

2024 Updated Policies

updated: 3/27/2024

General Appointment Information




Scheduling


Our office is open Monday through Friday for scheduling appointments. Our standard office hours are Monday-Thursday 8am-4pm; Fridays 8am-1pm.

- Patients are seen by appointment only.
- No walk-in appointments will be scheduled.

When an appointment must be canceled or rescheduled, it is the client's responsibility to provide 24 hours' notice. Our office requires this notice in order to avoid the appointment being counted as a no-show.

 **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 \$50.


- Clients who have a form of Medicaid insurance that iTrust is in-network with, whether primary or secondary, will not be charged this no-show fee in adherence to state guidelines. **However**, clients with Medicaid may only have three (3) no-show appointments within a calendar year, or else be subject to dismissal from the practice as these appointment time slots with the provider must be honored.

 **Note:** Arriving 10 minutes past an appointment start time will count as a no-show, inclusive of fees as applicable, and will result in a reschedule based on scheduling availability.



Reminders

While iTrust Wellness Group will make every effort to send automated appointment reminders as a courtesy to our clients, it is our client's responsibility to keep track of appointment dates and times as well as keep demographic information updated.

-  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.

Notice for Minors

All minors (persons under the age of 18) must be accompanied to their appointments by a parent or legal guardian, who must be available during the entire time of the appointment. 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.

Check-In

Before appointments, the client will be prompted to complete check-in materials including standardized mental health assessments. These must be completed prior to each appointment in order to maximize time with the provider and measure progress throughout the duration of the client's treatment.

Staff and Patient Safety

iTrust Wellness Group staff members and their clients should be treated with respect and safety at all points of interaction. This includes real or perceived threats to any staff member or other clients, both within and outside of appointments.

- Appropriate authorities and involved parties will be notified upon breach of this policy.
- Egregious violations of this policy will result in immediate dismissal from the practice in order to maintain a safe environment for all.

In-Office Policies

Arrival Time and Promptness

Please plan to arrive 15 minutes early to all in-office appointments to ensure timely arrival and completion of any check-in measurements.

If the client is 10 or more minutes late to their appointment, it will have to be rescheduled.

Weapons

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 removed from the premises and/or discharged from services.

- 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.

Non-Solicitation

Clients may not solicit or engage with iTrust Wellness Group staff members for money, services, or relationships outside of their job duties.

Telehealth Appointments

Telehealth appointments are offered to clients at the discretion of the provider. Telehealth appointments are held to the same HIPAA standards as in-person appointments.

Arrival Time and Promptness

Please plan to arrive 15 minutes early to the telehealth appointment virtual waiting room in order to troubleshoot any technical issues ahead of time and complete the check-in assessment(s).

Telehealth-Specific Policies:

- It is practice policy to allow for telehealth appointments on a case-by-case basis at the discretion of iTrust Wellness Group. Some visits will need to be conducted in-office to allow for urine drug screens or other reasons as the provider sees fit.
- The client is responsible for ensuring they present to the appointment in a neat manner and that they are conducting the appointment in a quiet and secure environment. There must be 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 around the client in their chosen environment.
- In the event that the client is not present in the virtual waiting room by 10 minutes past the scheduled appointment time, the appointment will be considered a no-show, and related fees will apply.
- The client is responsible for ensuring that their device and internet is compatible for the telehealth platform prior to the appointment time.

⚠ iTrust Wellness Group advises that telehealth appointments are conducted while in a stationary place and discourages clients from holding telehealth appointments while driving, walking, etc. If the client elects to hold their appointment while performing another activity, iTrust Wellness Group is not liable for any issues, complications, or accidents that arise from this decision. iTrust Wellness Group reserves the right to cancel the appointment should the client be performing another activity that endangers themselves or interferes with the appointment.

Communication

Unencrypted Email Notifications

To ensure that we can provide important appointment and office notifications to you conveniently, iTrust Wellness may use unencrypted email to communicate low-sensitivity updates, such as appointment reminders, and office updates. Unencrypted emails have a risk of being intercepted. iTrust Wellness will use encrypted email for more sensitive communications.

- ✔ The client consents to receiving unencrypted email communications from iTrust Wellness for low sensitivity notifications. The client understands that while email is a convenient means of communication, it may not provide the same level of security as encrypted methods.

The client acknowledges that there are inherent risks associated with unencrypted email communication, including the possibility of unauthorized access and the exposure of personal health information (PHI). Despite these risks, the client authorizes iTrust Wellness to use email as a means of providing low-sensitivity updates.

The client understands that iTrust Wellness will take reasonable measures to protect their privacy and the security of their PHI. However, the client also recognizes that the confidentiality of email communication cannot be guaranteed.

By providing this consent, the client acknowledges that they have been informed of the potential risks and still choose to receive communication via unencrypted email for appointment and office-related matters and agrees to not hold iTrust Wellness liable for any unauthorized access to these communications.

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. Please allow our support staff to relay any messages so that the concern can be resolved in a proper, timely manner. **If the client needs to speak directly with their provider, this must take place directly within an appointment to uphold both quality and safety, and to ensure the treatment plan is comprehensively updated and documented.**

Texts

Our office uses a HIPAA-compliant platform that handles both phone and text capabilities. **Clients have the option to either call or text the office regarding their 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

If the client calls to schedule an appointment and does not speak with an office staff member, they may leave a message with a callback number or text our office at the same number (864-520-2020). If electing to leave a voicemail, 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 the message as brief as possible (name, date of birth, number, and reason for calling)
- Allow up to 24 hours for a return call.
- An appointment may be required to resolve the concern.
- Office staff will be polite and respectful and should be treated in the same manner.
 - Disrespectful or incessant calls are cause for dismissal. All threats are reported.



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

!! Priority Communication

- ① Any information left by our clientele is 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 all voicemails as soon as possible.

Communication from the client which contains 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.


Letters and Forms

Letters and paperwork must be discussed and completed within an appointment to ensure all information is documented thoroughly. It is at the discretion of the provider to complete any letter/paperwork requests made by the client.

The client's primary provider may be a mid-level provider such as a Nurse Practitioner or Physician's Associate. If a letter or document is not accepted due to the scope of their license, such as the requirement of a Medical Doctor's signature, iTrust Wellness Group will not involve the collaborative physician or another Medical Doctor for their signature as they are not the primary provider. Documents that require these signatures may require completion by a provider outside of iTrust Wellness Group.

A minimum of three (3) appointments with a provider is required for most paperwork/letters, including FMLA or short-term disability paperwork. This paperwork will only be filled out at the discretion of the provider and is not guaranteed. For FMLA/short-term disability requests, please note:

- We can only report symptoms and response to treatment to the company that handles the disability insurance.
- If regularly scheduled appointments are not kept, we will notify the disability carrier.
- Requests for records for disability applications or additional paperwork/letters may be subject to additional fees. More information is outlined in the Financial Policies and Privacy Policies.

 **iTrust Wellness Group is not liable for the outcome of the documentation requested.**

For emotional support animal letters, our office maintains the following requirements before writing these letters:

- Our office requires confirmation from a veterinarian of up-to-date vaccines.
- The animal needs to be greater than 1 year of age.
- 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, it is still the provider's discretion to complete the letter on behalf of the client.

Emergencies


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 or**

homicidal ideation, the client must call 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
- National Suicide Prevention Hotline: 800-273-8255

*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 the appointment time or the client's time at the office, the 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 the provider to ensure client 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 the client expresses active suicidal or homicidal ideation outside of an appointment and/or presents in a manner that appears to be unsafe to themselves or others, iTrust Wellness Group will take appropriate action to ensure safety, including involvement of local resources like 911, EMS, and other emergency contacts.

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 consent that this individual may give and receive information pertinent to client care, including, but not limited to: appointment times, medications, emergency circumstances, and anything else as deemed necessary by iTrust Wellness Group staff members.

Higher Levels of Care

In the event that a client is seen by another facility or entity for a higher level of care, such as an inpatient facility, the client is considered to be temporarily transferred to the other provider. The

other entity's decisions regarding medical care will supersede iTrust Wellness Group providers' treatment plan, and the client is responsible for relaying all medical information to the other treating entity to ensure safety.

In certain cases, the client may need to be permanently transferred from iTrust Wellness Group to another facility in order to receive ongoing higher levels of care. In these events, the iTrust Wellness Group staff members will assist as needed to ensure a smooth facilitation and transfer of care, but no future appointments will be scheduled with iTrust Wellness Group as the client will be considered released from our practice's 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:

- 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.
- 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 to allow someone into the room during the designated appointment time.

Limited English Proficiency Policy

iTrust Wellness Group will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and the best possible 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. If specific needs cannot be met by iTrust Wellness Group, our office reserves the right to refer to an external practice that can better meet the needs of the individual patient.

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.

Grounds for Dismissal

Grounds for dismissal include, but are not limited to:

Financial

If our office has contacted a client repeatedly, and collection attempts have been made for an outstanding balance beyond 90 days of an appointment with insufficient payment received, the client will be released from iTrust Wellness Group. By agreeing to any appointment, clients are always agreeing to the entire process of our services, including payment in full due on the appointment date. Please see our financial policies for more detail.

Appointment No-Shows

Excessive no-shows to appointments will result in dismissal from iTrust Wellness Group. This is at the discretion of iTrust Wellness Group staff. Clients will be notified prior to dismissal to discuss ways to help avoid no-shows and ensure that there is no miscommunication.

- For clients with Medicaid insurance, whether primary or secondary, iTrust policy is to accommodate three (3) no-shows in a calendar year. Three (3) no-shows in a calendar year will result in dismissal.

Clinical Management

At each appointment, our providers will suggest treatment plans designed for the client's individual psychiatric needs. Compliance and adherence to the treatment plan is expected as part of this agreement to our policies and procedures. If it becomes apparent that the client has been deviating from the therapeutic regimen agreed upon at the time of the appointment, including diversion of medications, they will be dismissed from the practice.

Additionally, if it is determined by the practice that the client's needs are higher than the scope that iTrust Wellness Group is able to reasonably provide, the client may be released from the care of iTrust Wellness Group and given external resources to pursue for their mental health care.

Behavior

Clients are fully responsible for how they act and present themselves. This includes behavior during appointments and interactions with staff after leaving the building. It is vital that clients treat our providers, administrative staff, and other clients with respect. If there is any behavior or action that is deemed disrespectful or harmful or abuses the status as a client, clients may be discharged from iTrust Wellness Group.

Dismissal Summary

- If clients are not adherent to our policies, they may be notified by email with a dismissal warning. Further nonadherence may result in full dismissal from iTrust Wellness Group. However, there are cases where a client will be immediately dismissed from the practice based upon presentation or behavior.
 - Please note that dismissal warnings and dismissal notices will be sent to the email provided to our office and/or delivered in person at the time of an appointment.

- ✓ As a part of these policies and procedures, the client agrees that if they are dismissed as a client, they 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 the client is released from care as we have taken appropriate precautions to ensure safety in a transition of care to another provider.

Policy Adherence

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of 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 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, the client affirms that they understand and agree to the aforementioned policies.

We are grateful for clients' belief in us as a practice and for their 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.

Medication Policies

General Refill Information

It is the client's responsibility to notify their provider during their visit of any and all prescription refills needed, changes in insurance, difficulties filling previous prescriptions, and/or updated pharmacy on file. Unless in a case of emergency, at iTrust Wellness Group's discretion, refills are not issued in between appointments. If no future appointment is scheduled, it is the client's responsibility to alert iTrust Wellness Group 3-4 days before medication runs out to allow for sufficient time to schedule an appointment and/or make necessary accommodations.

No new medications or alterations to 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.

Bridge Refill Policy

“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. Bridge prescriptions are reserved for emergent situations.

Bridge prescriptions will be called in for no more than 7 days.

Prior Authorizations


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 and/or lapses in medication treatment that results from an issue with a prior authorization.

Samples

Samples are provided to our clients as a courtesy when trying a new medication. We cannot mail samples, nor can we render a substantial quantity of medication samples to any one client. Attempted or actual theft of samples will result in both immediate termination of services at iTrust Wellness Group and a report to the proper authorities.

Prescriptions Outside of iTrust Wellness Group

iTrust Wellness Group assumes no responsibility for medications, procedures, or services prescribed or provided by other practitioners. 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.

 **It is expected that clients will receive prescriptions for mental health medications only from an iTrust Wellness Group provider, for as long as they are a client in our service.**


If a client is receiving mental health medication prescriptions from another provider, our providers will either stop prescribing medication, work with the other entity to take over prescription duties, or dismiss the client from services because of safety concerns.

Medication Safety

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 medication in a way that was not prescribed (such as taking more or less)
- stopping or changing medication without consultation and approval of the treating clinician
- failing to notify iTrust Wellness Group medical staff in a reasonable amount of time prior to running out of medication
- 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 use appropriate emergency resources as directed, such as 911/EMS, the National Suicide Hotline, the National Poison Hotline, and more
- failing to make a follow-up appointment that is recommended by the clinical staff to ensure continued treatment progress and safety
- injuries inflicted upon others as an unintended side effect of medications

 The client 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, takes medication in a way that is not directed by the provider, or has their medication taken by another person.

Side effect education

Our providers will educate clients about side effects that may occur as a result of taking a certain medication. Unanticipated results or reactions may occur from taking a

medication that is prescribed by an iTrust Wellness Group provider.

A complete list of side effects, including rare or seldom-reported adverse effects, cannot 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.

It is expected that clients report adverse effects to their prescriber through the channel of iTrust Wellness Group's support staff 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.

!! Medication and Substance Use

Taking certain legal or illicit substances with medications that our providers prescribe can lead to harmful or life-threatening side effects. 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.

It is the client's responsibility to notify the provider if they engage in any additional substances as the provider needs access to that information in order to create the safest and most efficacious treatment plan.

- ✅ The client agrees that any legal issues, personal injury, or the injury of another person or property that occurs as a result of taking prescribed medications and such aforementioned substances together is not the responsibility of iTrust Wellness Group.

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. Providers will inform clients which medications may cause these effects.

- ✔ The client agrees to not operate heavy machinery while taking medication that an iTrust Wellness Group provider deems contraindicated to safe operation of such machinery. 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.

Neuroleptic Medication Agreement

Our clinicians may prescribe a variety of medications for mood stabilization and primary thought disorder symptom management that can include neuroleptic/antipsychotic medications. Treatment with neuroleptic medications places patients at risk for certain side effects.

Tardive dyskinesia is a condition that can arise from neuroleptic medications and can be permanent in some cases. **It is important to notify the provider upon experiencing significant side effects from a neuroleptic medication in order to prevent complications.** Symptoms of this may include uncomfortable restlessness (akathisia), muscle stiffness or shakiness, involuntary muscle movements of the jaw, lips and tongue, muscle spasms, lip smacking, and/or grimacing.

Neuroleptic Malignant Syndrome is a rare but potentially life-threatening reaction to antipsychotic medications and requires immediate medical intervention. Symptoms of this may include high fever, confusion, dizziness, rigid muscles and/or fainting. If experiencing these, clients should immediately go to the nearest emergency room.

Neuroleptic medications can increase insulin resistance factors which can increase fasting blood glucose levels and subsequently increase the risk of **Metabolic Syndrome**.

Neuroleptic medications may place a client at higher risk for weight gain, and clients will be educated within appointments regarding this risk and proper steps to prevent this side effect as part of their overall wellness.

If the provider and client agree that neuroleptic agents should be prescribed:

- ✔ The client agrees to not hold the clinicians at iTrust Wellness Group responsible for any side effects caused by prescribed neuroleptic agents. The client agrees to notify their provider immediately if they experience any symptoms (listed above) from the treatment or seek emergency care.



Injectable Medication Policy

In the event that an injectable medication is agreed upon as the course of treatment for the client:

- The medication must be administered in the office
- Injectable medications will not be given without an appointment
- iTrust Wellness Group providers will administer these medications and document all results accordingly

There is an inherent risk in receiving these medications, including adverse/allergic reactions, lack of toleration, or inefficacious results. **Should any adverse reaction occur, the client must notify iTrust Wellness Group immediately to determine the best course of action moving forward.**

- ✓ The client agrees iTrust Wellness Group is not liable for any risks or results related to injectable medications taken by the client.



Controlled Substances

Controlled substance prescriptions will only be written for a maximum of 30 days at a time. iTrust Wellness Group will only write prescriptions in compliance with federal and state laws and in line with office policy. If an 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);
- is selling/diverting their medications in other ways;
- is forging the identity of or falsifying prescriptions from iTrust Wellness Group providers,

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).

Our practice strictly monitors controlled substances and requires our clients to be responsible and accountable for following their treatment expectations.

Additional controlled substance policies

✓ The client agrees that:

- Prescriptions for controlled substances will not be reissued until the date the prescription is due to run out.
- They will not receive a replacement for any lost or stolen medication, regardless of the circumstance, unless the medication is lost and an official police report is filed and presented to the provider.
- They will be subject to periodic random pill counts and periodic/random urine drug screens.
- They will be forthcoming with any medical concerns/pregnancy/etc. that should arise during treatment. Many conditions require changes to medications in order to prevent harm to the client/child/etc.
- If the client runs out of medication early related to non-compliance with the prescribed medication regimen, it is their responsibility to present to the Emergency Room or a higher place of medical care as they understand that seizures, blackouts, and tremors are potential side effects of abrupt discontinuation.

✓ The client understands that:

- iTrust Wellness Group will only fill up to 30 days' worth of controlled substances at a time.
- If a decision is made to titrate off controlled substances, iTrust Wellness Group providers will create a tapering plan to safely discontinue controlled substances.
- The iTrust Wellness Group provider may stop prescribing the medication or change the treatment plan if the client fails to follow the above recommendations.

South Carolina PMP Aware RX

Prior to writing controlled substances, it is standard practice that our providers will enter client data into the PMP Aware RX database to ensure treatment compliance and safety is upheld. The South Carolina Prescription Drug Monitoring Program, also 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.

SureScripts


When preparing for the appointment, it is standard practice that our providers will obtain prescription history via SureScripts before each appointment. This medication history will include both controlled and non-controlled substances and gives a record of dates, pharmacies used, and medications dispensed (including quantity and days' supply). This

information is necessary before each appointment in order to ensure patient safety and compliance and maintain transparency.

Clinical Policies

Urine Drug Screens

In order to maintain transparency between our clients and providers, routine and random urine drug screens are completed. 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 client safety.

 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. The decision to administer a urine drug screen is solely a clinical decision based upon safety and treatment adherence.

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 dismiss the client from our services and make appropriate referrals either to facilities that our providers feel are better equipped to treat the client or to law enforcement personnel.

If an initial appointment is held via telehealth, iTrust Wellness Group may require the client to come to the office or go to one of our partnered lab services for a urine drug screen before the next follow-up appointment.

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, iTrust Wellness Group 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 the provider.

Attempts to falsify or invalidate urine drug screen results will be considered non-adherence to treatment and may result in dismissal from the practice.

Genetic Testing

In the event that a provider and client agree to the client's participation in a genetic test to determine the best course of treatment, the client thus consents to having a DNA sample collected via cheek swab. This DNA is sent solely to the genetic testing facility and is not stored or kept in our office.

- ✔ The client agrees that 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 the genetic testing company.

iTrust Wellness Group is not responsible for any part of the billing related to the genetic test. This is entirely processed under the genetic testing company and the client's insurance, if applicable. If the client elects to have a genetic test done, the genetic testing company reserves the right to contact and bill them related to any charges and fees surrounding the test.

In the event that there is an issue with the collected sample, the client may need an additional appointment with their provider in order to re-collect the testing sample, and/or another sample may need to be sent by the client via mail.

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.

Policy Adherence

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of 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 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, the client affirms that they understand and agree to the aforementioned policies.

We are grateful for clients' belief in us as a practice and for their 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.

Financial Policies

\$ Billing Overview


iTrust Wellness Group is committed to being transparent through all processes, including our billing and financial policies. The billing department will be available to clarify and assist with anything needed.

As a courtesy to the client, iTrust Wellness Group will bill the insurance carrier(s) for services provided. In order to properly bill the insurance company, iTrust Wellness Group requires that the client discloses 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. The client is responsible for any uncovered charges by their insurance company. **Although iTrust Wellness Group may estimate what an insurance company may pay, it is the insurance company that makes the final determination of all eligibility and benefits.**

- ✔ As the responsible party, the client agrees to the following:

- iTrust Wellness Group requires a card on file prior to the initial intake appointment; this will be the primary card for future payments until our staff is updated with a new payment method.
- iTrust Wellness Group requires an active card to be stored on file **at all times**. In the event that the primary card becomes inactive, it is the patient's responsibility to reach out to the billing team with an updated credit/debit/HSA card.
- Payments for all services are due the day of rendered services via cash, checking account, or credit/debit/HSA card. Please note that payments made by cards are subject to a processing fee.
 - If a debit or credit card charge is disputed, there will be a \$60 surcharge added to the account, including both dispute fees and time spent by our staff.

- If the client chooses to pay via check, there will be a wait time for the check to be processed. Any denied checks are subject to a \$60 surcharge added to the account.
- iTrust Wellness Group will submit all requested information directly to the insurance company, when applicable, in order for the visit to be covered.
- If the office staff of iTrust Wellness Group attempts to run a payment using the payment methods provided by the client and the payment declines, our staff will reach out to the client via the communication method(s) on file provided by the client.
 - **If the client is unable to pay in full on the day of service, they 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.
 - **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 as a courtesy 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.
- Payments will be applied to any outstanding patient responsibility. Any remaining funds will be applied as credit on the client's account for future patient responsibility or refunded upon request.
- For increased account and financial transparency, statements are sent out upon request from the patient.

 **It is the client's responsibility to communicate any financial problems so that our office may assist them in keeping their account in good standing.**

Billing Communications

By consenting to iTrust Wellness Group's policies and procedures in this document, the client consents to being contacted via phone, email, and text message about billing related concerns. The client reserves the right to opt out of billing-related text messages by informing our office, but phone calls and emails will still be utilized in order to maintain transparency and discuss all billing-related topics and transactions.

Payment Plans and Collections

- Any **payment plan** established with our office must be established through the secure point to point encrypted device to streamline the collection process. If the payment method

used to establish this plan declines twice, it must be updated or a payment of half the balance must be run on that established payment method to reset the plan.

- If the client fails to fulfill any of the payments that are due in a timely manner and their account becomes delinquent, iTrust Wellness Group 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 the client's account is turned over to a collection agency, the client agrees to be responsible for any additional cost of collecting the balance in addition to the original balance itself.

Bankruptcy

If you file for bankruptcy while you have a balance with our practice you must immediately provide the case number and all pertinent information related to the bankruptcy in order for us to proceed accordingly. Once this information is received, the outstanding balance will be treated as an unsecured claim in the bankruptcy proceedings. We may not take any action to collect on the outstanding balance while the bankruptcy is pending. If the bankruptcy is approved, you will be required to pay a portion of your debts, including the outstanding balance to our practice, over a period of time. If the bankruptcy is dismissed or you receive a discharge, any outstanding balance will be discharged, and we will not pursue any further collection activities. If you have any questions or concerns, please contact us.



Consent from a Third Party for Payment

In the event that someone else is making payments on the client's behalf, there must be a consent form on file to allow our office to communicate with that person given the financial involvement in the client's treatment. Payment will still be due at the time of the client's appointments(s), and this consent form must be on file before any payments can be made to the client's account via this third-party method.

Please note that self-pay fees will be reassessed or adjusted periodically. Clients will be notified of any rate adjustments in writing at least 60 days before receiving any self-pay rate changes.




Insurance

Insurance coverage and network participation is subject to change. iTrust Wellness Group routinely checks clients' insurance eligibility as a service to the client, but in the event that insurance does not cover the appointment, the client is responsible for filing "out-of-network" or talking through self-pay options with our billing team.

iTrust Wellness Group will bill CPT codes in line with each individual appointment. It is at iTrust Wellness Group's discretion which CPT codes to bill.

If the client has insurance and does not know their specialist/mental health copay or out of pocket cost, it is their responsibility to contact the number located on the back of the insurance card and talk to a representative to better understand plan specifics.

Telehealth appointments are coded using the same CPT codes as in-office visits. Appointments will be billed similarly to in-office visits and are not discounted or up-charged based upon the use of telehealth.


-  It is the client's responsibility to notify iTrust Wellness Group if their insurance policy does not cover telehealth appointments so that their provider knows how to structure their treatment plan, and the office can minimize financial burden.

Policy Adherence

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of 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 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, the client affirms that they understand and agree to the aforementioned policies.

We are grateful for clients' belief in us as a practice and for their 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.

Privacy Policy

iTrust Wellness Group is required to create, receive, and maintain records that contain health information about clients to administer health care and mental health services.

Psychiatric medical records regarding 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 a client threatens to harm, including themselves.

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.

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). HIPAA regulations will supersede any discrepancy between the information in this notice and the regulations.

Privacy Obligations

iTrust Wellness Group is required by law and commits to:

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

Commitment Regarding Health Information Privacy

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

Use of PHI

The following are the different ways iTrust Wellness Group may use and disclose a client's PHI without their written authorization:

- **For Treatment.** iTrust Wellness Group may disclose PHI to a healthcare provider who renders treatment on their behalf. *For example, if the client is unable to provide their*

medical history as the result of an accident, iTrust Wellness Group may advise an emergency room physician about the types of prescription drugs they currently take.

- **For Payment.** iTrust Wellness Group may use and disclose PHI so that claims for health care treatment, services, and supplies they 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 a client received to enable iTrust Wellness Group to process a claim for reimbursement of medical expenses incurred on their behalf.*
- **For Health Care Operations.** iTrust Wellness Group may use and disclose PHI to enable it to operate or operate more efficiently. *For example, iTrust Wellness Group may use a client's 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 a client's PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. iTrust Wellness Group may remove information that identifies a client from health information disclosed to outside sources so it may be used without outside sources learning who the specific participants are.
- **To iTrust Wellness Group Staff.** iTrust Wellness Group may disclose 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 the client's 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 a client's health care treatment into an electronic claims processing system maintained by the business associate so the claim may be paid.* This process necessitates that iTrust Wellness Group will disclose the client's PHI to its business associate so it can perform its claims payment function. However, iTrust Wellness Group will contractually require its business associates to appropriately safeguard all PHI.
- **As Required by Law.** iTrust Wellness Group will disclose 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 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 a client's PHI under the following circumstances, only in accordance with HIPAA regulations:

- **Lawsuits and Disputes.** If a client becomes involved in a lawsuit or other legal action, iTrust Wellness Group may disclose their 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 PHI if asked to do so by a law enforcement official.
- **Worker's Compensation.** iTrust Wellness Group may disclose 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 a client actively is or becomes a member of the U.S. armed forces, iTrust Wellness Group may release medical information about them as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** iTrust Wellness Group may use and disclose a client's PHI when necessary to prevent a serious threat to their 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 a client for public health activities.
- **Health Oversight Activities.** iTrust Wellness Group may disclose 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 PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** iTrust Wellness Group may release 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 a client is 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 PHI to a coroner or medical examiner. iTrust Wellness Group may also release PHI to a funeral director, as necessary, to carry out their duty.

? 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 the client's written authorization. If the client authorizes iTrust Wellness Group to use or disclose PHI, they may revoke the authorization, in writing, at any time. If the client revokes their authorization, iTrust Wellness Group will no longer use or disclose their PHI for the reasons covered by the written authorization; however, iTrust Wellness Group will not reverse any uses or disclosures already made.


Rights Regarding Health Information

Client rights regarding the health information iTrust Wellness Group maintains are as follows:

- **Right to Inspect and Copy.** Clients have the right to inspect and copy their PHI. This includes information about their 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, clients should submit 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 the request. In limited circumstances, iTrust Wellness Group may deny the request to inspect and copy PHI. Generally, if clients are denied access to health information, they may request a review of the denial.
- **Right to Amend.** If clients feel that the health information iTrust Wellness Group has is incorrect or incomplete, they may ask to amend it. Clients 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. Clients must provide the reason(s) to support the request. iTrust Wellness Group may deny the request if asked to amend health information that was: accurate and complete (at the discretion of the treating provider), not created by iTrust Wellness Group; not part of the health information kept by or for iTrust Wellness Group; or not information that would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** Clients have the right to request an “accounting of disclosures.” This is a list of disclosures of 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 the client; disclosures made prior to this effective date; or in certain other situations. To request an accounting of disclosures, submit the request in writing to the administrator. The 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.** Clients have the right to request a restriction on the health information iTrust Wellness Group uses or discloses about them for treatment,

payment, or health care operations. Clients also have the right to request a limit on the health information iTrust Wellness Group discloses about them to someone who is involved in their care or the payment for their care, like a family member or friend. For example, clients could ask that iTrust Wellness Group does not use or disclose information about a surgery they have had. To request restrictions, make the request in writing to the plan administrator.

- The client must advise iTrust Wellness Group:
 - What information they want to limit;
 - Whether they want to limit iTrust Wellness Group' use, disclosure, or both; and
 - To whom they want the limit(s) to apply.

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

- **Right to Request Confidential Communications.** Clients have the right to request that iTrust Wellness Group communicates with them about health matters in a certain way or at a certain location. For example, they can ask that iTrust Wellness Group sends them an explanation of benefits (EOB) form about their benefit claims to a specified address. To request this confidential communication, make the request in writing to the administration. iTrust Wellness Group will make every attempt to accommodate all reasonable requests. This request must specify how and/or where the client wishes to be contacted.
- **Right to a Paper Copy of this Notice.** Clients have the right to a paper copy of this notice. Clients may write to the administration to request a written copy of this notice at any time.

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 the client, 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 (www.itrustwellnessgroup.com). Clients of iTrust Wellness Group are required to abide by the most updated policies and procedures, as are posted on the website or made available upon request.

Complaints

If a client believes their privacy rights under this policy have been violated, they may file a written complaint with the plan administrator. Alternatively, they 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. Clients will not be penalized or retaliated against for filing a complaint.

Confidentiality/Records

Record and Documentation Requests

Records and other documentation from the client's comprehensive medical chart will be provided upon request to the client or their authorized representative. In addition, printed or electronic copies can be made available to another provider at the request of the client as long as a release of information has been signed. Please allow a minimum of 7 business days for records to be prepared.

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

First 30 pages	\$0.65 per page
Beyond 30 pages	\$0.50 per page
Clerical Fee	\$25.00
Max Fee per request	\$150.00

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 for the purpose of disability. This excludes HITECH records requests per federally mandated law.

Personal Representatives

Clients may exercise their rights through a personal representative. The personal representative will be required to produce evidence of their authority to act on a client's behalf before that person will be given access to the client's PHI or allowed to take any action for the client. 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 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.

Referrals

The safety of and quality of care given to our clientele are iTrust Wellness Group's two highest priorities. iTrust Wellness Group reserves 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 mental health providers. 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, clients are entitled to copies of the results. We encourage all clients to keep track of laboratory tests ordered by all physicians that they see. iTrust Wellness Group will recommend laboratory tests based on the safest and best practices but is not responsible for costs or fees our clients incur as a result of having these diagnostic tests completed.

Psychotherapy

Psychotherapy Within iTrust Wellness Group

Psychotherapy notes are generally separate from standard record requests. While iTrust Wellness Group provides psychotherapy services to clients, psychotherapy records have an additional layer of protection under HIPAA and will not be released without explicit, separate consent from the therapist or otherwise rendering provider.

iTrust Wellness Group is also not required to release psychotherapy notes to the client. A request must be made from the client for these to be released, but the release of these notes is at the discretion of the iTrust Wellness Group rendering provider.

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 often 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.

Closing Policies

Court Involvement or Legal Document Processing

iTrust Wellness Group is unable to provide expert testimony or make any other court related appearances related to a client's participation in care with iTrust Wellness Group. If a client's provider is compelled to attend court on a client's 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. To cover initial fees of legal consultation, a \$4,000 retainer is required, paid in advance immediately upon the receipt of subpoena or other request for court appearance, in addition to the fees as listed below.

In-person hourly rate (while giving testimony)	\$600/hr, 1 hr minimum
Preparation time (compiled by the provider)	\$300/hr, 1 hr minimum
Collateral contact rate (includes phone calls & letter writing)	\$300/hr, 1 hr minimum
Court document filing	\$100/document (plus court fees)
Legal Record Requests	See Records Requests Fees Above

 A minimum of four (4) weeks' notice must be given before any appearance in court in order to minimize conflict with other clients needing to be seen. Unless otherwise explicitly specified 4 weeks prior to the court date(s), it will be assumed that the full day(s) will be required from the provider, and full charges will apply accordingly. **The minimum charge for a court appearance will be \$2,000, even if the provider's presence and hourly work is requested for less than the per-fee amount.** For example, if only 2 hours' worth of preparation time and 1 hours' worth of in-person time is needed, the client will still be responsible for paying the minimum of \$2,000 plus the \$4,000 retainer fee.


In the event that the provider's presence ends up not being required in court, e.g. if the case is settled, **the retainer of \$4,000 is still owed in full.**

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, clinical student 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. 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.

As we practice an office philosophy of client-centered care, our providers 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. Students may independently conduct appointments with the ability to consult with the attending provider when needed. 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 as clinically indicated, and it is within each practitioner's discretion to allow the student or intern to make treatment suggestions.

Standard billing policies will still apply to appointments conducted by students as the attending provider will still be reviewing all appointment documentation and outcomes.

 Similarly to our licensed providers, students are bound by HIPAA regulations and privacy laws to protect client information.

Personal Injury

The client waives iTrust Wellness Group's liability in regards to personal injuries sustained by client either 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.

Consent for Treatment

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

Informed Consent for Treatment

- I understand this consent is for an initial assessment and continued treatment, or substance abuse assessment and treatment, in which I am agreeing to participate in a mental health or substance abuse 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.

Disclaimer of Intellectual Property


The forms 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 these documents 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

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