

Office Policies and Procedures

(KEEP THIS FOR YOUR OWN RECORD)

Thank-you for considering Primrose Mental Health for your mental health needs. We take pride in our ability to provide highly individualized and compassionate care in a safe, private, and effective manner. This packet will help you understand our professional relationship, expectations, and promises to you. If you have any questions, concerns, or complaints, please let us know so that we can address them. More information regarding our practice can be found on our website: www.primrosementalhealth.com

1.) Client Rights:

- a.) You have the right to fair and unbiased treatment.
- b.) You have the right to refuse treatment.
- c.) You have the right to know what treatment you are being offered including medications, therapy and alternative treatments.
- d.) You have the right to refuse practitioners and request a referral for another practitioner.
- e.) You have the right and responsibility to choose a practitioner that best suits your needs.
- f.) You have the right to confidentiality. Exceptions include the reporting of abuse as is required by law, danger to oneself or others, and grave disability.
- g.) You have the right to raise questions about the therapeutic approach or your progress at any time.

2.) Client Expectations:

- a.) We have a zero-tolerance policy for (actual or perceived) threats of violence or harm towards people or property. This may result in immediate termination of care.
- b.) We do not tolerate manipulative or aggressive behaviors.
- c.) Although we understand that what you are experiencing may possibly be very difficult, we expect our clients to be polite and considerate at all times.

3.) Confidentiality:

All communication between client and provider will be held in confidence and will not be revealed to anyone unless you (or a parent or guardian if you are under 18) give written authorization to release the information.

4.) Appointments:

- a.) Patients are seen by appointment only. At Primrose Mental Health PLLC, we strive to keep our appointments on schedule knowing how valuable our clients time is. Please help us in this way by arriving 5-10 minutes early for your appointment to check in. Emergencies do occasionally occur, and due to the nature of our practice, should these arise, we will notify you as soon as possible and give you the option to reschedule if it appears that it will impact your appointment time. We appreciate your understanding with this.
- b.) Cancellation/rescheduling: To be considerate of all our patients, if you arrive more than 10 minutes late for your appointment, you may be seen for the remainder of your appointment time. If you miss or do not show up for your appointment, then the clinic reserves the right to charge your credit card on file for the full amount of the visit. Cancellation of appointments must be made within 24 hours of the appointment. 3 or more no-shows or missed appointments in a 12-month period may result in the termination of our professional relationship. There will be a \$35 fee for appointments that are not cancelled within 24 hours.
- c.) Prescriptions and controlled substances: Your provider will prescribe medications depending on your specific symptoms and conditions and these will be sent electronically to the pharmacy of your choice. Please contact the clinic through the patient portal or through e-mail if you are in need of a re-fill and

allow 24 hours for re-fills. Depending on your specific symptoms, you may be prescribed a controlled substance such as Vyvanse, Adderall, or Ritalin for ADHD or Clonazepam or Lorazepam for anxiety. Please know that just because you were prescribed a particular medication in the past does not mean that you will be prescribed it again or in the same dose. This will be very carefully evaluated on a case-by-case basis. Likewise, your provider reserves the right to discontinue or taper these medications depending on the patient's specific circumstances. If this happens, please know that your safety is paramount. The DEA requires one in-person appointment before prescribing a controlled substance.

5.) Psychiatric Medication and Management Services: These services are provided by a board-certified Psychiatric Mental Health Nurse Practitioner as part of our holistic approach to mental health recovery. Should your medical condition be of complexity beyond the scope of a nurse practitioner, you will be provided referral information for a psychiatrist to further evaluate your treatment options.

6.) Payment Policy:

Patients are expected to pay their **copay/copayment** at the time of service.

Patients are expected to pay their **coinsurance, deductibles, or any patient responsibility**. We will send you your invoice and is advised to pay it within a month from the statement date. It is the patient's responsibility to update us with your health insurance to properly bill and to avoid delays and problems.

We offer a *discount* for our **cash pay patients** who do not have health insurance or chose not to involve their health insurance company. Services are expected to be paid in full at the time of appointment.

Appointment may be cancelled or rescheduled 24 hours prior to the appointment without penalty. Appointments cancelled less than 24 hours will be subject to a \$35 fee.

We do ask for you to provide your credit card information at the time of scheduling for a pre-authorized payment but will not charge it until your scheduled appointment.

For your convenience, we accept major credit cards, cash, check and FSA/HSA accounts.

7.) Social Media: We take the privacy and safety of our patients very seriously and because of this, we will not respond to communication on platforms such as Facebook, Twitter, or Instagram.

8.) Phone Messages: If we are unable to answer the phone, you may leave a message and we will make every effort to return your call within 24 hours except for weekends and holidays. ***If you have an emergency, please do not leave a message but instead call 911.***

9.) Emergencies: If you are experiencing an emergency situation, please call 911. We do not offer after hours crises services. If you are experiencing a non-emergency crisis after business hours, please call the South Central Crisis Center at **1-877-399-3040**
The National Suicide Prevention Hotline is: **1-800-273-825**

Termination of Care:

- a.) Under certain circumstances, it may be determined that receiving care at Primrose Mental Health may not be the best match for either you the patient or us providing care. These situations almost always require a great amount of thought and care. We suggest that if you have issues with the care you receive to inform someone at the clinic as soon as you are comfortable so that we have a chance to fix the issue.
- b.) It may be assumed that the patient has terminated care under certain circumstances such as multiple missed appointments with no follow-ups scheduled 6 months or more from their last appointment.
- c.) 3 or more no-shows or missed appointments in a 12-month period may result in the termination of our professional relationship.
- d.) Under certain circumstances including but not limited to abusive and manipulative behavior, non-compliance with treatment, and an inability for the patient to make adequate progress in treatment, we may feel it is in the best interest of both the patient and the clinic to terminate treatment. These situations are given very careful thought and you will be provided with alternatives as well as medication refills as indicated.

Consent for Treatment

(For Clinic's Record)

I affirm that I have read and understand the policies and procedures of *Primrose Mental Health PLLC* and I, _____ hereby request psychiatric mental health services from Primrose Mental Health PLLC and understand and agree to all practices as described in the aforementioned document. I understand that receipt of these services is fully voluntary and that I may withdraw this consent and terminate services at any time, for any reason.

Client Signature _____ Date _____

Witness Signature _____ Date _____

Guardian Consent for Treatment

I hereby authorize Primrose Mental Health PLLC to provide Counseling/Psychotherapy and Psychiatric Medication Management services for _____, for whom I am the parent or guardian. In my role as a parent/guardian I agree to participate as an active member of the treatment plan and will take myself available for consultation with the mental health provider as requested to ensure that treatment interventions are implemented in timely fashion to ensure optimal treatment outcomes.

Parent or Guardian Signature _____ Date _____

Witness Signature _____ Date _____