

# Patient Policy Agreement

iTrust Wellness Group, LLC is committed to providing the best mental health services to our clients. In an effort to uphold transparency with our clients, several of our most important policies are clearly listed below in a condensed version that highlights pertinent policies for all clients to be aware of. A table of contents and the full policies are listed immediately afterwards in this document.

The following policies are subject to change, and the most current version will always be available on [our website](#). Please read and sign these policies to indicate understanding and agreement to abide by iTrust Wellness Group guidelines.

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# Condensed Office Policies and Procedures

## Appointments

- **No Walk-In Availability:** Appointments must be scheduled ahead of time.
- **No-Show:** Missing a scheduled appointment without alerting iTrust with 24 hours' notice results in a no-show fee that will be automatically collected via the method(s) of payment on file. The no-show fee for all appointments is \$103.75.
- **In-Person Appointments:** Please arrive early for all in-person appointments (at least 20-25 minutes for an initial appointment and at least 10-15 minutes early for any follow-up appointment) to complete the forms here in the office.
- **Telepsychiatry Appointments:** It is your responsibility to be in the virtual waiting room at least 5 minutes before your appointment time. Paperwork should be filled out ahead of your appointment via the onpatient portal.

## Payment

- **Payment at Time of Service:** Insurance amounts, self-pay rates, and any other balance on the account is due at the time of service/appointment and will be collected before the appointment or by the end of the next business day. *It is your responsibility to call the office prior to your appointment if you would like to use another payment method or need to set up payment arrangements.*
- **Initial responsibility:** If you have insurance and do not know your specialist/mental health copay or out of pocket responsibility, please contact the number located on the back of your insurance card and talk to an insurance representative to better understand your plan specifics.

## Insurance

- **In-Network Care:** Different providers may be in network with limited or different insurance companies.
- **Lapse in Coverage:** If you are not covered by insurance, or there is a lapse in coverage, you are responsible for paying our self-pay rates.

## Reminders/Communication

- **Reminders:** iTrust Wellness Group will contact you by phone and email with automatic reminder messages, using the information you have provided. Our office requires a minimum of 24 hours' notice to cancel or reschedule an appointment; otherwise, a \$103.75 no-show fee will be collected.

- **Onpatient:** For communication in between appointments, our office can enable access to an onpatient portal for your convenience. You can directly message your provider any questions or updates you may have; however, this is not for emergency usage. Please allow up to 48 hours for response. Emergencies should be directed to 911.
- **Staff Communication:** Keep your communication with our office staff respectful. Allow up to 24 hours for an issue to be communicated and resolved.

## Medications

- **Refills:** It is your responsibility to give 3-4 days' notice for any medication refills.
- **Side Effects:** Medications carry the risk of unexpected side effects. Signing this document waives all liability of iTrust Wellness Group practitioners in the event of an unintended medication side effect.
- **Prior authorizations:** Please allow a minimum of 48 hours for our office to process prior authorizations. After that point, the medication coverage is at your insurance company's discretion.
- **Controlled Substances:** We will not reissue controlled substances until the date the prescription is due to run out. Monitoring of controlled substances through the South Carolina Prescription Drug Monitoring Program is a regular practice of our providers for each client. The patient is responsible for storing controlled substances in a safe manner.
- **Short-term prescriptions:** We may issue "bridge prescriptions" for a maximum of one week if a scheduling conflict prevents regular refills during an appointment.
- **Urine drug screens:** To ensure client safety, we regularly issue urine drug screens. Consequences of finding illicit or non-prescribed substances in these drug screens may result in events including, but not limited to, client dismissal or the involvement of law enforcement. Fees may apply to urine drug screens to cover the cost of administering the test.

## Care Outside of iTrust Wellness Group

- **Referrals:** Referrals are routinely made to other providers for additional psychiatric care or other medical reasons. Our office will assist with transition of care by sending records to facilitate consistent care.
- **Therapy:** Our providers may refer you to therapy depending on your situation.
- **Outside Services:** iTrust Wellness Group is in no way responsible for medications, procedures, or services provided by other offices or prescribers. It is crucial to inform your provider of any additional medications or changes to your regimen.

## Dismissal

- **Criteria:** The office may dismiss clients for reasons including, but not limited to: non-compliance with provider instruction, disrespectful behavior towards staff, and non-

payment.

- **Warnings:** The office will issue a written warning to you explaining any policies that have been violated and necessary corrective actions to avoid dismissal prior to issuing a formal dismissal. This notice will be sent to the email you have given to our office.
- **Transitioning:** In the case that you are dismissed as a client, you will be supplied with a refill for your current medications. You will also receive a list of psychiatric resources in the Upstate to assist in your transition of care. Your dismissal information, including these resources, will be sent to the email you have given to our office.

## COVID-19

- **Notifying office:** It is your responsibility to notify our office for rescheduling or other accommodations if you are experiencing COVID-19 symptoms, have been exposed to COVID-19 in the 14 days prior to your appointment, have tested positive for COVID-19 in the 14 days prior to your appointment, or have been told by a healthcare professional to quarantine.
- **Office Rules:** Our office mandates the use of a mask at all times unless explicitly communicated otherwise. We additionally require that you maintain the 6 feet of social distancing as recommended by the CDC.

## Additional Disclaimers

- **Letters:** Any letter written will be approved only at the discretion of the provider. A standard \$35 administrative fee applies for all letters requested in a standard time frame; letters needed within 24 hours or extensive paperwork have a \$50 fee. An appointment may be required for the completion of a letter in order to ensure all details are accurate and accounted for.
- **HIPAA:** Our office remains HIPAA-compliant but must abide by law to report threats. Our providers are required by law to report suspected child abuse and expressions of intent to harm or endanger others.
- **Emergencies:** In the case of an emergency, especially after-hours, please call 911 immediately to receive proper assistance.

## Agreement

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of intellectual capacity, diagnostic presentation, age, or other such similar factors that are not mentioned as the safety of our staff and clientele is the number one priority for the iTrust Wellness Group.

In the case that a client is under the age of 18 or does not have the ability or intellectual capacity to consent to iTrust Wellness Group's policies, the client's legal guardian or legal representative is required to read and agree to the policies on behalf of the client and while

acting in the client's best interest. By signing this document, you affirm that you understand and agree to our office's full policies.

# General Office Policies and Procedures

## General Appointment Information

### Length of Sessions

Your initial intake session with a psychiatric practitioner or therapist may last between 40-60 minutes depending on complexity of history, current stressors, medication management decisions, treatment goals, medical complexity, and assessment tools needed to best understand your presenting concern. Most medication management appointments following the initial intake appointment will last approximately 20 minutes in length depending on the complexity of the follow-up appointment. Follow-up therapy appointments last between 40-60 minutes depending on the individualized treatment plan set forth by the clinician.

### Scheduling

Patients are seen by appointment only. Walk-ins will not be seen. Our office is open Monday through Friday for scheduling appointments. We will make every effort to schedule your appointment as soon as possible. If you call to schedule an appointment and do not speak with an office staff member, you may leave a message with a callback number.

Making a follow-up appointment immediately after seeing your provider ensures that you are able to schedule a follow-up within a timely fashion to renew your prescriptions. Your provider will typically schedule your follow-up appointment at the end of your present appointment. In the event that this does not occur or a change needs to be made, it is your responsibility to provide 24 hours' notice. It is advisable to give as much notice as possible due to provider availability.

### Notice for Minors

All minors (under the age of 18) must be accompanied to their appointments by a parent or legal guardian. This includes both in-person and virtual appointments. In the event that a parent or guardian is unavailable to attend the appointment, the appointment will need to be rescheduled.

## In-Office Policies

### Arrival Time and Promptness

Please plan to arrive 20-25 minutes prior to your intake appointment and 10-15 minutes early to any follow-up appointments. In most cases, we have clients scheduled in a time slot immediately following your appointment time; therefore, arriving late will reduce your time with the provider. In the event that you are 10 or more minutes late to your appointment, your appointment will be counted as a no-show and will need to be rescheduled. Full no-show fees will be charged even if you arrive late to an appointment as there is an expectation to arrive at the appointment on time.

### **Firearm Policy**

No firearms, knives, or other weapons will be allowed on the premises of iTrust Wellness Group. In the event that a weapon is brought onto one of iTrust Wellness Group's locations, iTrust Wellness Group reserves the right to mandate the removal of the weapon. Furthermore, if a client brings a weapon to iTrust Wellness Group's office with the intent to harm self or others, iTrust Wellness Group reserves the right to contact the appropriate authorities. It is at the discretion of iTrust Wellness Group staff whether or not this escalation is necessary.

iTrust Wellness Group is not liable for the actions of those in violation of this policy.

### **Reminders**

iTrust Wellness Group may send an automatic reminder message or email that allows you to either confirm or cancel your appointment with the provider ahead of your appointment. Therefore, please make sure that we have your most recent telephone number and/or email on file so that you can receive the reminder call and any other important messages from our clinical staff. These appointment reminders are done as a courtesy to our clients, but it is our client's responsibility to keep track of appointment dates and times. Therefore, you may be charged a fee for a missed appointment in accordance with our policies. If the client opts out of reminders, it is the client's responsibility to keep track of their appointments or re-enroll in the automated reminder system.

### **Therapy Appointments/EMDR**

iTrust Wellness Group offers supportive psychotherapy services to clients in an effort to continue to provide help with experienced mental health concerns. Listed below are policies specifically related to therapy appointments, particularly when the therapist is using Eye Movement Desensitization and Reprocessing (EMDR) as the chosen treatment modality. Please note that all other iTrust Wellness Group policies still apply.

Therapy, including EMDR therapy, has potential risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in beliefs or behaviors can be frightening, and sometimes disruptive to the relationships you already

have. EMDR can be disruptive to family relationships due to the changes that can occur as a result of therapy. EMDR therapy can also induce physical sensations and disturbing dreams and memories and/or flashbacks. EMDR therapy is a treatment approach that has been widely validated by research. It is important that careful consideration goes into whether these risks are worth the benefits. Your therapist will explain this in detail during an appointment with you.

Please be advised that EMDR therapy is not recommended for individuals with a history of seizures or who are at risk for seizures. It is also not recommended for individuals with disorders of the eye, with a history of migraines, or individuals who have participated in hand-to-hand combat. It is the responsibility of the client and expectation of iTrust Wellness Group that this information, or other factors that may conflict with EMDR, be brought to the attention of the therapist prior to beginning EMDR treatment.

## **Telepsychiatry/Telehealth Appointments**

Telehealth/Telepsychiatry appointments are offered to clients at the discretion of the provider. Telehealth is a new technology that allows a secure, electronic video conference appointment between a patient and provider. Telehealth appointments are held to the same HIPAA standards, and a special software and connection is required to conduct the appointment. iTrust Wellness Group has implemented telepsychiatry as a convenience and to ensure flexibility in the follow-up appointment process. The following policies are applicable to telepsychiatry appointments:

1. CPT codes, insurance billing, self-pay charges, and other applicable appointment charges are billed at the same rates and are billed with the same standards as in-office appointments.
2. Payment for services rendered is collected on the day of the telepsychiatry appointment or by the end of the next business day.
3. It is practice policy to allow for telepsychiatry appointments on a case-by-case basis. Some visits will need to be conducted in-office to allow for urine drug screens, lab work, or other reasons as the provider sees fit. The ability to hold an appointment over the telepsychiatry platform is at the discretion of iTrust Wellness Group.
4. The client is responsible for ensuring the appointment environment is quiet and secure, and that there is a reliable internet connection for the appointment to be successfully conducted. The practitioner is not held responsible if the client's protected health information is overheard by other people or other parties.
5. The client is responsible to present to the provider in a respectfully dressed and appropriate manner. The client is asked to take telepsychiatry appointments as seriously as they would an in-office visit and to understand that this is a medical appointment that is conducted by a medical professional. In the event that the provider does not feel comfortable conducting the full appointment based on these and other

related variables, they reserve the right to terminate the appointment and ask the client to reschedule in a more appropriate time or manner.

6. Clients are responsible for arriving to the telepsychiatry appointment virtual waiting room at least 5 minutes early. Providers make every effort to start virtual appointments on-time, but it is nonetheless the responsibility of the patient to be present and able to connect at the scheduled appointment time. In the event that the client is not present and in the virtual waiting room during the scheduled appointment time, the appointment will be considered a no-show and related fees will apply.
7. The client is responsible for ensuring that the phone, tablet, or internet is compatible for the telepsychiatry platform PRIOR to the appointment time. The provider will not make an exception for or change the appointment time if there is a technological glitch on the end of the client as we ask clients to ensure that they are able to have a stable audio and visual connection prior to the appointment time. Clients are provided with step-by-step instructions on how to connect to the telepsychiatry platform and are also asked ahead of time to test their technology and electronic devices to ensure a smooth process.

## **Communication**

### **Call in Policy**

To uphold quality of care and maintain fairness to all, providers cannot take time out of appointments to accept or return a patient's phone calls unless there is an emergency or specific medication interaction. Please allow our support staff to relay any messages so that your concern can be resolved in a proper, timely manner. If you feel you need to speak with your provider, please make an appointment to allow your provider to give you the care and undivided attention you deserve.

### **Telephone Policy**

We are committed to answering your call whenever possible. However, there are times when heavy call volume may prevent us from speaking with you directly. When calling, please follow these instructions (please note, confidentiality cannot be guaranteed for any information left via voicemail):

- Do not call more than once per day for the same issue.
- Keep your message as brief as possible (name, number, and reason for calling)
- Allow up to 24 hours for a return call, especially if you call late in the day.
- Medical issues will not be addressed over the phone. Please make an appointment.
- Office staff will be polite and respectful. They deserve the same in return.
- Calls may be recorded for quality control purposes.
- Disrespectful or incessant calls are cause for termination. All threats are reported.

 Please note that in order to ensure quality care, calls through our system may be recorded.

### **Texts**

Our office uses a HIPAA-compliant platform, Weave, that handles both phone and text capabilities. You have the option to either call or text the office regarding your concern.

Please note that some circumstances may require a phone call with one of our staff members in order to most accurately and fully address the issue.

### **Voicemails**

Voicemails left for our clinical staff by our clientele are answered by our staff on a priority basis. Our staff give priority to voicemails that include information which may jeopardize a patient's safety, such as side effects or adverse reactions. We will return voicemails left for our providers that do not contain information concerning the safety of our clientele as soon as possible. However, due to the volume of clientele that we provide services to and the limited time our providers have in-between appointments, we ask our patients to leave priority messages only. Phone calls that contain non-essential information related to effective treatment and safety should be filtered; the information should be shared with the provider during the designated appointment time.

Voicemails left by the client which contain information that may indicate the client is an imminent danger to themselves or others will be promptly reported to the appropriate authorities, according to statutory law. This information includes but is not limited to active suicidal ideation, homicidal intent or threats to harm another person, or reports that indicate or cause our staff to suspect sexual, physical, or emotional abuse toward a minor, elder, or developmentally delayed individual.

In lieu of a voicemail, clients may communicate with our staff in other ways. For appointment changes, cancellations, or other scheduling adjustments, please email:  [appointments@itrustwellnessgroup.com](mailto:appointments@itrustwellnessgroup.com).

### **Onpatient Portal**

iTrust Wellness Group clients have access to an online onpatient portal to streamline the processes of check-in and communication. The onpatient portal enables you to communicate with your provider and access support care between visits.

The onpatient portal is not to be used for an emergency or any urgent issues. Emergencies should always be directed to either an Emergency Room or to 911.

## Proper Usage of the Patient Portal

The onpatient portal is a tool to assist you by saving you time and bringing you peace of mind. Please understand office policies and guidelines still apply:

- **Response Time:** If you send a message through the portal, we ask that you give the provider at least 48 business hours to respond to any messages.
- **New medication / change in medication prescription:** The provider cannot prescribe a new medication by request through the portal. You will have to schedule an appointment so the medication change can be properly documented and explained by the provider.
- **Appointments:** You can only view the next scheduled appointment. You cannot schedule or cancel appointments through the patient portal. You will need to email [appointments@itrustwellnessgroup.com](mailto:appointments@itrustwellnessgroup.com), or you can text or call the office at 864-520-2020 (extension 1) to reschedule or cancel your appointment. Please remember to keep in mind our 24-hour no-show policy for any cancellations or reschedules.
- **Communication to Provider:** Your provider has enabled the onpatient portal as a courtesy to you. Providers at our office are consistently scheduled with appointments throughout the day; therefore, they have limited time to answer questions and provide suggestions outside of scheduled appointment times. In some cases, your provider will suggest that you schedule an appointment in order to discuss clinical questions. However, regardless of the issue being addressed, please respect your provider's time and schedule by keeping messages limited to clinical matters. Otherwise, access to the onpatient portal may be revoked. Please keep in mind that our support staff is available to help with appointment and payment concerns.

## Privacy and security

The onpatient portal has privacy and security safeguards to protect your health information, such as encrypted password-protected logins and audit trails that track who accesses your information, changes made to your information, and when those changes are made. Although patient portals use safeguards, there are other safety guidelines you should follow when using the patient portal. Always remember to protect your username and password from others and ensure that you log in from a personal or secure device.

In summation, the onpatient portal is provided as a courtesy to our valued patients. iTrust Wellness Group is focused on providing the highest level of service and health care. However, if disrespectful activity or misuse of onpatient portal occurs, the office and/or the individual provider reserves the right at our own discretion to terminate access to the portal.

## Letters and Forms

At times, our clinicians are asked to write a letter or complete a form on behalf of our clients, including emotional support animal letters, confirmation of medication letters, and general clinical letters. If this request is made, it is up to the discretion of the provider whether or not this letter will be completed by our office. Please allow 3 or more business days for this request to be completed. A medical provider must approve and sign all letters before they can be picked up/mailed/faxed. The average turn-around time for letters is one week, so please request them 1-2 weeks in advance. Our providers' first priorities of each day are to see and provide care to regularly scheduled clients. For all letters that are written by our office or other clinical paperwork completed by our practitioners, a \$35.00 clerical fee will be charged. For expedited letter requests (within 24 hours), there will be a \$50.00 charge. This policy is in place because it allows our staff to process these special requests as time permits and it is usually in addition to the workload already on each practitioner's clinical caseload.

While iTrust Wellness Group providers do collaborate with a physician in accordance with South Carolina law, the collaborative physician has no responsibility to sign off on paperwork requiring a signature from an M.D. This is not in their scope of practice with iTrust Wellness Group. In the event that a signature from a M.D. is required for a client's paperwork, iTrust Wellness Group can send a referral to another office or assist the client in having one of their other existing providers complete this paperwork.

### **Emotional Support Animal Letters**

For emotional support animal letters, our office maintains a standard that must be met by both the individual and the animal involved. In order for the requirements to be met, the following must be in order:

1. Our office requires confirmation from a veterinarian of up to date vaccines.
2. The animal needs to be greater than 1 year of age.
3. For dogs or otherwise trainable animals, our office must have proof of obedience training that the animal has participated in.

Even if these qualifications are met in completion, this does not necessitate that the provider will sign a letter regarding an emotional support animal. This is up to the sole discretion of the provider, who will fully assess your situation, treatment plan, and the subsequent best course of action.

### **Labs**

iTrust Wellness Group offers in-house lab services at our office at 117 Commons Way, Greenville, SC 29611. The current hours of lab operation are from 10am-3pm Monday-Thursday. Clients are required to contact the office to schedule a time to have their labs drawn to ensure clinical availability.

By obtaining lab services through iTrust Wellness Group, clients waive iTrust Wellness Group's liability in the case of any adverse event related to labs being drawn. It is the client's sole responsibility to inform their iTrust Wellness Group provider ahead of time for any relevant medical concern such as lymphedema, known fainting, or other issues that would be pertinent to lab drawings.

Additionally, if a client has billing questions or concerns, all inquiries are to be directed through iTrust Wellness Group's partner for lab services, Mako Medical. Their billing line is 1-844-625-6522. iTrust Wellness Group does not bill for lab services and is therefore not responsible for any discrepancy in billing, payment, or any related matters regarding lab services.

Mako Medical is a contracted partner with iTrust Wellness Group. Client information is shared with Mako Medical solely for assistance and coordination with laboratory procedures. All communication between iTrust Wellness Group and Mako Medical is HIPAA-compliant and falls within scope for coordination of care

### **Disability/FMLA (Family and Medical Leave Act) Claims**

iTrust Wellness Group, LLC has the following policy regarding disability claims:

1. iTrust Wellness Group will NOT process short-term disability and FMLA Paperwork. We do not process paperwork or evaluate for Social Security Disability.
2. iTrust Wellness Group does not "give" disability. We can only report symptoms and response to treatment to the company that handles your disability insurance.
3. If regularly scheduled appointments are not kept, we will notify your disability carrier.
4. Requests for records for disability applications are subject to a clerical fee. More information is outlined in the below "Record and Documentation Requests" section.
5. iTrust Wellness Group is not liable for the outcome of the documentation requested.
6. In the event that an iTrust Wellness Group practitioner is willing to fill out any paperwork, an appointment is required between the client and the provider in order to coordinate the process and keep information clear.

## **Grounds for Dismissal**

At iTrust Wellness Group, we take the relationship between the client and provider seriously. We ask you to read and adhere to the below portion of our policies and procedures regarding potential dismissal of clientele. Grounds for dismissal include, but are not limited to, the reasons included in the following paragraphs.

### **Financial**

If our office has contacted you repeatedly, and collection attempts have been made for an outstanding balance beyond 90 days of an appointment with no payment received, the

client will be released from iTrust Wellness Group. By agreeing to any appointment, you are always agreeing to the entire process of our services, including payment in full due on your appointment date. If we consistently do not receive payment from you, we may dismiss you as a client.

### **Appointment No-Shows**

Clients will be dismissed as a result of missing a total of three appointments throughout the duration of your status as a client with our office. This applies to both not arriving to the scheduled appointment and not giving our office a minimum of 24 hours' notice for an appointment. For both of these circumstances, regardless of appointment type, there is a no-show fee of \$103.75 that we will collect. The providers' time is valuable, and we reserve this just for you. If you recurrently do not attend these appointments or give us proper notice, you will be released from our care.

### **Non-Adherence to Treatment**

At each appointment, our practitioners will suggest treatment plans designed for your psychiatric needs. Compliance and adherence to your treatment plan is expected as part of your agreement to our policies and procedures. If it becomes apparent that you have been deviating from the therapeutic regimen agreed upon at the time of the appointment, you will be dismissed from the practice.

### **Behavior**

As our client, you are fully responsible for how you act and present yourself. This includes how your behavior during your appointment and how you interact with our staff after you have left the building. It is vital that you treat our providers, nurses, administrative staff, and other clients with respect. If there is any behavior or action that is deemed disrespectful or harmful or abuses the status you have as a client, you may be discharged from iTrust Wellness Group.

### **Dismissal Summary**

If you are not adherent to our policies, you will be notified by email with a dismissal warning. Further nonadherence may result in full dismissal from iTrust Wellness Group. Please note that dismissal warnings and dismissal notices will be sent to the email you have provided our office with.

If you are dismissed from our care, for the above-mentioned reasons or any other situation deemed necessary by iTrust Wellness Group, a provider will send in a final supply of your medications that were prescribed in our office. The maximum amount of medication provided at this final appointment will be 90 days' worth. If you are prescribed a Schedule II

controlled substance, the provider will send in for a 30-day refill. These refills are meant to assist your transition to another mental health care provider.

Dismissed clients are able to schedule one follow up appointment within 30 days from the date of their dismissal, as noted on the dismissal documentation. Further refills will not be provided at this appointment than were already given, excepting in the event that a medication change is needed, which will occur only at the provider's discretion.

Associated with release from the practice, our office will email you a list of psychiatric resources here in the Upstate to assist in your continuation of psychiatric medication management.

As a part of these policies and procedures, you are agreeing that if you are dismissed as a client, you will act respectfully toward iTrust Wellness Group. This includes any attempted retaliation toward our office (for example, false or degrading reviews). Additionally, no legal action may be taken against iTrust Wellness Group in the case that you are released from our care as we have taken appropriate precautions to ensure safety in your transition of care to another provider.

We truly value you as a client, and we outline these policies and procedures to make clear our expectations so that you are fully aware of the potential negative ramifications. Please act in accordance with the stated measures so that your treatment can be continued with our office. If you have any questions regarding this document, please do not hesitate to speak with one of our office staff members.

## **Medication Policies**

### **General Refill Information**

Please make all efforts to notify your provider during your visit of any and all prescription refills needed before your next visit. Our providers are usually busy providing services to clients and therefore, unless in a case of emergency, refills are not issued in between appointments. In such a circumstance, it is your responsibility as the client to alert the provider by 3-4 days before medication runs out to allow for sufficient time to refill prescriptions during normal business hours. It is not advisable to wait until a Friday or the day before a holiday; doing so may increase the risk of running out of medication. We do not grant prescription refill requests from walk-in patients.

### **Bridge Refill Policy**

**i** “Bridge” prescriptions are short-term prescriptions that are meant to ensure a client has their medication in the event of an emergency or a lapse in scheduling. As it is our policy for clients to notify us 3-4 business days prior to running out of medications, “bridge prescriptions” are reserved for emergent situations and are intended to remain within the following parameters that have been established by our practitioners.

Bridge prescriptions will be called in for no more than 7 days. No new medications or alterations the dosage of a current medication will be prescribed without an appointment so that the change can be properly documented and explained to the client.

1. In the event that a client is requesting a bridge prescription, the support team will attempt to schedule the client sooner with the client’s primary provider.
2. In the event that the client’s primary provider is unable to accommodate the client’s earlier appointment request due to scheduling barriers, the staff member will schedule the client with another provider in the practice that is in-network with the client’s insurance.
3. In the event that neither the primary provider nor another provider in the practice is able to accommodate the client, the client will receive a bridge prescription for 7 days so that the client may be rescheduled with the original provider or a covering provider without a lapse in medication. This bridge prescription includes controlled and non-controlled substances that are able to be prescribed for this 7-day window of time.

### **Prior Authorizations**

Some insurance companies require prior authorization before they will authorize a pharmacy to fill certain medications. In this situation, insurance companies may request that your provider discloses information about your diagnosis and treatment in writing or by telephone. Please allow your provider a minimum of 48 hours to process this request. We recommend that our clients call their pharmacies 72 hours after dropping off the prescription that required a prior authorization to check the status of this process. iTrust Wellness Group will work on behalf of our clients to advocate for approval of the prior authorization but cannot guarantee that the insurance company will cover the medication. Ultimately, it is the insurance company's decision to cover a medication, and iTrust Wellness Group cannot claim responsibility for any prior authorization denials.

### **Samples**

Samples are provided to our clients as a courtesy when trying a new medication. We cannot always guarantee there will be enough samples available as the office supply fluctuates. Therefore, please do not expect our office to provide you with samples every month as there may be none in stock. We cannot mail samples, nor can we render a substantial quantity of medication samples to any one client because we have other clients that may

need them as well. Our providers are concerned with choosing the appropriate medication to promote recovery and wellness but are also concerned with the financial aspect that our clients face in having their medications filled. It is our clinicians' goal to find the best medicine to help our client's at the most affordable cost. If medication cost is an issue, please address your concerns with your provider.

Attempted theft or theft of samples will result in immediate termination of services at the iTrust Wellness Group and a report to the proper authorities.

### **Medication Prescription Outside of iTrust Wellness Group**

We recognize that our clients sometimes have complex medical comorbidities in addition to mental health concerns. Although we support and encourage our clients to pursue medical treatment in addition to mental health treatment, iTrust Wellness Group assumes no responsibility for medications, procedures, or services prescribed or provided by other practitioners. At all appointments, the iTrust Wellness Group provider will ask if the client has any changes to their medication regimen by other providers, and it is the responsibility of the client or their guardian to inform the iTrust Wellness Group provider of such changes as there may be concerns of medication interactions or overall client safety.

In addition, for as long as you are a client in our service, it is expected that you will receive prescriptions for mental health medications only from an iTrust Wellness Group provider. If a client is receiving mental health medication prescriptions from another provider, our providers will either stop prescribing medication, work with the other provider to take over prescription duties, or, in some cases, dismiss the client from services because of safety concerns.

### **Medication Safety**

Medications that our providers prescribe and manage carry innate risks and side effects which can be harmful or life threatening. Unanticipated results or reactions may occur from taking a medication that is prescribed by an iTrust Wellness Group practitioner. Our clients are advised of this and the general risks of taking medications prior to initiating care. By consenting to these policies and procedures, our clients waive any and all liability of iTrust Wellness Group practitioners in the event of an unintended medication side effect or side effects from medication. The client furthermore waives any liability of iTrust Wellness Group in the event that a person takes medications that are not prescribed to them, changes dosing of medication without the consent or involvement of the provider, or a situation arises where a client's medication is taken by another person and a harmful outcome arises.

### **Medication and Substance Use**

Medications that our providers prescribe and manage carry innate risks and side effects which can be harmful or life threatening if taken with legal or illicit substances, including but not limited to alcohol, nicotine, methamphetamine, cocaine, hallucinogens, barbiturates, opioids, inhalants, cannabis, inhalants, depressants, and dissociative substances. The providers at iTrust Wellness Group recommend that prescribed medications are not taken with any legal or illicit substances that can cause physical or mental alterations. To this end, the client agrees that any legal issues, personal injury, or the injury of another person or property that occurs as a result of taking medications and such aforementioned substances together is not the responsibility of iTrust Wellness Group. The patient also understands that iTrust Wellness Group is not held responsible for any personal injury or injury of another that results from taking prescribed medication and any legal or illegal substance as it is the patient's responsibility to inform the practitioner of any co-occurring substance use that is not detected in routine or random urine drug screenings.

### **Medication and Operating Heavy Machinery**

Certain medications that our providers prescribe and manage carry risks which can be harmful or life threatening if taken prior to operating heavy machinery. As a standard of care, the providers at iTrust Wellness Group educate clients and require agreement from the client through these policies to not take certain medications that may have sedative, hypnotic, or depressant effects prior to driving, performing technical skills, operating heavy machinery, etc. The client also understands and acknowledges that if they were to be arrested or have any legal ramification due to performing these aforementioned activities, iTrust Wellness Group will not be responsible or held liable.

### **Controlled Substances**

Prescriptions for controlled substances will not be reissued until the date the prescription is due to run out. You are responsible for safeguarding your prescriptions and medications, and we cannot write a refill in the event of a lost script or theft. You are also responsible for only using your controlled substances as prescribed. Clients that receive controlled substance prescriptions will also receive random urine drug screenings to ensure safety and compliance with treatment.

Controlled substances cannot be sent in quantities more than 30 days at a time as a "face value" on a prescription. While, at the discretion of the provider and in compliance with all federal and state laws, you may be prescribed 90 days' worth of a controlled substance, no more than 30 days' worth of the medication will be dispensed until the next refill is legally available. If your insurance policy requires a 90 days' supply of a controlled substance, it will be written by the provider as a 30-day supply with 2 refills and will only be dispensed in accordance with federal and state laws.

If iTrust Wellness Group is informed by a pharmacy or other medical provider that the client is filling multiple controlled substances at multiple pharmacy locations, is not being forthcoming with their provider(s), or is diverting from their medications in other ways, iTrust Wellness Group reserves the right to dismiss the client in line with office policies and procedures. Under necessary circumstances, iTrust Wellness Group reserves the right to take legal action in order to ensure client safety and medication adherence. iTrust Wellness Group is not liable for circumstances in which a client diverts from their treatment plan and does not inform their provider(s).

### **Medication Disposal**

In the event that a controlled substance or other medication requires disposal, either by client choice or by provider requirement, the client is responsible to drop off their medication at a facility approved by SC DHEC. iTrust Wellness Group is not responsible for disposing of or collecting any client medications and requires that clients be compliant with their provider's direction regarding disposal of medications, whether or not they are federally controlled substances.

Local SC DHEC-approved disposal sites around the Upstate of SC include multiple CVS Pharmacy locations, multiple Walgreens Pharmacy locations, and several independent pharmacies. For exact location information, please visit:

<https://scdhec.gov/environment/recycling-waste-reduction/unwanted-medications> or speak with your iTrust Wellness Group prescriber.

### **South Carolina PMP Aware RX**

The South Carolina Prescription Drug Monitoring Program, known as PMP Aware RX, is a database tool that medical professionals use to improve patient care by identifying potentially hazardous or fatal drug interactions. As a responsible healthcare provider, our goals include safe prescribing and reducing drug abuse and diversion. Prior to writing any controlled substance, and at every follow-up appointment when that controlled substance is refilled, our providers will enter client data into this secure database to ensure treatment compliance and safety is upheld. Patients that are suspected of diverting medications, taking medications not as prescribed, or practicing high risk behavior may be dismissed from the practice.

### **Urine Drug Screens**

In order to maintain transparency between our clients and providers, routine and random urine drug screens are completed. It is our office policy to not discriminate against certain clients based on gender, appearance, ethnicity, background, diagnosis, past history of drug use, past history of arrest, past history of treatment non-adherence, among others. Drug screens are ordered by our providers to ensure patient safety is maintained as the use of

illicit drugs or the act of taking medications not prescribed by our providers poses a threat to not only the integrity of the relationship between our clients and their provider but also to overall safety. If a client is found to be dishonest regarding the use of illicit substances, is found to be selling or distributing prescribed medications that are prescribed by our physicians, or is not adhering to treatment about illicit substance use against the professional advice of our staff, iTrust Wellness Group reserves the right to terminate the client from our services and make appropriate referrals to facilities that our providers feel are better equipped to treat the client or law enforcement personnel. Efforts will be made to bill the client's insurance for reimbursement of these urine drug screens, but in the event that a client's insurance does not cover the cost of the test we will charge a flat fee of \$10.00 to cover the cost of the medical supplies.

Before a drug screen occurs, the client must empty their pockets of any items or valuables. No bags or containers other than those explicitly used for the UDS are permitted into the restroom should this screening be required by your provider.

### **iTrust Wellness Group Controlled Substance Agreement**

iTrust Wellness Group is a practice that was created to treat a broad scope of mental health disorders and our practitioners use a variety of different medications in order to provide adequate symptom control. Each patient's medication regimen is individualized and at the discretion of their provider. Our clinicians do prescribe controlled substances when deemed appropriate for their client. Our clinic strictly monitors these medications and requires our clients to be responsible and accountable for following their treatment expectations.

- Signing this document confirms that you have read and agree to the below guidelines:
1. I will take medications only as prescribed.
  2. I will not increase or decrease my dosage without the approval of my physician/APRN.
  3. I will obtain medications for my mental health treatment from my iTrust Wellness Group provider only. (Under certain circumstances, if I obtain any additional narcotic from other physicians, such as a primary care physician, inpatient hospitalization, or emergency room physician, then I will immediately notify iTrust Wellness Group and inform them of any changes from that point onward.) We do monitor controlled substances via the national database which shows all controlled substance prescriptions filled.
  4. I will not sell or share my medications with anyone, including family members.
  5. I will not receive a replacement for any lost or stolen medication, regardless of the circumstance, unless an official police report is filed and presented to the practitioner.
  6. I will not receive early refills. Our clinic will fill up to 30 days' worth of controlled substances at a time.
  7. I will notify my iTrust Wellness Group provider if I abuse alcohol or use other illicit drugs along with my medications.
  8. I agree to periodic random drug screening tests, at my expense, and I understand that if my drug screen result is positive for substances other than what was prescribed, I will not receive my medication refill.
  9. I agree to periodic random pill counts.
  10. I agree to participate in adjunctive management programs such as: psychological testing, counseling therapy, behavioral modification, school based interventions, and/or job modifications if recommended by the physician/APRN.
  11. I understand that the clinic is closed on weekends and holidays and that prescription refills are not able to be acknowledged during those times or after the end of the clinic day.
  12. I will wait for staff to contact me after I notify them of my need for a refill.
  13. I will keep all scheduled appointments. I understand that I will not be able to get my medications refilled if I am not compliant with my appointments.
  14. I will be forthcoming with any medical concerns/pregnancy/etc. that should arise during my treatment. Many conditions require changes to medications in order to prevent harm to the client/child/etc.

15. I understand that there is an inherent risk to taking controlled substances, including but not limited to long-term-usage side effects, physical dependence, and addiction. I understand that the decision to take or not to take controlled substances is ultimately my own. Practitioners at iTrust Wellness Group routinely recommend alternatives to controlled substances as we recognize that these substances should be utilized if other options have been tried and exhausted.

17. I understand that if I run out of medication early related to non-compliance with the prescribed medication regimen, it is my responsibility to present to the Emergency Room or a higher place of medical care as I understand that seizures, blackouts, and tremors are potential side effects of abrupt discontinuation.

18. I understand that my practitioner ultimately has my best interest in mind and will always be open to a conversation about alternatives to controlled substances. If a decision is made to titrate off controlled substances, iTrust Wellness Group providers will create a tapering plan to safely discontinue controlled substances.

19. I agree that if I am to have this controlled substance agreement enforced by iTrust Wellness Group, I will not provide negative feedback, reviews, or evaluations for either the practitioner or company online or on public forums as I fully comprehend the nature of this agreement and also understand that this would be viewed as slanderous and malicious intent.

20. I understand that this physician/APRN may stop prescribing the medication or change the treatment plan if I failed to follow the above recommendations. By agreeing to these practice policies, I am affirming that I have read, understand, and have had all my questions regarding this controlled substance agreement answered satisfactorily.

### **Neuroleptic Medication Agreement**

iTrust Wellness Group specializes in treating patients with psychiatric conditions. Our clinicians do prescribe a variety of medications for mood stabilization and primary thought disorder symptom management that can include neuroleptic/antipsychotic medications. Your provider will educate you on the risks and benefits associated with any medications that they select for treatment prior to prescribing the medication. Strict compliance with medications is vital to evaluating the efficacy of these medications.

Antipsychotic medications are a part of a class of medications known as neuroleptics. Treatment with neuroleptic medications, like other medication classes, places patients at risk for certain side effects such as:

- **Fall in blood pressure with body position changes**
- **Dizziness**
- **Constipation**
- **Weight Gain – Increased Appetite**

- **Sleepiness or sedation**
- **Dyspepsia – stomach upset**
- **Dry mouth Tremor or twitching, including feelings of restlessness**
- **Agitation**
- **Back or joint pain**
- **Irregular heartbeat**
- **Stuttering**
- **Amnesia**
- **Sensitivity to the sun**

There are additional warnings and precautions regarding antipsychotic medications that include:

- **Blood Sugar Effects** - Increases in blood sugar may occur and could be complicated by pre-existing diabetes. In some cases increases in blood sugar can be extreme and may be associated with ketoacidosis or hyperosmolar coma or death. Blood sugars are recommended by the provider to be monitored during therapy to help prevent, and reduce risks of, any complications from potential blood sugar increases.
- **Elderly Patients With Dementia-Related Psychosis-** Placebo-controlled clinical trials show the incidence of death in atypical antipsychotic-treated patients was significantly greater than placebo-treated patients (3.5% vs. 1.5% respectively). Risk factors that may predispose this patient population to increased mortality when treated with this class of drug include age above 80 years, sedation , concomitant use of benzodiazepines, or presence of pulmonary conditions (e.g. pneumonia, with or without aspiration). Currently, no atypical antipsychotic is FDA approved for the treatment of dementia-related psychosis.
- **Cerebrovascular Adverse Events-** Events such as stroke, transient ischemic attack and even including fatalities, were reported in patients in trials of atypical antipsychotics in elderly patients with dementia related psychosis. In placebo-controlled studies, there was a significantly higher incidence of cerebrovascular adverse events in patients treated with olanzapine compared to patients treated with placebo.
- **Tardive Dyskinesia-** This is a syndrome of potentially irreversible, involuntary, dyskinetic movements. It may develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown. Risks increase as the duration of treatment and the total cumulative dose increase.
- **Drowsiness and Impaired Coordination-** Because of possible drowsiness and some loss of muscle control, your ability to drive, operate machinery or perform other tasks requiring alertness and coordination may be impaired. For this reason, you should

avoid such hazardous duties until you are familiar with the effects this medication has upon you. Do not take this medication with alcohol. Be aware that the effects of alcohol may be intensified.

- **Pregnancy and Lactation-** Women should notify their physician if they become pregnant or intend to become pregnant. Women should not breast feed infants while on this medication.

While older generation (typical) antipsychotics carry the highest potential for complications or side effects, the newer generation (atypical) antipsychotics belong to the same class and do require close monitoring in order to minimize the risk of serious side effects or complications.

- I will notify my provider immediately if I notice any significant side effects such as uncomfortable restlessness (akathisia), muscle stiffness or shakiness, involuntary muscle movements of the jaw, lips and tongue, muscle spasms, lip smacking, and/or grimacing. These can be signs of a medication side effect called tardive dyskinesia which could remain permanent.
- I will immediately report symptoms including high fever, confusion, dizziness, rigid muscles and/or fainting to my provider or go to the nearest emergency room. Neuroleptic Malignant Syndrome is a rare but potentially life threatening reaction to antipsychotic medications and requires immediate medical intervention.

By consenting to these practice policies, I agree that I have been informed of the risks and benefits of treatment with neuroleptic medications. I understand the education provided to me. I (or a guardian on behalf of a minor) consent to treatment with a neuroleptic agent if my provider believes this is in my best interest and will not hold the clinicians at iTrust Wellness Group responsible for any side effects caused. I also understand that I have the right to accept or refuse this medication.

The above information has been discussed with the patient, and/or guardian/conservator, if appropriate. By signing these policies, the patient releases iTrust Wellness Group providers with liabilities associated with prescribing this class of medications.

### **Injectable Medication Policy**

In the event that an injectable medication is agreed upon as the course of treatment for the client, the client consents to the administration of the medication here in office as determined by the provider. These medications include but are not limited to: Abilify Maintena, Invega Sustenna, and Vivitrol. Our providers are trained to administer these medications and document all results accordingly. The client agrees to arrive to their appointments in a timely manner in order to adhere to policy, receive a full appointment

time, and receive the medication. Injectable medications will not be given without a timely appointment. There may be an additional fee incurred due at time of service for the procedure and/or monitoring the client thereafter.

There is an inherent risk in receiving these medications, including adverse/allergic reactions, lack of toleration, or inefficacious results. iTrust Wellness Group is not liable for any risks or results related to injectable medications taken by the client. Should any adverse reaction occur, the client must notify iTrust Wellness Group immediately to determine the best course of action moving forward.

### **Clozaril Agreement**

Clozaril is a medication occasionally used for treatment for some psychiatric diagnoses. If this medication is determined by the provider to be the best treatment plan for the client, there are notable items to include in this consideration. Patient instructions while taking this medication include as follows:

- Monitor your physical health symptoms closely:
  - Take a daily temperature and pulse rate if you have symptoms of a cold, flu, or similar illness
  - Report any fever or pulse 30 beats faster than normal while at rest
  - In addition to a fever, other signs of infection to report include mouth sores, malaise, chills, weakness, sore throat, swollen gums, skin infections
  - Report shortness of breath or heart palpitations
  - Report worsening of constipation, abdominal pain, vomiting, diarrhea, or inability to pass gas.
- Labwork
  - Clozaril lab work needs to be collected weekly for the first 6 months of treatment, then every two weeks between 6-12 months of treatment, then monthly after 12 months to ensure safe ANC levels; your clinician is assessing for an ANC level  $\geq$  1500/ $\mu$ L and will be following REMS guidelines as outlined:  
[https://www.clozapinerems.com/CpmgClozapineUI/remss/pdf/resources/ANC\\_Table.pdf](https://www.clozapinerems.com/CpmgClozapineUI/remss/pdf/resources/ANC_Table.pdf)
  - Clozapine levels need to be drawn 12 hours after bedtime dose, prior to taking any morning doses
  - White blood cell count should be done in the early afternoon, around 12 or 1pm
- Avoid constipation by eating a high fiber diet, drinking plenty of fluids, and getting regular exercise
- Avoid NSAIDS due to taking Lithium as this can increase Lithium levels
- Medication level is increased by cruciferous vegetables, grilled meat, and smoking; notify your provider of significant lifestyle changes.

- Please call the office with any questions or concerns and refer to the Clozaril REMS database for additional questions.

Additional detailed information will be provided to the client when beginning this medication. The client agrees to take the treatment plan as given by the provider and as agreed upon at the time of appointment and/or further communication. While there are risks associated with this medication regimen, every effort will be taken to ensure safe and efficacious treatment. iTrust Wellness Group is not liable for any adverse reaction associated with this treatment plan. Further information regarding medication interactions and adverse effects will be discussed at appointment times and are available to you should you need additional resources.

## Financial/Payment Policies

### Financial/Payment Overview

iTrust Wellness Group is committed to providing you and your family with the best possible mental health care. In order to foster transparency and trust, we have outlined our financial policies below. Our billing department will be available to discuss our fees and this policy.

As a courtesy to you, iTrust Wellness Group will bill your insurance carrier for services provided. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any changes of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Certain insurance companies may not cover billed services, regardless of the provider's network status. In this situation, you are responsible for any uncovered charges by your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

As the responsible party, please understand:

- Payments for all services are due the day of rendered services. In order to better serve you, we accept cash as well as debit/credit cards. Please note that payments made by credit, debit, and HSA cards are subject to a processing fee. While we normally do not accept checks as payment for services, some clients choose to pay using this method. To avoid delinquencies in check processing, returned checks will be subject to a fee of \$60.00.
- If the office staff of iTrust Wellness Group attempts to run a payment using a method provided by the client, and the payment fails, office staff will reach out to the client via

one or more of the communication methods on file using the demographics provided by the client.

- If you have insurance and do not know your specialist/mental health copay or out of pocket responsibility, please contact the number located on the back of your insurance card and talk to an insurance representative to better understand your plan specifics. iTrust will collect an estimated patient responsibility based off of your insurance eligibility. Payments will be applied to any outstanding patient responsibility. Any remaining funds will be applied as credit on your account for future patient responsibility or refunded back to you upon request.
- If you are not able to pay in full on the day of service, you must contact our billing department prior to being seen by the provider to make payment arrangements. If no advance notice is given, iTrust Wellness Group reserves the right to run payment including copay/self-pay amount and additional balance due on the day of service or by the end of the next business day.
- If you fail to fulfill any of the payments that are due in a timely manner and your account becomes delinquent, iTrust reserves the right to turn any account that becomes delinquent over to a collection agency who would then manage the collection of the account. In the event that your account is turned over to a collection agency, you agree to be responsible for any additional cost of collecting the balance in addition to the original balance itself.
- When an appointment is scheduled with a provider, time is specifically allocated for each client. We understand there may be times clients are unable to keep an appointment, but we ask for the courtesy of notification via phone, text, or email to cancel the appointment. We require 24 hours' notification of cancellation; failure to do so will result in a \$103.75 no-show fee to be applied to the account and collected immediately. Failure to show for an appointment with our office 3 times within the same calendar year will be grounds for dismissal.
- For increased account and financial transparency, statements are sent out upon request from the patient.
- iTrust Wellness Group reserves the right to run payments when there is a remaining balance on the account, using the credit/debit/HSA card(s) on the client's file. We consistently make efforts to contact clients for balances incurred for reasons such as deductibles, co-payments, etc. Any outstanding balance on a client's account may be automatically collected to streamline our billing process.
- If a debit or credit card charge is ever disputed, there will be a \$60 surcharge added to your account to cover the impact made on our office, including both fees and time. By agreeing to these procedures, you are consenting to be held responsible for any charges made on your account as outlined above. Any discrepancy must be communicated to our office and not disputed in order to avoid the surcharge.

All card payments are subject to a debit/credit card processing fee.

At iTrust Wellness Group, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing.

### Financial Agreement and Self-Pay Rates

Payment for services is expected at the time of service by cash, credit, or debit. Insurance copayment or coinsurance is collected at the time of the service. We do not accept personal checks at the time of service. Please note that fees will be reassessed or adjusted periodically. You will be notified of any rate adjustments in writing at least 60 days before receiving any rate changes. Credit and debit card information is processed in a secure, point to point encrypted device and is stored in our secure online platform.

Self-Pay Fee Schedule	
Intake Medication Management and Psychiatric Evaluation (30-60 minutes) with Medical Provider	\$200
Follow Up Medication Management and Psychiatric Evaluation(15-30 minutes) with Medical Provider	\$100
Intake Therapy Appointment (45-60 minutes) with Licensed Therapist	\$120
Follow Up Therapy Appointment (45-60 minutes) with Licensed Therapist	\$120

 **Note:** other costs and or service fees not listed in the above table may be incurred as indicated by our Practice Policies.

#### **Financial Agreement:**

I authorize the release of any payment and medical information necessary to process my (or my family member's) insurance claim and related claims. I hereby authorize payment directly to iTrust Wellness Group of the insurance benefits otherwise payable to me for all professional services. I hereby authorize iTrust Wellness Group to keep my credit card securely stored on file for future appointment costs or related charges.

## Insurance

Insurance coverage and network participation is subject to change. Different practitioners in the iTrust Wellness Group may be credentialed with different insurance companies. We routinely check your insurance eligibility as a service to you, but in the event that your insurance does not cover the appointment, you are responsible for filing “out-of-network” or exploring self-pay options. Further questions or concerns can be discussed with office staff.

# Confidentiality/Records

## Record and Documentation Requests

Requests for records and other documentation from the client's comprehensive record will be provided upon request to the client or their authorized representative. In addition, printed copies can be made available to another provider at the request of the client as long as a release of information has been signed. Records will not directly be provided to any party other than the client or their authorized representative to ensure client confidentiality. The following fees apply and must be paid in advance. Please allow a minimum of 7 business days for records to be prepared.

For a printed release of records, for personal reasons or otherwise, a flat \$35.00 administrative fee will be required before the sending of records. For record requests related to disability, the following fees will be applicable based upon the amount of pages and fees as dictated by the state of South Carolina:

<b>First 30 pages:</b>	<b>\$0.65 per page</b>
<b>Beyond 30 pages:</b>	<b>\$0.50 per page</b>
<b>Clerical Fee:</b>	<b>\$25.00</b>
<b>Max Fee per request:</b>	<b>\$150.00</b>

HIPAA policy dictates that providers may charge a reasonable fee as defined by state regulations (see above table for South Carolina regulations). While a “handling” fee related to the processing or retrieval of medical records is illegal, a per-page fee will apply to records released by iTrust Wellness Group. This excludes HITECH records requests per federally mandated law.

## Court Involvement or Legal Document Processing

The iTrust Wellness Group is unable to provide expert testimony or make any other court related appearances related to your participation in psychotherapy. If your provider is compelled to attend court on your behalf by a court order or subpoena, please note that we have a separate fee schedule for all time, services, and documentation that is required as a result of a court order or subpoena. A \$2,500 retainer is required, paid in advance, to cover initial fees, in addition to the fees as listed below:

<b>In person hourly rate:</b>	<b>\$600/hr, 1 hr minimum</b>
<b>Collateral contact hour rate (includes phone calls &amp; letter writing):</b>	<b>\$250/hr, 1 hr minimum</b>
<b>Legal Record Requests:</b>	<b>See Records Requests Fees Above</b>

### **Privacy Policy**

Psychiatric medical records and your care are confidential, except in two specific instances: Our providers are required by law to report suspected child abuse and also required by law to provide information to others in order to protect someone you threaten to harm. Also, use of recording devices in the office is prohibited unless approved in advance and in writing. Violators are subject to termination or legal action as our client’s safety and privacy is of the utmost concern.

 THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information (45 Code of Federal Regulations parts 160 and 164). This document is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received, or maintained by iTrust Wellness Group, LLC (herein known as iTrust Wellness Group). The regulations will supersede any discrepancy between the information in this notice and the regulations.

iTrust Wellness Group is required to create, receive, and maintain records that contain health information about you to administer health care and mental health services. The following notice presents the ways iTrust Wellness Group may use and disclose health

information about you, describes your rights, and the obligations iTrust Wellness Group have regarding the use and disclosure of your health information.

### **Commitment Regarding Health Information Privacy**

The privacy policy and practices of iTrust Wellness Group protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

### **Privacy Obligations**

The iTrust Wellness Group is required by law to:

- Make sure that health information that identifies you is kept private;
- Make available to you this notice of iTrust Wellness Group’s legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

### **How iTrust Wellness Group May Use and Disclose Health Information About You**

The following are the different ways iTrust Wellness Group may use and disclose your PHI without your written authorization:

- **For Treatment.** iTrust Wellness Group may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, iTrust Wellness Group may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** iTrust Wellness Group may use and disclose your PHI so that claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the terms of iTrust Wellness Group. For example, iTrust Wellness Group may receive and maintain information about mental health care you received to enable iTrust Wellness Group to process a claim for reimbursement of medical expenses incurred on your behalf.
- **For Health Care Operations.** iTrust Wellness Group may use and disclose your PHI to enable it to operate or operate more efficiently. For example, iTrust Wellness Group may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, iTrust Wellness Group may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. iTrust Wellness Group may remove information that identifies you from health information disclosed to outside sources so it may be used without outside source’s learning who the specific participants are.

- **To iTrust Wellness Group Staff.** iTrust Wellness Group may disclose your PHI to designated medical personnel so they can carry out their clinical or administrative functions, including the uses and disclosures described in this notice. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law.
- **To a Business Associate.** Certain services are provided to iTrust Wellness Group by third party administrators known as “business associates.” For example, iTrust Wellness Group may input information about your health care treatment into an electronic claims processing system maintained by the business associate so your claim may be paid. This process necessitates that iTrust Wellness Group will disclose your PHI to its business associate so it can perform its claims payment function. However, iTrust Wellness Group will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** iTrust Wellness Group may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** iTrust Wellness Group may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** iTrust Wellness Group may disclose PHI to a close friend or family member involved in or who helps pay for your health care. iTrust Wellness Group may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** iTrust Wellness Group will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.
- **To the Secretary of the Department of Health and Human Services (HHS).** iTrust Wellness Group may disclose your PHI to HHS for the investigation or determination of compliance with privacy regulations.

### Special Use and Disclosure Situations

iTrust Wellness Group may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, iTrust Wellness Group may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** iTrust Wellness Group may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime’s location or victims, or the identity, description, or location of the person who committed the crime.
- **Worker’s Compensation.** iTrust Wellness Group may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker’s compensation laws

and other similar programs.

- **Military and Veterans.** If you are or become a member of the U.S. armed forces, iTrust Wellness Group may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** iTrust Wellness Group may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** iTrust Wellness Group may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** iTrust Wellness Group may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, iTrust Wellness Group may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** iTrust Wellness Group may release your PHI to authorized federal officials: 1) for intelligence, counterintelligence, and other national security activities authorized by law and 2) to enable them to provide protection to the members of the U. S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, iTrust Wellness Group may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** iTrust Wellness Group may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. iTrust Wellness Group may also release your PHI to a funeral director, as necessary, to carry out their duty.

### **Your Rights Regarding Your Health Information**

Your rights regarding the health information iTrust Wellness Group maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy or subjective history of the present illness sections of notes. To inspect and copy health information maintained by iTrust Wellness Group, submit your request in writing to the plan administrator. iTrust Wellness Group

may charge a fee for the cost of preparing, copying, emailing, faxing, and/or mailing your request. In limited circumstances, iTrust Wellness Group may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that the health information iTrust Wellness Group has about you is incorrect or incomplete, you may ask to amend it. You have the right to request an amendment for as long as the information is kept by or for iTrust Wellness Group. To request an amendment, send a detailed request in writing to the administrative staff. You must provide the reason(s) to support your request. iTrust Wellness Group may deny your request if you ask to amend health information that was: accurate and complete, not created by iTrust Wellness Group; not part of the health information kept by or for iTrust Wellness Group; or not information that you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that iTrust Wellness Group has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; disclosures made prior to this effective date; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information iTrust Wellness Group uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information iTrust Wellness Group discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that iTrust Wellness Group does not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the plan administrator. You must advise us:
  - What information you want to limit;
  - Whether you want to limit iTrust Wellness Group’ use, disclosure, or both; and
  - To whom you want the limit(s) to apply.

 Note: iTrust Wellness Group is not required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that iTrust Wellness Group communicates with you about health matters in a certain way or at a certain location. For example, you can ask that iTrust Wellness Group sends you an explanation of benefits (EOB) form about your benefit claims to a specified address. To request this confidential communications, make your request in writing to the administration. iTrust Wellness Group will make every attempt to accommodate all

reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the administration to request a written copy of this notice at any time.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidences of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you.

Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child. iTrust Wellness Group retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **Changes to this Notice**

iTrust Wellness Group reserves the right to change this notice at any time and to make the revised or changed notice effective for health information iTrust Wellness Group already has about you, as well as any information iTrust Wellness Group receives in the future. iTrust Wellness Group will post a copy of the current notice on the policies and procedure section of the company's website. Any revised version of this notice will be posted on the forms section of the site (<https://www.itrustwellnessgroup.com/forms>) within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of iTrust Wellness Group or other privacy practices stated in this notice.

### **Complaints**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the plan administrator at the address listed below. Alternatively, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201), generally, within 180 days of when the act or omission complained of occurred. You will not be penalized or retaliated against for filing a complaint.

### **Other Uses and Disclosures of Health Information**

Other uses and disclosures of health information not covered by this notice or by the laws that apply to iTrust Wellness Group will be made only with your written authorization. If you

authorize iTrust Wellness Group to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, iTrust Wellness Group will no longer use or disclose your PHI for the reasons covered by your written authorization; however, iTrust Wellness Group will not reverse any uses or disclosures already made.

### **Referrals**

The safety and quality of care of our clientele are iTrust Wellness Group's two highest priorities. We reserve the right to refer clients to other medical professionals if we feel the services that our client requires are beyond our scope of practice or specialty. Referrals are routinely made to other providers for medical reasons but can also extend to other providers, including psychiatrists, psychiatric nurse practitioners, physician's assistants, social workers, and therapists. In the event that a referral results in a discharge from our care, iTrust Wellness Group will assist in the process of transferring records to the new facility or provider to ensure a smooth transition.

### **Laboratory Results/Records**

If laboratory tests are prescribed for you, you are entitled to copies of the results. We encourage all clients to keep track of laboratory tests ordered by all physicians that they see. If another physician orders laboratory tests, please sign a medical release of information with that physician, or simply tell the physician to fax the laboratory results to your iTrust Wellness Group provider for a provider-to-provider coordination of care. iTrust Wellness Group will recommend laboratory tests based on the safest and best practices and is not responsible for costs or fees our clients incur as a result of having these diagnostic tests completed. It is recommended that prior to having any laboratory tests done, the client checks with their insurance company to understand associated costs, fees, or copayments.

### **Psychotherapy Outside of iTrust Wellness Group**

Sometimes, our clients receive psychotherapy from therapists or other providers outside of iTrust Wellness Group. Although we support and encourage our clients to pursue this, as we believe the best results in mental health come from a combination of pharmacology and psychotherapy, iTrust Wellness Group assumes no responsibility for therapy or related services provided elsewhere. Furthermore, iTrust Wellness Group expects that our clients keep their psychiatric prescribing provider apprised of significant changes in their condition or treatment. The client must also sign a release of information to allow the psychotherapist and the psychiatric prescribing provider to consult.

### **Students/Interns/Clinical Preceptorship**

iTrust Wellness Group believes in offering a learning and teaching environment for upcoming practitioners and business people entering the healthcare industry. As such, iTrust Wellness Group practitioners or staff may sometimes have student interns, nurse practitioner residents, or other such staff on-site during the clinic's hours of operation. Students, interns, and other such people engaged in this educational opportunity are bound to the same codes of ethics by iTrust Wellness Group staff and also agree to abide by HIPAA privacy policies. Clinical student interns that round with our staff members or practitioners carry their own malpractice insurance and are also subjected to extensive background checks by the institutions that initially contact iTrust Wellness Group seeking these internship opportunities. As such, in the event of a privacy discrepancy, violation in a code of ethics, or other such breach of contract or iTrust Wellness Group office policy, the liability is upon the institution that refers the person to intern at the clinic, and iTrust Wellness Group releases itself from any such liabilities except for those within employed staff member or contractor control.

In the event of a nurse practitioner clinical preceptorship, it is a requirement for each resident to sit in during medication management and therapy sessions to observe our seasoned providers as they work with our valued clientele. As we practice an office philosophy of client-centered care, our practitioners make our clients aware that they have the right to refuse a student or resident entry into an appointment. As student interns or residents become more knowledgeable, attending providers may allow the student to take the lead on interviews or follow-up appointments. Again, the intention of this is to provide an educational environment. A licensed provider will always make the final medication decision and direct the overall medical outcome of each appointment and it is within each practitioner's discretion to allow the student or intern to make treatment suggestions. See section 9 of additional disclaimers for more information.

Students are covered by their own malpractice insurance and are not affiliated with our practice. Similarly to our licensed providers, students are bound by HIPAA regulations and privacy laws to protect your information. The client is autonomous to decline the presence of a student during their appointment and has the right to refuse a student's participation in their care. Please inform your provider of any hesitation or disinclination to involve students during your treatment so that proper steps can be taken.

### **HIPAA Notice, Consent for Treatment, and Duration of Release**

iTrust Wellness Group abides by the policies of HIPAA and remains compliant to their standards. Below are specifics about the consent for your treatment and the confidentiality therein.

### **Informed Consent for Treatment**

I understand this consent for an initial assessment and treatment, or substance abuse assessment and treatment in which I am agreeing to participate in a mental health or substance abuse intake assessment at iTrust Wellness Group.

I understand that this consent is voluntary and that I can withdraw my consent for treatment at any time. The purpose of this assessment is to evaluate my current mental health or substance abuse needs and to develop specific assessment recommendations related to my concerns which have brought me to iTrust Wellness Group.

I understand the initial assessment will be conducted by iTrust Wellness Group providers, who are qualified Mental Health and/or Substance Abuse Professionals. The assessment will consist of interviews between the provider and myself. Psychological testing may be recommended to more thoroughly evaluate my needs. Some mental disorders can have medical or biological origins and may require a consultation with a physician.

I understand the practitioner may need to discuss my case in a confidential manner with a professional treatment team and/or supervisor for the purpose of providing quality service. I am aware additional professional staff may be asked to participate in the evaluation and treatment. I understand these discussions will be kept confidential unless I authorize that information be released or unless allowed or required by law. These exceptions to confidentiality are referenced in the Privacy Policies, which I have been given the opportunity to read and understand.

I understand that some treatment recommendations may be addressed during the initial interview(s). Once the assessment is complete and an initial treatment plan has been formulated, I will be given the opportunity to review and discuss with the practitioner the results of the assessment, the nature of the condition, and any treatment recommendations, including alternatives to these recommendations.

## Emergencies

## **Emergency Care**

Our clients' needs are not always capable of being treated during normal business hours. If a situation arises that poses a threat to the safety of our client, such as active suicidal ideation, we request that the client calls 911 or report to the nearest Emergency Room for the best possible care.

After normal business hours, we are unable to answer voicemails left by clients until the next business day that our staff is in the office. Other 24/7 local hotlines for mental health include:

Mental Health America Crisis Line: (864) 271-8888

Greenville Mental Health Center: (864) 241-1040

\*A full list of 24-hour emergency hotlines and crisis lines is available to clients upon request in the office. This list is also available for reference anytime on [our website](#).

In the event of a behavioral or emotional crisis during your appointment time or your time at the office, your provider may decide that more intensive care is required, such as involuntary hospitalization, and may call 911 or request law enforcement to intervene. This is a decision that is made by your provider to ensure your safety and/or the safety of others. iTrust Wellness Group is not responsible for any incurred or associated costs as a result of this emergency intervention.

If you, as a client, call in expressing active suicidal or homicidal ideation, iTrust Wellness Group will take appropriate action to ensure your safety. This includes calling the Community Crisis Response and Intervention (CCRI) line with the information you have provided our office. From there, CCRI may send out appropriate resources, including law enforcement and trained clinicians. In cases of expression of active suicidal or homicidal ideation, iTrust Wellness Group staff may also reach out to law enforcement to initiate a welfare check. iTrust Wellness Group is not liable for any actions taken by these entities but will uphold its responsibility to prioritize patient safety.

## **Emergency Contact/Emergency Communication**

In the event that an emergency contact is listed, the client gives implied consent that this individual may give and receive information pertinent to client care, including, but not limited to: appointment times, medications, and anything else as deemed necessary by iTrust Wellness Group staff members. This also applies to therapists or doctors who have seen the client or who require information regarding the client in direct relation to their care.

## **Additional Disclaimers**

iTrust Wellness Group seeks to provide a safe place for our clients to talk with a licensed medical professional. In order to ensure a safe, private, and receptive environment our

office expects that our clients agree to the following expectations, rules, and regulations:

1. If a client ever communicates active suicidal or homicidal intent, the client must be referred to the proper sources, in accordance with statutory law, so that further and specialized help can be given.
2. If sexual, physical, or emotional abuse is in any way communicated or suspected toward a minor, elderly, or developmentally delayed person, a report must be made in accordance with statutory law. Please see our privacy policy for more information.
3. Weapons of any kind are not allowed in the office in order to ensure a safe practice environment. If any weapon or object used in the capacity of a weapon is brought into the office, thereby in direct violation of this policy, the proper authorities will be notified, and the offending individual will be discharged from service or removed from the premises. Indirect or direct threats toward staff or other clientele that are made either inside the office or outside the office will be addressed similar to our weapon policy.
4. If a client chooses to bring another individual, including a family member or friend, into the appointment room, the client is consenting to the presence of the other individual. Therefore, iTrust Wellness Group is not responsible for information exchanged within the presence of the other individual. Our clients over the age of 18 are entitled to privacy during appointments and have the right to choose whether or not to allow someone into the room during the designation appointment time.
5. iTrust Wellness Group does not claim responsibility for client harm that arises because of behaviors or actions against the recommendation of our clinicians. This includes but is not limited to: taking more medication than prescribed, taking medication in a way that was not prescribed, injuries sustained from other clients or staff members acting in self-defense, stopping or changing medication without consultation and approval of the treating clinician, failing to report a change in physical medication regimen or change in medical condition that may influence future pharmacological and medical decisions by our medical staff, failing to report a side effect that is not able to be assessed or observed by our clinical staff, failing to report a significant change in mental condition, such as suicidal ideation, homicidal ideation, or adverse medication effects which result in personal injury or injury of others, failing to make a follow-up appointment that is recommended by the clinical staff to ensure continued treatment progress and safety, failing to notify iTrust Wellness Group medical staff in a reasonable amount of time prior to running out of medication that may or may not result in withdrawal side effects, and personal injuries sustained by clientele within or outside of the office setting that are potentiated by behaviors not condoned by our staff, such as injuries sustained from running, lifting objects, driving, or other “acts of God” that are out of the control of our practice.
6. Our licensed clinicians are educated and trained to inform clients of side effects that may occur as a result of taking a certain medication. Providers make every effort to fully explain risks and benefits of pharmacological treatments. However, not all reactions,

including rare or seldom-reported adverse effects, can be addressed by clinical staff during the limited appointment time. iTrust Wellness Group therefore offers electronic and online sources for clients to reference in the case that a client has a medication question or concern that was not reviewed during the appointment time. Clients are encouraged to call their prescriber regarding potential or actual medication side effects that occur as a result of pharmacological treatment. As every effort is made to fully inform our clients about the risks and benefits of medications prescribed by our staff, it is expected that clients report adverse effects to their prescriber in a timely and efficient manner so that proper interventions and actions significant to patient safety may be taken. Clients who experience serious side effects or adverse reactions potentially related to medication prescribed by iTrust Wellness Group that occur after hours are asked to call 911 or report to the emergency room for prompt evaluation. iTrust Wellness Group encourages clients to act as their own advocates and come prepared with any and all questions prior to treatment as our clinicians welcome the opportunity to provide comprehensive educational opportunities.

### **Limited English Proficiency Policy**

iTrust Wellness Group will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs, and other benefits. The policy of iTrust Wellness Group is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. iTrust Wellness Group will work with patients and family members and attempt to refer them to the proper interpreter or translator in the event of a language barrier.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. For language assistance measures or procedures that are not able to be covered by iTrust Wellness Group staff or policy, efforts will be made to attempt to contact the client with an appropriate agency. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

iTrust Wellness Group will conduct a regular review of the language access needs of our patient population as well as update and monitor the implementation of this policy and these procedures as necessary.

### **Mid-Level Providers**

iTrust Wellness Group takes seriously the legal requirements and regulations surrounding clinical practice. Every effort is made by iTrust Wellness Group providers and staff to maintain accordance with legal mandates, including collaboration with a licensed physician, as applicable. As such, iTrust Wellness Group is not liable for any lapse in coverage of a collaborative physician. This is the sole responsibility of each provider employed or contracted by iTrust Wellness Group.

Each nurse practitioner is responsible for maintaining active South Carolina licensure and other components necessary for clinical practice, including an active DEA license. This is the responsibility of each individual provider. iTrust Wellness Group is not held responsible for any lapse in or termination of active licensure of an iTrust Wellness Group provider.

## **Special Services and Procedures**

### **MAT Services**

As medication-assisted treatment often requires an intensive level of care, it is iTrust Wellness Group's policy that each client undergoing a MAT plan with an iTrust Wellness Group prescribing provider also attends regular counseling sessions. These may be completed through an iTrust Wellness Group therapist or a therapist at another office. In the case that the client elects to see a therapist outside of iTrust Wellness Group, the other therapist must be on a consent form which allows for both providers to communicate as needed. Cessation of therapeutic services may result in the termination of the medication-assisted treatment relationship.

By agreeing to, scheduling, and attending an appointment for medication-assisted treatment, clients attending medication-assisted treatment appointments agree that they are not seeing and will not see another provider for the purpose of medication-assisted treatment. This jeopardizes the safety of the regimen prescribed by an iTrust Wellness Group provider. All other medications taken by the client, including those taken for non-psychiatric reasons, are to be communicated to their iTrust Wellness Group practitioner immediately so as to promote safety and efficacy. Some medications, when taken together, can cause side effects and interactions that could be harmful to the client.

There is a \$200 charge for each MAT appointment with an iTrust Wellness Group prescribing provider. This is not submitted by our office to the client's insurance (if

applicable). For medication-assisted treatment counseling services, clients may either use insurance (if their therapist is in-network) or self-pay at the rate of \$120 per session. Payment for psychiatric medication management appointments is due 48 hours in advance to reserve the appointment. This will be explained and scheduled while setting up the initial consultation. If the client does not provide payment 48 hours before, the appointment will need to be rescheduled to a time when the client is able to pay as expected. Any payment concerns known ahead of time are to be addressed with our office's financial team immediately in order for best arrangements to be made.

### **Genetic Testing**

In the event that a provider deems it beneficial for a client to participate in a Genesight test to determine the best course of treatment, and the client agrees to move forward with the test, the client thus consents to having a DNA sample collected via cheek swab. This DNA is sent solely to Genesight and is not stored or kept in our office. iTrust Wellness Group is not liable for any adverse event regarding this procedure, including an allergic reaction to the swab or any effects during or after the administration of the test. iTrust Wellness Group holds no clinical, business, or professional affiliation to Genesight or any company affiliated with Genesight.

It is necessary to note that iTrust Wellness Group is not responsible for any part of the billing related to the Genesight test. This is completely processed under the Genesight company and insurance, if applicable. Genesight reserves the right to contact you and bill you related to any charges and fees surrounding the test.

### **CBD Oil**

CBD Oil is increasingly being utilized in the medical community as an alternative to prescription medication. As there is no FDA-indicated use that is generally agreed upon in the medical community, CBD Oil is treated as a supplement and therefore the provider does not claim liability for this product recommendation after educating the client about the benefits and potential risks.

iTrust Wellness Group is not liable for any adverse event regarding this product, including, but not limited to, an allergic reaction, failure of a drug test that results in legal or employer discipline, or any effects during or after the administration of the product.

## **Final Agreements**

### **Disclaimer of Intellectual Property**

This form outlining our policies and procedures is the sole intellectual property of iTrust Wellness Group and is the effort of many hours of team planning and thought. Any attempt

to plagiarize or otherwise copy this document will be held accountable in a court of law. Any attempt to modify these policies or handbooks to fit operating policies of another mental health practice or healthcare practice will be held accountable in a court of law.

### **Policy Adherence**

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of intellectual capacity, diagnostic presentation, age, or other such similar factors that are not mentioned as the safety of our staff and clientele is the number one priority for the iTrust Wellness Group.

In the case that a client is under the age of 18 or does not have the ability or intellectual capacity to consent to iTrust Wellness Group's policies, the client's legal guardian or legal representative is required to read and agree to the policies on behalf of the client and while acting in the client's best interest. By signing this document, you affirm that you understand and agree to the aforementioned policies.

Thank you for your belief in us as a practice and for your continued understanding. We will always continue to strive to improve our quality of service and our business model of patient-centered care.

 **By electronically signing, the client agrees to all the terms and requirements of these policies.**