the evaluation, counseling and care of persons experiencing abuse, including but not limited to hotlines, local shelters, and legal services. She should also be encouraged to contact the local police department to file a report of the crime.
5. The client's experience as well as the referrals provided shall be documented on the client's record.
6. Any such discussions with the client about partner abuse should be made known to the office staff for reporting to the Client Services Director and/or the CEO as soon as possible.

*There may be cases that don't fit this definition exactly. If there are questions, contact the Client Services Director.*

## POLICY: SUICIDE AND SEVERE DISTRESS

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The Pregnancy Clinic sees a client population that may be at an increased risk for self-harm. As such, we seek to protect our clients when there may be a risk of attempted suicide.

Confidentiality must be broken if a counselor suspects that a client may be at risk for harming herself or others. Maryland law indicates a “duty to warn” others if a client is suspected of wanting to harm others.

### PROCEDURE (for in-person clients):

1. All clients who mention the word suicide or indicate that they have had or are having any destructive thoughts/intentions shall be taken seriously. If they don’t verbalize the thoughts, but you suspect that they are at risk, you need to ask them directly, “Have you ever had thoughts of wanting to hurt yourself or someone else?”
  - a. If the answer is affirmative, you must assess the risk of their harming thoughts.
  - b. You need to ask, “How do you plan to hurt yourself/others?” The greater the specificity of the plan, the higher degree of risk.
  - c. You need to assess the method and their degree of access to the method. The more lethal the method also depends on how easily the client has access to that method. Lethality and easier access indicate a higher degree of risk.
2. If you assess that the client is at high degree of suicide or other harming risk, you should communicate to the client your care and concern for her well-being. You should then offer to allow her to use the clinic phone in your presence to call the suicide hotline. If she doesn’t wish to do so, and her method of self-harm is not accessible in the office, you may leave her in the counseling room and call the suicide hotline yourself for advice. You must then notify the office staff who will notify the CEO and document all actions in the client chart.
3. If the client is at immediate risk of harm, you need to call 911 and have medical personnel report to the office. After getting medical help, you must notify the CEO and document all actions in the client chart.
4. If the client, does not appear to be at immediate risk of harm (i.e. no definite plan or method), you should give her the suicide hotline phone number as well as make a referral to a professional counselor. Both names and numbers given should be documented in the client chart.
5. Follow up with this client should occur the next day to see if she’s contacted the referral numbers given to her. If you will be unable to make the follow up call, inform the client that a staff member from the office will be contacting her the next day to check in with her.

### PROCEDURE (for phone calls):

1. Assess the callers risk as above. Additionally, assess the caller’s proximity to help. How close is help to her if rescue is needed? What are the chances that the person will be found by someone? The greater distance from help, the greater the risk.
  - a. If the caller does not appear to be in immediate danger refer him/her to the Suicide Crisis Line or to a professional counselor.
  - b. If you believe that she is at immediate risk, the volunteer should express concern: “I really care about you and I don’t want you to do this.” Make all attempts to get

the name, address and phone number. If at all possible, have someone else call 911 and report that you have someone who is talking about committing suicide on the phone.

2. If there is no one else available to assist you stay on the line until the intensity subsides. Once this happens make a verbal contract with the caller in which they agree not to harm themselves until you call back. Then call 911 and give them the information. Call the caller back and stay on the phone until the authorities arrives.
3. The volunteer shall document all known or suspected cases of potential suicide, suicide, attempted suicide and all interaction including any contacts, verbal or written and any referrals given. Report the incident to the Client Services Director and CEO who will contact proper authorities if required.

*There may be cases that don't fit this definition exactly. If there are questions, contact the Client Services Director.*

## **POLICY: PREGNANCY VERIFICATION & CONFIRMATION**

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Verification of Positive Pregnancy Test simply verifies that the pregnancy test reads positive. This is different from a Confirmation of Pregnancy that can only be diagnosed by a physician by an ultrasound examination.

The Pregnancy Clinic shall provide pregnancy documentation to any client who requests one for the purposes of obtaining pre-natal care.

### **VERIFICATION OF POSITIVE PREGNANCY TEST PROCEDURE:**

1. Verification of Positive Pregnancy Test may only be provided after a pregnancy test has been performed by a Counselor in our clinic and not on the basis of the results of a self-administered test.
2. If the client has a positive pregnancy test and wants verification, one shall be provided on the “Verification of Positive Pregnancy Test” form. A staff member shall fill out and have the client sign the form pursuant to the Standing Order.
3. Confirmation of Pregnancy shall only be provided by a physician after an ultrasound examination. A confirmation of pregnancy is completed upon the signature of a physician on the ultrasound report.
4. The original form shall be given to the client and a copy will be placed in the client’s medical record.

## POLICY: SCHEDULING

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The counseling/LifeSense schedule is distributed during the month prior to the month of the schedule. It is the counselor's responsibility to make sure she knows her scheduled times (per the current schedule) and arrives promptly. The schedule is done based on counselor preferred time shifts and possible Saturday shifts.

### PROCEDURE:

1. Counselors complete a time preference sheet of three volunteer time selections, and must know that any of these three preferences may be used on a given month. Saturday shifts may also occur as needed. If a counselor's preferences change, it is her responsibility to submit a new form to the Counseling Coordinator prior to the date the change becomes effective.
2. Counselors must indicate their leave/vacation plans in the Time-Off Request Book by the 10th of the month prior to the scheduled month. If a change needs to be made after the schedule is distributed, it is the counselor's responsibility to:
  - a. Find a substitute from the current list of counselors.
  - b. Notify the partner counselors.
  - c. Notify the Office Manager and Counseling Coordinator of the change.
3. The Counselor/LifeSense Schedule is distributed at the end of the month prior to the scheduled month. Counselors should check the schedule each month to see their scheduled dates and their counseling partner(s). It is recommended that Counselors contact their counseling partners about the dates for the month. This can help ensure that a scheduled time is not overlooked and a counselor is not left alone at the PC.
4. Counselors should be at the PC **15 minutes** prior to doors opening for client hours. This is crucial to being prepared (having prayed and the PC ready for appointments) on time.
  - a. If a counselor's partner is not there by the start of client hours, call her. If you are unable to reach the partner counselor, call the Office Manager (see phone list) to find out what to do. Also notify an Office Manager if a partner counselor is repeatedly late for her shift.

## **POLICY: LEAVE OF ABSENCE/RESIGNATION**

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Leave periods arise for many reasons. Leave that will take more than 3 weeks of time should be discussed directly with the Counseling Coordinator and Volunteer Manager as soon as possible. In non-emergency cases, the counselor is asked to find other counselors to take her shifts. The counselor will discuss her current caseload with the Counseling Coordinator to determine cases that may need to be transferred to another counselor during the leave period. If taking more than 3 months leave of absence, the counselor may need to receive additional training or observations before resuming as a Volunteer Counselor.

### **LEAVE OF ABSENCE PROCEDURE:**

1. Let the Counseling Coordinator and Volunteer Manager know as soon as possible.
2. Review current case load and close any clients that do not need continued Client Care. Transfer all clients that are in need of continued follow up with help of Counseling Coordinator.
3. Notify transferred clients that they will be contacted by another counselor. Do not give counselors' phone numbers to clients, but let them know other counselor will be contacting them and give the PC's number.
4. Be aware of possible retraining that may be needed upon your return.
5. Notify Counseling Coordinator by the 10th of the month prior to your planned return or if return plans have changed to avoid mis-scheduling.

### **RESIGNATION PROCEDURE**

1. The PC requests one month's notice to the Client Services Director to prevent missing currently scheduled shifts. (In emergency situations, the PC will help cover the shifts.) It is helpful to inform partner counselors of the leave.
2. Counselors are expected to fulfill their remaining schedule or find other counselors to take their shifts.
3. During this last month Counselors are to take no new client cases, if possible, but rather to review all of their open client charts.
4. Clients that need Client Care (abortion-vulnerable clients, those taking LifeSense classes, those needing other referrals and support) should be submitted to the Counseling Coordinator for transfer.
5. Notify transferred clients that they will be contacted by another counselor. Do not give counselors' phone numbers to clients, but let them know other counselor will be contacting them and give the PC's number.
6. Charts of clients who do not need our on-going support should be closed. They too should be informed by the counselor of her departure and instructed to call the PC if a need arises.
7. Finally, any keys given must be returned and an exit interview will be conducted.

## **POLICY: COUNSELOR TRAINING/EVALUATION**

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Every person wishing to counsel is required to complete the Volunteer Training Seminar, the Volunteer Counselor Internship, take part in at least 4 in-service trainings per year and receive regular evaluations.

### **IN-SERVICE TRAINING PROCEDURE:**

The staff makes a great effort to provide relevant and interesting in-service training options throughout the year. Ongoing training is imperative for staying up-to-date on counseling issues and procedures and required to continue in the counseling ministry.

1. Emails will be sent by the Counseling Coordinator or the Volunteer Manager regarding In-Service training dates and subjects.
2. Registration may be available online (information is in the announcement email) or available on a sign-up sheet in each office.
3. A minimum of four trainings are required per year. This requirement can be completed by selecting from among in-person trainings and take-home trainings (no more than 2 take-homes annually).
4. Please discuss your training requirements with the Counseling Coordinator or the Volunteer Manager if you have questions.

### **COUNSELOR EVALUATION PROCEDURE:**

Each counselor will be evaluated on a periodic basis. Evaluations generally consist of chart reviews and in-session observations. Observations offer the opportunity for helpful feedback, sharing of ideas, and addressing counselor concerns.

1. You will be contacted by the Client Services Director to arrange a suitable observation date. Please consider questions or concerns you have regarding counseling previous to the arranged date.



## **Policy & Procedure Manual**

## **Resource and Referral Procedures**

## **POLICY: REFERRALS/RESOURCE MANUAL**

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The Clinic shall maintain a referral and resource manual for the benefit of its clients. This manual shall contain current resources in the community for assistance in meeting typical client needs.

### **PROCEDURE:**

1. Each person who contacts the clinic, whether by phone call or in person shall be assessed for their need for a referral(s) to another organization, agency or health care provider.
2. Each person who contacts the clinic by phone shall be encouraged to accept an appointment at the clinic.
3. All clients with a positive or negative pregnancy test may be referred to a health care provider as needed. In the event the client does not have her own health care provider, referrals are available in the resource book.
4. All clients who lack finances or insurance for prenatal care will be referred to the Department of Health and WIC services and any other community agencies/offices listed in the resource book.
5. Clinic staff/volunteers are to become familiar with the resource manual. Only those referral resources that have been verified as active shall be included in the manual. The Office Manager is responsible for seeing that the Resource Book is kept current.
6. Referrals are to be given in writing whenever possible and should include the agency name, address, phone number, and contact person. Referrals should always include several options from which the client may choose. Document all referrals in the chart.

### **ADDITIONAL GUIDELINES:**

Referrals to other agencies and service providers are given while keeping focused on the PC ministry's goals and the client's best long-term interest.

1. Encourage all callers to make an appointment but referrals may be given over the phone when it is an area we do not service.
2. Do not give out referrals for any services that are not pre-approved by the PC. If you know of a resource or referral that should be added to our resource book, please notify the Office Manager of the referral source.

## **MEDICAL REFERRALS AND RESOURCES**

### **Pregnancy Tests:**

The PC uses extremely sensitive laboratory quality urine pregnancy tests, which are very accurate. These detect the hormone HCG in the urine. It is most accurate once a client has “missed” her period. If the test is negative and the client has missed her period, she should be offered a retest two weeks later. If a client has missed 2 periods, she should be advised to see a healthcare provider. Urine samples must be given in the PC (not brought in by a client). We do not perform blood pregnancy tests. If a caller or client asks for a blood pregnancy test, explain that the test measures the same hormone and if our test is unable to establish pregnancy, she would need to consult her own health care provider.

### **Medical Questions:**

Counselors are not to give medical advice, but should be encouraged to schedule an appointment or speak to our medical staff. If the client is having a medical emergency, she should seek medical attention.

### **Sonograms for Carrying Clients or Callers:**

There are different types of sonograms and our clinic is only licensed to perform limited viability sonograms which are not what she needs for her pre-natal care. She will receive diagnostic sonograms as determined by her medical provider during her pre-natal care.

## **SPIRITUAL GUIDANCE:**

We are a Christian ministry first and foremost. We follow Biblical principles. Our goal is to present the Gospel and Godly guidance to our clients. We do not force it on them, and if they decline any of our offers/attempts overtly, we respect that and do not push. Our offers come by the following:

- Sharing the Gospel Message during a teachable moment in the counseling session.
- Offering Bibles, tracts, and more to clients.
- Suggesting our LifeSense Spiritual Growth class.
- Encouraging involvement in a local church.
- Offer information on a local church and encourage attendance.
- Asking about any of the above during Client Care calls.

### **Brochures and Bibles:**

There are a wide variety of brochures on the many topics we discuss with clients. Some of these brochures are pre-packaged and contain basic information. Other brochures may be used to supplement that information. Keep in mind that you a) don't want to overload a client with information, and b) want to show your client what is in the packets and not merely hand it to her. Packets are available for a) clients who intend to carry, b) clients who are undecided/Abortion Minded/Abortion Vulnerable c) negative test clients, and d) adoption.

Bibles are available for anyone who will accept one. If it is available, we may have Bibles that are specifically for abortion-at-risk clients. Please consult your office manager.

## **POLICY: CRITERIA FOR DISPENSING PRENATAL VITAMINS**

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Pre-Natal Vitamins are not classified as a drug and can be obtained over the counter in most pharmacies. Pre-natal vitamins may be distributed to a client who has had an intake done at the clinic and has a positive pregnancy test. Our volunteer counselors may distribute the pre-natal vitamins once having completed the following:

### **PROCEDURE:**

The Counselor:

1. Has received pre-natal vitamin dispensing instruction from the Nurse Manager.
2. Is familiar with nutritional information available in the clinic room, depending on the client's needs.
3. Aware of accurate documentation required in the Vitamin Log Book and in the clients chart after documentation.

**Revised: October, 2016**

**Approved by Dr. Cliff McClain, Medical Director**

## **Appendix Forms, Logs, & Binders**

**Babies' Birthday Book** – Record of the birth date and names of clients' babies.

**Verification of Pregnancy Form** – Verifies test results for clients applying for prenatal care. Clients must sign.

**Consent to Release Information** – Completed for clients who want us to initiate and maintain contact with other specific agencies on their behalf.

**Contact Notes** – Used for additional chart notes about contact with a client. Use front and back.

**Counselor's Client Care List** – Used by counselors to keep track of clients. Located in Pregnancy Test Log Book.

**Exit Interview** – Clients give feedback on our services before leaving the Clinic.

**LifeSense Class Schedule** – Schedule of classes with participants who plan to attend (attendance confirmed after class).

**LifeSense Intake/ Material Aid Form**– Completed for all clients not needing a pregnancy test, but needing other services.

**LifeSense Class Log** – Form attached to clients chart marking the classes that she has attended.

**Material Aid Form** – Completed each time a client receives items. Forms are re-filed in Material Aid Book for Office Manager's use.

**PAS Referral Sheet** – Completed and placed in PAS Intake Coordinator's mailbox for clients interested in PAS Bible Study.

**Pregnancy Intake** – Completed on the first visit for all clients needing a pregnancy test among other services.

**Pregnancy Test/Vitamin Log** – Used to record pregnancy tests & vitamins given during a shift.

**Resource Book** – A listing of approved partnering agencies that may be useful to clients.

**Telephone Talking Points**– Various tips for addressing certain topics with clients. May be found in the front of the appointment book.

**Telephone Log** – Used to record all calls except wrong numbers or personal calls.

**Time Preference Form** – Used for Counselors to request specific times they prefer to be scheduled. Submit to the Counseling Coordinator.

**Time-off Request Book** - Used by Counselors to request they not be scheduled certain days the next month(s).