

# General Practice Policies

## CONNECTION THERAPY GROUP

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## Benefits and Risks of Treatment

Persons contemplating receiving mental health treatment may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. People may also make changes in their marriage, or significant relationships. They may change employment, begin to feel differently about themselves, and may change other aspects of their lives. While we assist the client by providing a process, the client is the one who makes decisions that effect change. Your provider nor this practice cannot guarantee a specific outcome. Clients are ultimately responsible for their own decisions made, personal growth, and/or changes that occur during the treatment process. Before any treatment is recommended, you will be explained the purpose of the proposed treatment, risks/benefits of treatment, risk/benefits of no treatment, alternatives to prescribed treatment, diagnosis, and prognosis.

## Confidentiality and Patient's Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides patient rights regarding your clinical record and disclosures of Protected Health Information (PHI). You may request a copy of the HIPAA Privacy Notice at any time. Professional ethics and Tennessee state law indicate that the client controls confidential information. Information shared in sessions with a provider will be held in confidence. There are limitations to this general rule: (1) In the case of an emergency where the provider believes a client is at risk of hurting himself/herself or someone else (2) Tennessee law requires that child or elder abuse in any form (physical, emotional or sexual) be reported to the proper authorities (3) information given to attorneys involved in litigation (4) releasing records to insurance companies (5) answering court orders, subpoenas, or summonses (6) meetings state requirements for mandatory reporting of diseases or conditions (7) cases discussed with a clinical supervisor in the setting of receiving clinical supervision (8) cases discussed among Connection Therapy Group team members who have permission to access you records within the limitations set forth by HIPAA guidelines. In addition, the client's behavioral health record may be compelled by state law to become part of a legal proceeding.

## Fee Policy and Payment

The client is expected to pay professional fees at the end of each appointment. All clients are expected to keep payment information up to date with Connection Therapy Group via completion of a Payment Authorization form. If you need to update your payment information, please alert your provider. All clients are direct-pay clients. We do not accept or file for health insurance. However, your health insurance provider may offer reimbursement for behavioral health and/or professional psychological services. Most health insurance providers consider our services as out of network. You are encouraged to consult your policy for specifics. An electronic invoice (super bill) will be available after each appointment. You may decide to

submit the receipt along with a claim form for insurance reimbursement. Clients who choose to file insurance are still expected to pay the full fee for services at the end of each session.

## Professional Services

Connection Therapy Group's business hours are 8:00 AM to 5:00 PM Monday through Friday with occasional availability on the weekend. If you feel it necessary to contact your provider between appointments regarding a clinical issue, please keep in mind that a fee may be assessed depending upon the time required to respond to your need(s) and/or the frequency of your calls. If a fee is assessed, there will be a minimum charge of \$50 and an additional fee of \$50 per fifteen minutes. This fee will be charged to your credit card on file in the counseling office. Your provider will inform you of any charges prior to processing. This fee does not apply for cancelling, scheduling, or re-scheduling appointments. We DO NOT provide mental health care via email or text messaging. This means, we do not respond to clinical questions using this type of technology. If you have a clinical concern or emergency, you are asked to call your provider, 911, or proceed to the nearest emergency room.

## Fee Schedule for Legal Services

All costs associated with legal fees that are incurred by this practice in connection with your case will be your financial responsibility. The document Fee Schedule for Legal Services establishes fees that will be charged if your provider is requested or required to participate in legal action connected to your case on any level. These costs will be billed to you prior to any court involvement or legal work and in some cases, billed after legal services are provided. You agree to pay the fees billed in accordance with the Fee Schedule for Legal Services. A financial retainer is required prior to any work being performed related to your court case. The retainer fee is stated in the Fee Schedule for Legal Services. You agree to release your therapist and this practice from responding to any subpoena issued by your attorney if you do not comply with the terms of the Fee Schedule for Legal Services.

## Request for Medical Records

Any request for medical records must be submitted using the electronic Medical Records Request Form. Your provider will place this form in the patient portal for you to complete once the request for medical records is made. Be advised, we do not respond to requests for medical records from ANYONE other than the patient or legal guardian. Once the request form is completed, your provider will have 15 business days to complete the request. In certain circumstances, the provider may request more time to complete the request. Any delay in processing will be communicated directly with the patient. The following fee schedule will apply to medical records requests pursuant to Tennessee Code Annotated 63-2-102:

Search Fee (5 pages or less in length): \$20.00

Additional pages: \$0.50 per page

## Clinical Emergency

During a clinical emergency, you are instructed to call 911 and/or go to the nearest hospital emergency room. After you have called 911 and/or travelled to your nearest emergency room,

you are also asked to contact your provider as soon as possible. In the event that you receive a voicemail message, please leave a message and your call will be returned as soon as possible.

## No Secrets

If you attend counseling sessions with your partner, be advised that we do not participate in holding to secrets regarding the individuals in the relationship. If you share something in an appointment that the provider feels could impact the relationship, you will be encouraged to share this information with your partner. In some cases, counseling may not continue until you share this information with your partner.

## Cancellation of Appointment

If you are unable to keep your scheduled appointment, you must CALL YOUR PROVIDER 48 BUSINESS HOURS IN ADVANCE of your scheduled appointment; otherwise, you will be responsible for the full appointment fee. For example: if you are scheduled on Monday at 1:00 PM, then you must call on Thursday of the previous week no later than 1:00 PM. Calling your provider only permits cancellation of a scheduled appointment. Our office DOES NOT accept emails or text messages for scheduling or cancellation purposes. You must CALL and speak to your provider or leave a voicemail message. Failure to maintain engagement in care through appointment cancellations or no-shows (three or more in one year) may result in termination of care.

## Illness & Inclement Weather Policy

In the event you are currently in any stage of illness or inclement weather has made travel conditions hazardous, we ask that you conduct your session using telehealth. Please note that confidentiality cannot be ensured when communicating via phone, text, email, or video call.

## Social Media

While the clinical relationship is the most important factor in the therapeutic process, providers in this practice do not participate in social media with clients. Out of respect for the professionalism of the therapeutic relationship, our providers will decline any and all requests by clients to participate in social media.

## Email and/or Text Messages

This practice does not accept email or text messages regarding a clinical issue related to your treatment. This includes attempting to schedule, reschedule, and/or cancelling appointments. If you have a clinical need or concern related to your behavioral health, you are asked to bring the concern to your next scheduled session. If it is a clinical emergency, then call your therapist directly and discuss the reason for your emergency.

## Parents and Minors

A parent must accompany a minor (under age 18) to the visit and remain throughout the duration of the visit unless discussed with the provider prior to the appointment. A parent may be asked to step out of the room for a portion or all of an appointment in order to maintain a therapeutic

relationship with the minor. Adolescents age 14 to 18 years of age will be asked to sign a release of information (ROI) for parents so that general information regarding treatment and progress may be shared. All other information shared during the session will be subject to confidentiality agreement unless it falls within the limitations listed above.

## Policies Pertaining to Psychiatric Care

It is generally expected that all medication refill needs will be addressed at a scheduled appointment. If an unexpected need should arise, you must provide 48 HOURS notice for a refill request and providers have 48 hours to reply to your request. **CONTROLLED SUBSTANCES WILL NOT BE REFILLED OUTSIDE OF A SCHEDULED APPOINTMENT.** Refill requests must be submitted via telephone or voicemail. You may be discharged from care if you make medication changes on your own without consulting your provider. You may also be discharged from care if you are found to be receiving care from multiple providers not previously discussed.

## Client's Rights

You have the right to fully and completely understand your diagnosis, treatment, and prognosis. Please ask for clarification if you do not understand or would like more information. You have the right to refuse treatment at any time. You have the right to choose your provider of care. If you would like to terminate care, please give due notice to this practice. You have the right to confidentiality unless limited by law.

## Provider's Rights

Your provider has the right to practice in a safe, secure, and healing environment. Any disruption, threats of harm, or compromised security may result in termination of services. Presenting to an appointment under the influence of drugs, alcohol, or prescription medication may also result in termination of care.

Your provider may terminate the relationship if you do not follow recommendations regarding treatment which may prove detrimental to your health.

## Informed Consent

By signing this document below, I acknowledge that I have read, understand, and agree with the above Practice Policies. I authorize and request Connection Therapy Group and my provider to provide treatment deemed appropriate, necessary or desirable for my welfare and therapeutic well-being. Additionally, I consent to participate in treatment and understand the limits of confidentiality as well as the benefits and risks of treatment. I consent and grant permission for members of the treatment team to discuss my case and collaboratively develop a treatment plan that will effectively address my needs. I also acknowledge that I have read and understand the contents of this document.