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Patient Agreement and Practice Policies

Communications

Integrated Psychiatry PLLC and their providers can be contacted via phone or through the patient portal. Your provider will make every attempt to respond to your message within 48 business hours, however we reserve the right that due to extenuating circumstances the response time cannot be guaranteed. Medication refill requests can be made through your pharmacy. Please allow 72 hours from the time your provider receives the request for your refill request to be processed.

Emergencies

Integrated Psychiatry PLLC does not offer 24 hour per day on-call service, crisis coverage, or emergency treatment and as such any urgent or emergency medical, psychiatric or safety issues should be addressed with emergency or crisis services. The following options are appropriate resources for emergency and crisis situations.

If you or someone you know is in immediate need of medical or psychiatric care or is an immediate danger to self or others please dial 911 or go to the nearest emergency room.

If you call 911 and indicate that your situation is a mental health crisis, you can request the Polk County Mobile Crisis Response Team and they can help assess your situation and send a mobile crisis team and law enforcement to your location. If you would like to access the Mobile Crisis Response Team in a non-emergent situation you can reach them at 515-283-4811.

The Crisis Observation Center (COC) may also be utilized when a crisis cannot be managed at home, but the emergency department may not be necessary. They are open 24 hour per day, 7 days per week. Their number is 515-282-5724, and are located at 1801 Hickman Road in Des Moines.

Payment

Integrated Psychiatry PLLC will file claims directly with your insurance company if we are an in-network provider with your insurance carrier. It is ultimately your responsibility to ensure that Integrated Psychiatry PLLC's services are covered by your insurance provider, and you are responsible for charges not covered by your insurance carrier. If we are considered "out of network" for your insurance plan and you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, for out-of-network insurance companies, **full payment for all services is required at the time of each appointment.** We can provide you with a service invoice/receipt (sometimes referred to as a super bill) that you can submit to your insurance company. We do not bill all insurance companies directly, and it is your responsibility to ensure whether we bill your insurance plan or if it will be your responsibility. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or

summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

It is your responsibility to provide Integrated Psychiatry PLLC with accurate and up to date insurance information, and to notify Integrated Psychiatry PLLC with any changes to insurance, address, or phone number.

Payments are due at the time the appointment. If there is an outstanding balance, payment will be required before another appointment is scheduled unless an alternative arrangement has been made in advance with written approval by your provider. A credit card will be kept on file with the office that office visits will be charged to. Credit cards charges may include copayments, deductibles, and any account balance you owe to Integrated Psychiatry, PLLC.

Fees will vary depending on the contracted rate, determined by your insurance carrier. Your copay is due at the time of service, and you are responsible for the full visit fee if you have not yet met your deductible. Patient's opting to pay cash for their visit fees may be eligible for discounts from the standard fee schedule and will be arranged and agreed to prior to rendering of services between the patient and the provider with a formal written agreement by both parties.

If phone or email consultation or paperwork is requested, Integrated Psychiatry PLLC has the right to charge a fee for these services. Examples may include work leaves, disability paperwork, treatment summaries, or court related services or evaluations. These fees are typically not covered by insurance and are the responsibility of the patient.

Notice To Self-Paying Patients

I understand and accept responsibility that at my scheduled visit, the services I will receive will **not** be billed to my insurance, as the provider I have chosen is not contracted with my insurance. It has been explained to me that I could receive these services at an "in-network" provider office, covered by my insurance.

****It has been explained and I understand that Integrated Psychiatry, PLLC does not accept any form of Medicare or Medicaid Policies. However, there are other practices in the area that do accept these plans. These in-network practices have been given to me, with their associated name/phone numbers. I understand that I have the right to receive services from in-network providers at these other facilities. However, I am actively choosing to waive that option and I am accepting of the cash pay rates that Integrated Psychiatry, PLLC has provided below. Furthermore, I have received this notice, 24 hours in advance of my scheduled appointment time. I am choosing to continue with my scheduled visit and understand that I am financially responsible to pay for the fees associated with this visit. I also understand that this payment will be expected at the time services are rendered. I understand that I will be provided with the Good Faith Estimate outlining the fee rates for my scheduled services. I understand that I will be provided with the Good Faith Estimate outlining the fee rates for my scheduled services.**

Appointments and Cancellations

Your visit is very important to us and as such we have committed our time to your scheduled appointment. Should you need to cancel your appointment, you must contact our office by phone or messaging, at least 24 hours in advance of your scheduled appointment. If you arrive later than 10 minutes after the scheduled appointment time, this is considered the equivalent of a same day cancellation.

A No Show or missed appointment, without 24-hour notification of cancellation will be charged a **\$100.00 fee** to the card on file. A Same Day Cancellation will be charged and **\$50.00** fee to the card on file.

If the charge cannot be made to the card on file, the payment will need to be made prior to scheduling the next office visit. This charge will not be covered or reimbursed by your insurance company. This charge is your responsibility, as the patient of our clinic. We understand emergencies occur, and Integrated Psychiatry PLLC reserves the right to waive the fee in the case of an extenuating circumstance or hospitalization with supporting documentation.

Please note, should multiple No Shows and Same Day Cancellations occur, of 3 or more, Integrated Psychiatry PLLC may reserve the right to terminate patient care. Should patient care be terminated, your individual provider will provide a letter of termination and provide a 30-day supply of medication. It will be at the discretion of the provider to choose to refill stimulant prescriptions, if you have not been seen for more than 3 months.

Provider and Patient Relationship

The relationship with your provider at Integrated Psychiatry PLLC is voluntary and may be discontinued at any time. Integrated Psychiatry PLLC also has the right to discontinue services immediately if a clinician judges that the therapeutic relationship cannot be maintained or if the patient's conduct is dangerous or disruptive in the clinical or reception spaces. The patient will be notified in writing of discontinuation of services and medication refills will discontinue 30 days after written notice is sent.

The relationship between you and your provider is to remain therapeutic. In order to maintain the therapeutic relationship and with respect to the importance of both you and your provider's privacy, Integrated Psychiatry PLLC's individual providers will not accept social media requests made on any platform or networking sites. Additionally, we ask patients to refrain from using social media to contact or message your individual provider. All social media postings made by Integrated Psychiatry PLLC are for the intended purposes of business advertising only.

Medical Documentation

Integrated Psychiatry PLLC has implemented the use of electronic dictation software (Chartnote Scribe). This technology is a tool that assists in generating clinical chart notes based on a summary of your clinic visit and conversation. The software generates a summary chart note, which is then reviewed and approved by your provider. This tool adheres strictly to Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

Consent for Services and Communication

Psychiatric Services ☐ Consent for Service

I, the undersigned, expressly consent to my (the patient's) medical treatment, including:

1. I authorize the healthcare professionals of Integrated Psychiatry PLLC and their designees and business associates, to administer medical tests, diagnostic procedures, and perform treatment, as well as view Sure Scripts, as considered medically or therapeutically necessary.
2. I understand that Integrated Psychiatry PLLC may share medical information with the health insurance company(ies) I have identified as providing me with coverage, as may be necessary to process claims for medical services rendered to me.
3. I authorize payment of health insurance benefits to Integrated Psychiatry PLLC for medical services rendered to me.
4. I understand that more detailed information about my rights as a patient, and the way my medical information may be used or released, is described in Integrated Psychiatry PLLC Notice of Privacy Practices and that Integrated Psychiatry PLLC's Notice of Privacy Practices has been made available to me.

For psychiatric treatment, where applicable, I agree and understand that:

1. Treatment may include prescription and monitoring of psychotropic medications, lab monitoring, referral, psychoeducation, sleep hygiene, brief psychotherapy, and other necessary treatments. Additionally, if there has been more than 12 months since the last evaluation with your provider at Integrated Psychiatry PLLC, the provider

may choose to schedule a 60-minute patient evaluation in order to allow sufficient time to review and update your medical and psychiatric information.

2. I acknowledge Integrated Psychiatry PLLC cannot guarantee me specific results of psychiatric tests, treatments, or any other services rendered.
3. I understand my psychiatrist and/or pharmacist will provide me with information about known side-effects of any medication administered or prescribed.
4. I understand that my psychiatrist may implement the use of a medical dictation software that will electronically generate medical documentation of my clinic notes. I acknowledge that this software adheres to compliance with Health Insurance Portability and Accountability Act (HIPAA).
5. I am aware there are exceptions to confidentiality of psychiatric records, as described in the Notice of Privacy Practices. These include but are not limited to:
 - The Integrated Psychiatry PLLC staff work as a team. My psychiatric provider may consult with another Integrated Psychiatry PLLC provider, a consulting psychiatrist, or a family practice provider to provide me with the best possible care.
 - If I pose a threat of harm to myself and/or others, Integrated Psychiatry PLLC will take whatever steps required or permitted by law to help prevent the harm from happening.

Further, I agree and understand that:

1. I may be contacted for additional information regarding my health care or insurance coverage by Integrated Psychiatry PLLC.
2. I am responsible for, and agree to pay, all charges that exceed or are not covered by my health insurance coverage.
3. I understand that if the charges remain unpaid, I will need to reconcile the charges in order to be unable to continue receiving Integrated Psychiatry PLLC provider services.
4. I intend this consent to remain in effect, so long as I am a patient of Integrated Psychiatry PLLC. However, I understand I may withdraw this consent in writing.
5. My withdrawal will not be effective for actions already taken (or in the process of being taken) by Integrated Psychiatry PLLC.
6. If I am under age 18, my parent or legal representative must sign this form consenting to medical care on my behalf with the exception of the following types of healthcare that by Iowa law I am able to consent for myself:
 - Emergency Care
 - Contraceptive Services
 - HIV/AIDS Care
 - Sexually Transmitted Infection prevention, diagnosis & treatment
 - Substance Abuse Treatment
 - Tobacco Cessation
 - Victim Medical and Mental Health Services

Medication Management, Controlled Substance Prescribing, Prescription Monitoring, Pharmacy Compliance, and Lost/Stolen Medication Policy

The prescribing of all medications, including but not limited to, benzodiazepines, stimulants, and other controlled substances, including Spravato® (esketamine), is solely at the discretion of the treating provider. Prescription of these medications is not guaranteed and will be based on the provider's clinical judgment, assessment of risks and benefits, applicable laws and regulations, and the patient's demonstrated compliance with treatment recommendations.

Patients receiving any medication prescribed through this clinic may be required to attend follow-up appointments at intervals not to exceed ninety (90) days, or more frequently as determined by the provider. Patients prescribed controlled substances, including benzodiazepines, stimulants, and other Schedule II–V medications, are required to maintain appointment compliance and be seen at least every ninety (90) days to remain eligible for ongoing prescription refills.

The provider reserves the right to modify, taper, or discontinue prescribing any medication when clinically indicated. In circumstances where discontinuation is necessary, the provider will make reasonable efforts to implement a safe treatment plan designed to minimize the risk of withdrawal symptoms when medically appropriate. Reasons for modification or discontinuation of treatment may include, but are not limited to:

- Failure to maintain required follow-up appointments or treatment compliance;
- Obtaining prescriptions for controlled substances or other medications from multiple prescribers without disclosure and provider approval;
- Evidence of medication misuse, abuse, diversion, overuse, or noncompliance with treatment recommendations;
- Violation of clinic policies, treatment agreements, or patient expectations;
- Any safety concern identified by the provider that may place the patient or others at risk.

To ensure safe prescribing practices, the provider reserves the right to request random or scheduled urine drug screening and/or medication pill counts. Patients may be required to present for a urine drug screen and/or pill count within twenty-four (24) hours of notification. Failure to comply with such requests, unexplained discrepancies in pill counts, abnormal drug screen results, repeated requests for early refills, reports of lost or stolen medications, or concerns regarding medication overuse may result in modification, tapering, or discontinuation of prescribed medications.

The patient understands and agrees that the provider may review state Prescription Drug Monitoring Program (PDMP) databases and other available prescription monitoring resources before initiating treatment and periodically throughout the course of treatment. The purpose of such reviews is to ensure safe prescribing practices, identify potential medication interactions, monitor for duplicate controlled substance prescriptions, and assess compliance with the treatment plan.

Patients are expected to obtain controlled substance prescriptions from a single prescribing provider within this practice and, whenever possible, use a single pharmacy. The patient agrees to notify the provider of any changes in pharmacy, prescriptions received from other healthcare providers, emergency department visits resulting in controlled substance prescriptions, or any new medications that may affect treatment.

The provider reserves the right to communicate with pharmacies, other healthcare providers, and applicable treatment facilities as permitted by law for the purpose of coordinating care, verifying prescriptions, ensuring patient safety, and monitoring compliance with this agreement.

Controlled substance prescriptions that are reported as lost, stolen, misplaced, damaged, destroyed, or otherwise unavailable generally will not be replaced, refilled early, or reissued. Exceptions, if any, will be made solely at the provider's discretion and only under extraordinary circumstances supported by appropriate documentation. Repeated reports of lost, stolen, damaged, or unavailable medications may be considered evidence of noncompliance and may result in modification, tapering, or discontinuation of controlled substance prescribing.

Requests for early refills are not routinely granted and may be denied. Early refill requests, repeated reports of lost or stolen medication, unauthorized dose increases, obtaining medications from multiple sources, or evidence of medication misuse, abuse, or diversion may result in additional monitoring requirements, medication tapering, or discontinuation of prescribing privileges.

The patient understands that participation in controlled substance treatment is contingent upon ongoing compliance with clinic policies, provider recommendations, and all applicable federal and state prescribing regulations.

Terms of Acceptance and Signature:

By signing this agreement, the patient acknowledges understanding of these requirements and agrees to comply with all medication management policies established by the clinic and treating provider.

I, further accept and understand that by typing my name, I am signing this Agreement electronically. I agree and understand that my electronic signature is the legal equivalent of my handwritten signature and that I am legally bound by the terms contained in this document.

Psychiatric Services Consent for Communications

For phone, email, and text messaging I agree and understand that:

1. Integrated Psychiatry PLLC will use the contact information I have provided the office, including phone, address, and email address.
2. Integrated Psychiatry PLLC may leave detailed appointment, medical care, test results, and billing information on voicemails at the phone number I provide so long as the voicemail identifies me as the owner. Detailed messages will not be left on unidentified devices.
3. For my security and convenience, Integrated Psychiatry PLLC offers to communicate with me via the patient portal, however, if I prefer Integrated Psychiatry PLLC use an alternate email address (e.g., my personal email account), additional steps on my end may be necessary to access and read any emails sent to such external accounts.
4. For my convenience, Integrated Psychiatry PLLC also offers me a choice of receiving text messages to remind me of upcoming appointments and/or care coordination activities. Integrated Psychiatry PLLC limits information sent via text message to the minimum necessary.
5. I also understand that:
 - Integrated Psychiatry PLLC considers all patient medical information as confidential. However, email users should never consider electronic communications to be entirely private or secure.
 - Integrated Psychiatry PLLC strongly recommends that email communications be sent from and received via my patient portal account.
 - I should NOT use email for any emergency situation or when an immediate or urgent response is needed.
 - I have the choice to “opt out” of receiving communications from Integrated Psychiatry PLLC via email and/or text.

Consent for Telehealth Services

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits

- Improved access to medical care by enabling a patient to remain in his/her office (or at a remote site) while the healthcare practitioner obtains test results and consults from healthcare practitioners at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the health care practitioner and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

Patient Consent Use of Telemedicine

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent,
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment,
3. I understand that I have the right to inspect all information obtained and recorded in the course of telemedicine interaction, and may receive copies of this information for a reasonable fee,
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My provider has explained the alternatives to my satisfaction,
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
6. I understand that it is my duty to inform the provider of Integrated Psychiatry PLLC of electronic interactions regarding my care that I may have with other healthcare providers.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
8. I attest that I am located in the state of Iowa and will be present in the state of Iowa during all telehealth encounters with providers rendering care from Integrated Psychiatry PLLC.

I have read and understand the information provided above regarding telemedicine, have discussed it with my healthcare professional or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I understand a copy of this form will be available for me to print. I hereby authorize the providers of Integrated Psychiatry PLLC to use telemedicine in the course of my diagnosis and treatment.



Notification of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in Integrated Psychiatry PLLC's Notice of Privacy Practices. We will provide you with a copy of outlining HIPPA and Integrated Psychiatry PLLC's privacy practices upon request. You may also request a written copy at any time. You may view the Privacy practices and full details of your rights under HIPPA, which is posted in our office or available at any time on our website, www.integrated-psychiatry.com

Again, if you have any questions regarding this notice or our health information privacy policies, or would like to receive a copy of Integrated Psychiatry PLLC's privacy practices, please contact **Integrated Psychiatry PLLC, 9550 Hickman Road, Suite 101, Clive, Iowa, 50325. 515-758-8300.**

BY SIGNING THIS I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE POLICIES ABOVE

Patient Printed Name_____

Patient Signature_____

Signature of Legal Representative (if patient under age 18) and Relation to Patient (e.g., Mother, Father, Guardian, etc.) _____

Date_____