

____ (“OMHC”) _____, is an
name of provider address

Outpatient Mental Health Center licensed under COMAR 10.63.03.05 and has full accreditation from

accreditation agency

I hereby attest that the OMHC:

1. Provides outpatient mental health services to individuals with a serious mental illness, including individuals discharged from inpatient psychiatric hospitalization;
2. Has the capability to provide which include intensive outpatient services and/or partial hospitalization;
3. Has 24 -hour a day emergency mental health care service available;
4. Provides services regardless of an individual’s ability to pay for such services and are available and accessible promptly as appropriate and in a manner which preserve human dignity and assures continuity and high-quality care.

On behalf of OMHC:

Printed name of CEO or Medical Director

Date

Signature of CEO or Medical Director