Emerald Psychiatry & TMS Center

Patient Handbook

Thank you for choosing Emerald Psychiatry & TMS Center! We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. Our staff strives to exceed expectations in care and service to make your experience with us as comfortable and stress-free as possible.

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I. Informed Consent for Assessment and Treatment

I understand that I am eligible to receive services from Emerald Psychiatry & TMS Center. The services I receive will be through initial assessment and a thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that all information shared with the clinical staff at Emerald Psychiatry & TMS Center is confidential and no information will be released without my written consent. I further understand that there are specific and limited exceptions to this confidentially which include and are not limited to the following:

If I am a danger to myself or someone else, the clinician is ethically bound to take necessary steps to prevent such danger.

If there is suspicion that a client is being abused or neglected, the clinician is legally required to take steps to protect the client and inform the proper authorities.

When a court order is issued, the clinician and the office are bound by law to comply with the request.

I authorize Emerald Psychiatry & TMS Center to bill my insurance and release pertinent information to my insurance carrier. I understand that I am liable for all co-pays, deductibles, and any fees unpaid by insurance. I understand that payment for all fees is due at the time of service.

If I have any questions regarding this consent form or about the services offered at Emerald Psychiatry, I may discuss them with the staff. I understand that I may stop treatment at any time. I consent to the evaluation and treatment offered to me by Emerald Psychiatry & TMS Center and I have read and understand the above.

II. Consent for Telehealth Services

Telehealth is the delivery of psychiatric and therapy services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location. The interactive electronic systems used in telehealth incorporate network and software security protocols to protect the confidentiality of patient information and audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. Potential benefits include Increased accessibility to psychiatric and therapy services and patient convenience. Potential risks include in rare cases stored data that could be accessed by unauthorized people or companies. Technology issues could interrupt services. Confidentiality could be compromised if you are not in a private setting.

Identity Verification

All patients will have to verify their age and Identity by showing their driver's license or other verifiable government identification.

Confidentiality

Information about the patient will only be released with his or express written permission, with the exceptions of the following cases: (1) if the provider determines risk of self- harm, (2) if the provider determines risk of harm to others, (3) if the provider is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult, or (4) if the provider believes that someone's mental condition leaves the person gravely disabled

- The provider will maintain records of online treatment and /or consultation services.

- All clinical records will be maintained as required by applicable legal and ethical standards according to various professional licensing boards, i.e., American Medical Association, American Psychological Association etc.
- If participating in group therapy sessions all patients will agree to respect confidentiality by not disclosing information from treatment sessions and participating in private location.
- Our office uses a confidential and HIPAA secure Telehealth system. Please be aware that there still may be a risk of confidential information being accessed.

Disclaimers & Plan of action:

Emerald Psychiatry & TMS Center is not liable for confidentiality breaches when they are caused by patient error.

- If video services are not available due to unplanned equipment or service malfunction sessions will occur via telephone.
- Online mental health treatment may not be appropriate for patients with active suicidal or homicidal thoughts or patients who are experiencing acute mental health problems, such as manic or psychotic symptoms.
- A patient who reports being a risk of harm to self or others will not be offered online mental health services from Emerald Psychiatry & TMS Center.
- If, through the initial assessment or subsequent sessions, a patient is deemed to be at risk of harm to self or to others, Emerald Psychiatry & TMS Center will terminate the sessions, while providing alternative treatment options.
- If a patient who is not formerly at risk should become at risk of such harm to self or others, they must immediately report it to their providers at Emerald Psychiatry & TMS Center. In such cases, a patient may be referred to a traditional program or provider.
- If it is believed that a patient is intoxicated in therapy sessions, the session may be terminated.
- If it is suspected that the patient is not in a private location and others can hear the content of a session, the session may be rescheduled or terminated.
- If it is determined that in-person services may benefit the patient more than telehealth services, the treatment team may recommend and require face to face treatment. Face to face treatment options will be discussed with the patient prior to any referral or transfer.

- If a patient logs out during and/or misses a therapy session, a wellness check may be called to verify patient safety.

Patient Rights

- I understand that the HIPAA laws and 42 CFR 2 that protect the privacy and confidentiality of medical information and/or substance use treatment also apply to Telehealth services. Emerald Psychiatry & TMS Center utilizes HIPAA compliant video services.
- I have the right to withhold or withdraw my consent to the use of Telehealth services during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I have the right to inspect all medical information that includes the Telehealth visit. I may obtain copies of this medical record information upon request.
- I understand that my provider has the right to withhold or withdraw consent for the use of Telehealth during my care at any time.
- I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telehealth services.

Patient's responsibilities

- I will not record any telehealth sessions without written consent from my provider. I understand that my provider will not record any of our Telehealth sessions without my written consent.
- I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I MUST be in the state of Ohio while receiving telehealth services. If I move outside of the state of Ohio, I am required to notify Emerald immediately.
- I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my computer or phone that is used for Telehealth services. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I must be a resident of the State of Ohio to be eligible for Telehealth services from my provider.

- I will participate in telehealth sessions in a secure environment. I understand that I am not able to conduct telehealth sessions while driving a car or while in a public setting.
- I understand that if participating in group telehealth services, I must be in a private setting to protect the confidentiality of myself and others. I understand that I may be removed from the group if I compromise confidentiality.
- I understand that when in group telehealth services I must have a camera and be available for my therapist to verify my presence and participation.
- I will not attend any telehealth sessions under the influence of drugs and/or alcohol.

It is the responsibility of the patient to inform the Emerald Psychiatry & TMS Center Clinician if they are at risk of harm to self or others.

Crisis Situations/Emergencies

For a mental health emergency or crisis do the following:

- Call the Suicide Hotline at 1-800-Suicide or 1-800-273-Talk.
- In Franklin County, call NetCare (24-hour psychiatric emergency services) at 614-276-2273.
- If you live outside of Franklin County, contact your local mental health center for crisis services.
- Call 911 or go to the nearest Emergency Room.

Payment

Payment is expected at the time of service for all visits. Some insurance companies allow online mental health treatment; some do not. If a patient's insurance denies the visit for online treatment, he or she will be responsible for the full cost of the visit: $250 for a New Patient Evaluation or $130 Follow up Evaluation.

A fee of $150 will be charged to patients who do not show up for a new patient evaluation. A fee of $100 will be charged to patients who do not show up for a follow up evaluation. A fee of $50 will be charged to patients who do not provide at least 24-hour notice of cancellation.

Patient consent to the use of telehealth services

I have read and understand the information provided above regarding Telehealth services. I have discussed it with my provider and all my questions have been answered

to my satisfaction. I hereby give my informed consent for using Telehealth in my health care and authorize my provider to use Telehealth services during my diagnosis and treatment.

III. HIPAA and Notice of Privacy Practices Privacy for Concord Psychiatry DBA Emerald Psychiatry & TMS Center

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

At Concord Psychiatry DBA Emerald Psychiatry & TMS Center we understand the importance of keeping your medical information confidential. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this therapy practice properly. We are required by law to maintain the privacy of protected health information, to inform our patients of our privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed in the last section of this notice.

A. How Concord Psychiatry May Use or Disclose Your Health Information

Concord Psychiatry collects health information about you and stores it in an electronic health record. This is your medical record. The medical record is the property of Concord Psychiatry, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it

requires before it pays us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We may use and disclose medical information about you to operate this therapy practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine, cell phone voice mail or in a message left with the person answering the phone.

5. Sign in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In a disaster, we may disclose information to a relief organization so they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to

respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small incentives, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. Health Oversight Activities. We may, and are sometimes required by law, disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if: (a) reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order; or (b) reasonable efforts have been made by the party seeking your information to secure a qualified protective order which prohibits the parties from using or disclosing your information for any purpose other than the litigation or proceeding and requires the return of your information to your health care provider or the destruction of your information at the end of the litigation or proceeding.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Public Safety. We may, and are sometimes required by law, disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

18. Change of Ownership. If this therapy practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another therapist or medical group.

19. Breach Notification. In the event of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

20. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

21. Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed in the last section of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When Concord Psychiatry May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Concord Psychiatry will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this therapy practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Right

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your health plan concerning health care items or services for which you or someone other than your health plan has paid for in full, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work or home address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. We will send any

electronic information in encrypted form unless you ask us not to. Information not encrypted is not secure and more likely to be viewed by someone other than the intended recipient.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend it in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this therapy practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this therapy practice, except that this therapy practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy

Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this therapy practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail or have viewed it on our website.

If you want a more detailed explanation of these rights or if you want to exercise one or more of them, contact our Director of Clinical Operations listed in the last section of this Notice of Privacy Practices.

D. Uses and Disclosures of Your Substance Abuse Records.

The confidentiality of substance abuse records maintained by this practice is protected by another federal law commonly referred to as the Alcohol and Other Drug Confidentiality Law and its implementing regulations (42. C.F.R. Part 2). Generally, the program may not say to a person outside the program that a patient attends the program, or disclose information identifying a patient as an alcohol or drug abuser, unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulation by the Practice is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

E. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such an amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

F. Complaints

Complaints about this Notice of Privacy Practices or how this practice handles your health information should be directed to Molly Crocker by writing and sending the complaint to the address on the top of this Notice or by calling 614-580-6917. You will not be penalized or denied health care for making a complaint.

If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services by visiting http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html.

G. Authorization for the Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.508(a))

I understand that as part of my healthcare, this Practice originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that this information serves as: A basis for planning my care and treatment. A means of communication among the health professionals who may contribute to my health care. A source of information for applying my diagnosis information to my bill. A means by which a third-party payer can verify that services billed were provided. A tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I understand that as part of my care and treatment, it may be necessary to provide my Protected Health Information to another covered entity. I have the right to review this Practice's notice prior to signing this authorization. I authorize the disclosure of my Protected Health Information as specified for treatment and to the parties designated by me.

I understand that this Practice reserves the right to change its office policies and practices and that prior to implementation I will have access to an updated copy. I have the right to object to the use of my health information for directory purposes. I have the right to request restrictions as to how my Protected Health Information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to the restrictions requested. I may revoke this consent in writing at any time, except to the extent that this Practice has already acted in reliance there on.

IV. Office Policies

Privacy and Confidentiality

The privacy of all medical records and other individually identifiable health information will be protected at all times.

Hours of Operation

Our office is open Monday-Friday 8:30 am to 5:00pm. Occasionally, clinicians may schedule appointments outside of regular office hours. Our clinicians are not routinely available evenings, weekends, and holidays. If you have an emergency, please call 911 or go to the nearest emergency room. You may leave a non-emergency message on our office phone 614-580-6917. If you need an appointment, prescription refill or test results, please call during regular business hours. E-mail is not an appropriate way to communicate confidential information, emergency or urgent issues that need to be handled after regular clinical hours. Feel free to leave a voice mail message for any "non-emergent" matter. We attempt to return each call no later than the following business day.

Appointments

Emerald Psychiatry & TMS Center is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments as far in advance as possible. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, and any updated contact or insurance information. While we strive to give all our patients the time that they require, and schedule appointments appropriately, emergencies can and do occur. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date. To ensure quality care, Emerald Psychiatry & TMS Center will not treat patients who have not previously been evaluated by our medical staff (i.e., we will not call-in prescriptions or offer medical advice for patients prior to their initial visit).

Cancellation, "No-Show" and Late to Appointment Policy

Our goal is to provide quality medical care in a timely manner. We have implemented an appointment/cancellation policy to enable us to efficiently deliver care to all our patients. We request a minimum 24-hour notice if you cannot attend your scheduled appointment. If you are 10 minutes late for your appointment, you will be asked to reschedule to another time.

All NEW patients who fail to attend the appointment without notice will be charged a $150 fee.

All FOLLOW-UP patients who fail to attend the appointment without notice will be charged a $100 fee.

Appointments cancelled without a 24-hour's notice will be assessed a $50 fee.

Please note: these fees must be paid before future appointments are scheduled or medication refills prescribed. If you arrive late for your appointment, you may need to be rescheduled.

The above cancellation policy enables us to better utilize available appointment times for all our patients.

Excessive "no shows" or late cancellations

It is important for you to keep your scheduled appointments as it allows us to maintain your mental health needs and prescribed medications. If you miss 3 scheduled appointments without notification or incur excessive late cancellations (less than 24-hour's notice) of your appointments, you may be discharged from our practice. If it is determined that you will be discharged from the practice due to the causes listed above, you will receive a letter of notice via U.S. Postal Service Certified Mail.

Payments

Emerald Psychiatry & TMS Center accepts personal checks, money orders, MasterCard, Discover, Visa and American Express. Checks can be made payable to Emerald Psychiatry & TMS Center. You are expected to pay all co-payments, deductibles, and account balances at the time of each appointment. If your account has an outstanding balance for >90 days, we may refer your account to a collection agency, restrict your ability to schedule appointments, and/or discharge you as a patient from our practice.

Medical Records

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for the release of medical information must be completed prior to receipt of these materials. Guidelines permit Medical Offices 30 days to complete all requests for records. However, our medical records department will try to respond to your request promptly.

Prescriptions & pharmacy information

Emerald Psychiatry & TMS Center does use Surescripts to import your medication history from pharmacies into our system. Please inform Emerald Psychiatry & TMS Center of your choice of Pharmacy and promptly update our staff if this should change. Please allow one to two business days for refill requests. If you need a medication refill prior to your next scheduled appointment, please call our office as soon as possible. We can usually send your prescription to your pharmacy within two business days, so it is important that you do not wait until your medication runs out to call us. There are some

prescriptions we cannot refill over the phone, and we may need to see you in our office before prescribing medication for you. If you miss an appointment and run out of medication, you will need to schedule a new appointment as soon as possible.

Insurance benefits assignment and reimbursement

To file a claim with your insurance company, you will be asked to sign a “Consent for Treatment” form. By signing this form, you are giving Emerald Psychiatry permission to bill your insurance carrier. This form does not guarantee that we will receive payment for services rendered. The patient, or guarantor, is liable for all charges. Some insurance companies require “preauthorization” prior to treatment although this preauthorization does not guarantee payment. Emerald Psychiatry & TMS Center will assist you in understanding insurance determinations per your specific plan.

E-mail and text messaging reminders

Emerald Psychiatry & TMS Center can provide our patients with appointment reminders via e-mail and/or text messaging. When you provide this information to us, it is only used to communicate with you. We do not share the names, e-mail addresses, and/or telephone number(s) of our patients with any other entities/person outside of this practice, unless required in the coordination of your care with another healthcare provider. If you would like to opt out of receiving email or text messages, please submit a written request to the office.

Crisis Situations

For a mental health emergency or crisis, do one of the following based on the severity and appropriateness of the situation:

- Call the Suicide Hotline at 1-800-SUICIDE or 1-800-273 TALK
- In Franklin County, call NetCare (24-hour psychiatric emergency service) at 614-276-2273
- If you live outside Franklin County, contact your local mental health center for crisis services.
- Call 911 or go to the nearest Emergency Room.

V. Controlled Medication Policy

Each client is responsible for reviewing this policy prior to the initial medication management appointment. Please take these guidelines into consideration prior to initiating medication management services at Emerald Psychiatry & TMS Center. The goals of the Controlled Medication Policy and Controlled Medication Agreement are to aid in safe and appropriate use and management of controlled medications, not to

create barriers to care. These policies and procedures are intended to uphold state laws and best practice guidelines to best serve our clients.

As outlined by the United States DEA (Drug Enforcement Administration), controlled medications are divided into five schedules, schedule I-schedule V. Each medication is placed into their schedule based on multiple criteria including whether the medication has current acceptable medical use, the medications relative abuse potential, and the likelihood of developing dependence if/when the medication is abused.

Prescribers are able, and required in some circumstances, to utilize OARRS (Ohio Automated Rx Reporting System) to verify an active patient's prescription history. If you are taking a controlled medication, an OARRS report will be checked at each visit and prior to each prescription. OARRS reports are utilized to monitor all controlled medication prescriptions, verify who is prescribing the medications, and confirm appropriate fill dates for prescriptions.

Current use of a controlled medication:

If you are currently taking a controlled medication including, but not limited to: opiates (morphine, codeine, oxycodone, hydrocodone, fentanyl, tramadol, buprenorphine, methadone, etc.), sedatives/hypnotics (zolpidem, eszopiclone, zaleplon, suvorexant, etc.), benzodiazepines (alprazolam, lorazepam, clonazepam, diazepam, temazepam, etc.) stimulants (amphetamine, dextroamphetamine, lisdexamfetamine, methylphenidate, modafinil, armodafinil, etc.) or other controlled medications such as medical marijuana, and you plan to continue to take the controlled medication, this may prohibit the use of any additional controlled medications. Due to this, your provider at Emerald Psychiatry & TMS Center may be unable to continue previously prescribed controlled medications. This may also prevent your provider from being able to utilize a controlled medication after initiating medication management services.

You may be asked to complete a Release of Information for your previous provider to obtain records for confirmation of diagnoses, medication, and other treatment plan recommendations before any medication continues.

If you are currently taking controlled medication including those listed above, this does not prohibit you from attending an initial intake assessment or establishing as a client at Emerald Psychiatry & TMS Center. However, using evidence-based practice guidelines and safety standards, your provider may recommend a safe taper plan or discontinuation of current controlled medications. If you are unable or unwilling to comply with these recommendations, your provider may be unable to continue medication management services and will provide appropriate referral information.

If you are currently taking a controlled medication for medical indications (seizure/ neurological disorders, pain management, sleep disorders, etc.) your provider at Emerald Psychiatry & TMS Center will be unable to continue management of these medications as our providers are only able to manage medications for psychiatric purposes. Continuation of a controlled medication through another provider for medical indications does not prohibit you from establishing yourself as a client at Emerald Psychiatry & TMS Center. However, if you are taking a controlled medication from another provider for any indication, you may be asked to complete a Release of Information so your provider at Emerald Psychiatry & TMS Center may consult your other providers for continuity of care and safety throughout your treatment as needed.

Initiation or maintenance of a controlled medication:

If your provider recommends the use of a controlled medication and you agree to initiation/maintenance of it, you may be asked to review and sign a Controlled Medication Agreement form. This agreement outlines client responsibilities and requirements for maintenance of a controlled medication. If you do not agree with the Controlled Medication guidelines or fail to comply with the agreement guidelines at any time throughout your treatment, your provider may immediately discontinue use of a controlled medication for safety.

Completion of a urine drug screen (UDS) is required prior to initiation of any controlled medication. Even if your provider at Emerald Psychiatry & TMS Center is continuing a previously prescribed controlled medication, a UDS is required prior to medication continuation. Your provider may also order completion of a UDS at any time throughout treatment while you are taking a controlled medication. If your provider orders a UDS, you will be required to obtain the UDS within 24-48 hours. Urine drug screens are utilized as a tool to monitor for safe medication use as well as a screening tool for use of other medications/substance abuse. Urine drug screens monitor for use of illicit substances including cocaine, marijuana, methamphetamine, heroin, and MDMA, etc., as well as use of controlled prescription medications including benzodiazepines, opiates, medical marijuana, amphetamines, and buprenorphine, etc. If there are concerns regarding substance use or medication abuse/misuse, your provider may be unable to initiate or continue controlled medications. This may lead to discontinuation of controlled medication at any time during treatment.

Prior to initiation of a controlled medication, you may be required to establish care with a primary care physician and obtain a general health assessment or a specific health assessment prior to initiation or continuation of a controlled medication. You may be asked to complete a release of information for your primary care physician for continuity of care and consultation as needed throughout your treatment.

General controlled medication considerations:

Providers at Emerald Psychiatry & TMS Center generally do not initiate the use of Benzodiazepine medications. If you are currently taking a benzodiazepine medication, this does not prohibit you from initiating treatment at Emerald Psychiatry and TMS Center. However, utilizing evidenced-based practices, your provider may recommend a safe plan for benzodiazepine taper and discontinuation.

Your provider may be unable to initiate any controlled medication if you are already taking another controlled medication.

Your provider may discontinue controlled medication at any time for medical considerations, safety concerns, or abuse or misuse of the prescribed controlled medication or any other recreational substance. A controlled medication may be discontinued at any time for other reasons not explicitly stated above.

You will be required to use only one pharmacy for prescription refills. Under special circumstances your provider may allow a pharmacy change, however requests to change pharmacies must be discussed at an appointment.

It is the client's responsibility to store medication safely and appropriately. It is recommended to store medication in a safe location in a locked storage container where others (including children) do not have access. If your controlled medication is lost or stolen, you may be unable to obtain a refill until your next regularly scheduled appointment or until your next appropriate medication fill date. If you have concerns that your medication was stolen, it is recommended to obtain a police report. Completion of a police report does not guarantee any additional or early medication refills. It is recommended that you go to the ED/Urgent Care as needed for concerns of withdrawal or other acute issues if medication is lost or stolen. If medication has been lost or stolen on multiple occasions, your provider may discontinue controlled medication if concerns arise.

Controlled medications cannot be filled earlier than the appropriate next fill date.

It is necessary to attend recommended follow-up appointments. If you are unable to attend your regularly scheduled appointment for any reason, you may be unable to obtain a refill for controlled medications until you attend a follow up appointment. Prescriptions for controlled medications are generally only provided during appointment times.

If your provider does not recommend the use of controlled medication, or if you are unwilling or unable to utilize a controlled medication, your provider can review alternative non-controlled medication options.

Please note that the guidelines above may not be all-inclusive and additional considerations may be given for safety and appropriateness for both controlled and non-controlled medications. These guidelines are intended to promote the safest treatment for all clients.

VI Patient Responsibilities:

- I understand the importance of taking medication as prescribed. I agree not to increase or adjust the dose of my medication and will contact my provider with any concerns or questions prior to making any changes to my medication.
- I agree to store my medication in a safe location, including a locked storage box, where others, including children, do not have access to my medication.
- I agree not to sell, trade, or give away my medication to anyone else. I understand that it is illegal to divert prescription medication. I understand that others may have adverse, or even life-threatening reactions to my prescription medication. I understand that I should contact 911 or take the individual directly to the Emergency Department if someone else ingests my medication.
- I will keep and be on time for each appointment. I understand that if I should have to cancel an appointment, or if I miss an appointment, I may not be able to obtain a prescription until my next scheduled appointment. I understand that generally prescriptions for controlled medications are only provided during appointments.
- I understand that it is my responsibility to safely store my medication, and should my medication be stolen or lost, I understand that I may not be able to obtain a replacement refill or an early refill. If my medication is stolen, I understand that it is recommended that I obtain a police report, but I also understand filing a police report does not guarantee that I will obtain a replacement prescription or an early refill.
- I understand that if I am out of town or on vacation and I forget my medication, my provider cannot send early refills and cannot send prescriptions out of state.
- I understand that I cannot obtain early refills for controlled medications.
- I understand it is my responsibility to ensure I have a follow-up appointment scheduled. I understand that if I do not schedule a follow up appointment within the recommended time, I may not be able to obtain a refill until I am seen for a follow up appointment. I understand that I may not be able to obtain an appointment on short notice and therefore it is recommended to schedule my appointments in advance and notify the scheduling coordinator immediately if I

need to change my scheduled appointment day/time to avoid being out of medication.

- I understand it may be necessary for me to complete a release of information for my primary care doctor or any other medical/specialty provider that I see for continuity of care and consultation as needed for my safety. I understand that I may be required to obtain various physical/health assessments from my primary care doctor or other providers for medical clearance to consider/continue medication.
- I understand that for my safety, my provider at Emerald Psychiatry & TMS Center may require additional assessment or information prior to initiating medication. I understand that I am never guaranteed a prescription at my initial intake appointment, or at any follow up appointment. I understand that for medical or safety reasons, my provider may recommend holding medication until further assessment can be completed.
- I understand that I need to notify my provider at Emerald Psychiatry & TMS Center of all other medications that I am taking and provide updates for any new medications I may need to start. I understand that I need to notify my provider if a different provider prescribes me another controlled medication.
- I understand that urine drug screens will be ordered for me to obtain prior to initiating medication and randomly throughout my treatment. I understand that I must obtain the UDS within 24-48 hours of being notified that it has been ordered. I understand that the UDS is a screening tool that my provider will utilize to assess recreational substance use or potential abuse/misuse of prescription medication. I understand that if I use illicit substances including but not limited to cocaine, marijuana, heroin, methamphetamine, etc., or if I abuse prescription medications such as opioids, benzodiazepines, sedatives, or stimulants, my treatment with controlled medication may be discontinued immediately. I understand that if my UDS is negative for the controlled medication that is prescribed to me, my treatment with controlled medication may be discontinued immediately if there is concern for diversion.
- I understand that the use of alcohol with medications has potential risks and adverse reactions including risk for overdose or death.
- I understand I should notify my provider immediately if I have concerns about use of a controlled medication or if I have concerns that I am abusing or misusing my controlled medication.

- I understand that if I wish to discontinue use of any medication, I should not stop or change how I take my medication without first consulting my provider. I understand that my provider can assist with a safe and appropriate plan to taper and discontinue my medication at any time.
- I will treat the staff and my provider respectfully at all times.
- I understand that medication is only one part of treatment, and I am agreeable to consider or obtain other treatment recommendations from my provider.
- I understand that my treatment with controlled medication may be discontinued immediately at any time if I fail to comply with this treatment agreement. I understand this agreement is not all-inclusive and my provider may discontinue treatment at any time or recommend taper and discontinuation for other reasons than those listed here.

Provider Responsibilities: Your provider at Emerald Psychiatry & TMS Center will assess medication response and efficacy at each appointment. Your provider will assess for side effects or any adverse reactions and respond appropriately. Your provider will discuss with you any medical changes and continue to assess for safety regarding the ongoing use of medication. Your provider will assist with referrals or further assessment for safety and monitoring as needed. Your provider will abide by state laws and regulations regarding prescription monitoring and safe prescribing practices. Your provider uses evidence-based practices to help guide your treatment.

I agree to uphold the patient responsibilities outlined in this Controlled Medication Agreement. I understand that this agreement is not all-inclusive and other circumstances may arise that may need to be addressed on a situational basis. I have read and understand the Controlled Medication Agreement policies.

VII Patient Rights

Each patient receiving services shall have these rights:

- The right to be treated with consideration and respect for personal dignity, autonomy, and privacy. The right to reasonable protection from physical, sexual, or emotional abuse, neglect, and inhumane treatment
- The right to receive services in the least restrictive, feasible environment.
- The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that is a necessity for clear treatment reason and requires the person’s participation.

- The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency.
- The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
- The right to freedom from unnecessary or excessive medication, and to be free from restrain or seclusion unless there is immediate risk of physical harm to self or others.
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures. The right to be advised and the right to refuse observation by others and by techniques such as one- way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which do not include bathrooms or sleeping areas.
- The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations
- The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted the treatment plan shall include the reason for restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction.
- The right to be informed a reasonable amount of time in advance of the reason for terminating participating in service, and to be provided a referral, unless the service is unavailable or not necessary.
- The right to be informed of the reason for denial of service.
- The right not to be discriminated against for receiving services based on race, ethnicity, age color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal laws.
- The right to know the cost of services.
- The right be verbally informed of all client rights and receive a copy upon request.

- The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
- The right to file a grievance.
- The right to have oral and written instructions concerning the procedure for filing a grievance and to assist in filing a grievance if requested.
- The right to be informed of one's own condition.
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.

VIII Conditions of Termination and/or Discharge from the practice:

Patients may be terminated or discharged from the practice for situations including but not limited to:

· Medical services provided are no longer necessary.

· Unpaid bills/patient co-pays that are more than 30 days and/or are in collections.

· Non-compliance with recommended treatment by provider.

· Disruptive behavior to staff, including written, verbal and/or physical.

Unpaid bills/patient co-pays: Patients that have a balance of unpaid bills that are more than 30 days will get (1) verbal discussion of balance owed and an expectation that payment is made, or a payment plan is due immediately. Treatment can continue as routine unless payment plan or resolution is not taken within 90 days and then patient will be sent a written discharge letter from practice detailing reasons for dismissal and all future appointments will be cancelled. The written dismissal will contain information on patient's 30-day refill of medication and/or urgent visits with Emerald. After 30 days of receipt of dismissal letter, care should be transitioned to PCP or other providers listed in dismissal letter. It is the patient's responsibility to follow up as directed.

Disruptive behavior and/or non-compliant with treatment: Patients exhibiting disruptive behavior and/or non-compliant in recommended treatment will be notified through (1) verbal warning. If identified behavior continues, it will be escalated to (1) written warning from the Clinical Director. Any further outlined behavior will result in discharge from practice and cancelled future appointments with a written termination letter sent to the patient via certified mail.

This letter will outline reason(s) for termination/discharge from practice and patient's rights for the following 30 days upon receipt of letter including ability to continue to utilize Emerald Psychiatry for a 30-day refill and or urgent service within 30-

day grace period and recommendation to follow up with PCP and or other practice/ providers listed on written warning to establish care post 30-day period.

PLEASE NOTE: If behavior is deemed egregious or aggressive in nature, a patient may be discharged immediately without the above process as deemed appropriate by the clinical team at Emerald Psychiatry.

If you believe that any of your rights have been violated, please contact our office to speak to our Client Advocate or you may contact Ohio Department of Health at 800-342-0553, or by email at the following address: HCComplaints@odh.ohio.gov

Client Advocate

Molly Crocker, Clinical Director
4995 Bradenton Ave. Suite 130
Dublin, OH 43017
Hours Available: M-F 9:00am-5:00pm
(614) 580-6917

IX. Acknowledgment and Consent of Client Handbook

I hereby agree that I have received the Emerald Psychiatry & TMS Center Patient Handbook and read it in its entirety. I understand and agree that I consent to all policies above and am expected to comply with all the policies.

I agree my electronic signature is the legal equivalent of my manual/handwritten signature on this agreement.

[RequiredSignature]

Signature of Patient or Legal Representative Witness:
Patient Name: [PatientName]