

## **MEDICATION MANAGEMENT INFORMED CONSENT**

Welcome to Medication Management services at Wright Wellness! This informed consent document contains important information about our professional services and business policies. Please read it carefully and let us know if you have any questions. We want you to have the best understanding you can of the services available at Wright Wellness.

### **MEDICATION MANAGEMENT SERVICES**

Medication management is the process of monitoring medications prescribed to ensure they achieve the identified treatment goals. Medication management at Wright Wellness will include an overall evaluation of your mental health symptoms, physical or medical conditions and history, and general lifestyle. Medication management is only one part of overall health and wellness, and is typically most successful when combined with other treatment approaches. Treatment recommendations might include a variety of options, including psychotherapy or counseling, exercise, or nutrition changes, in addition to medication management.

### **RISKS AND BENEFITS**

The use of medications can have both benefits and risks. Taking medications can have unforeseeable consequences ranging from more common side effects such as nausea or headache to more serious effects such as anaphylaxis or even death. Many of the medications used to treat psychological illness can alter mood, sleep, and in rare circumstances cause suicidal or homicidal ideations.

On the other hand, the use of medication can help supplement other treatment approaches, allowing for additional symptom relief and better management of chronic conditions. But there are no guarantees of what you will experience.

### **ABOUT OUR PROVIDERS**

We see medication management and our other health services as collaborative, and we therefore want you to have thorough information about our professional training and related treatment approaches to better understand what kind of services we provide.

Our team is comprised of health professionals with a wide variety of areas of focus and expertise. For counseling services, our licensed clinicians include clinical

psychologists and professional counselors. In addition to counseling, we also have medication management, yoga and health coaching services available, either as a separate service or in addition to your counseling experience.

For more information about our staff and providers and the specific services they offer, please visit [www.wrightwellness.me](http://www.wrightwellness.me).

### **OUR WORK TOGETHER**

Your first session will involve an evaluation of your symptoms, review of relevant medical history, and overall goals of medication use. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and initial recommendations, as well as an idea of what to expect for follow up should you decide to continue with medication use. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Our services can involve a large commitment of time, money, and energy, so you should be very careful about the provider you select.

In addition to taking medication as prescribed, medication management might involve additional requirements throughout our work together. This could include initial or follow-up lab work, as well as other recommendations, for optimal treatment outcomes. Non-compliance with these recommendations could lead to less than ideal treatment outcomes, and possible discontinuation of care. If you have questions about our approaches, we should discuss them whenever they arise. If your doubts persist, we will be happy to provide a list of other providers. We value your input, and want us to collaborate and work together towards your goals.

To be clear, our providers can never have any other role in your life. We cannot, now or ever, be a friend, or socialize with any of our patients. We cannot be a mental health provider to someone who is already a friend or family member, and we can never have a sexual, romantic, or business relationship with any of our patients during, or after, the course of treatment.

### **CANCELLATION POLICY**

We generally schedule medication management appointments for 30-minute sessions at a frequency we agree on, although we will decide on the frequency of treatment after the initial evaluation. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of**

**cancellation** [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will work with you to find another time to reschedule the appointment. We understand that unplanned circumstances can prevent you from making your session, however we ask that you communicate with us in a timely manner so that we can offer that appointment slot to someone else in need.

## **CONTACTING US**

We are often not immediately available by telephone, and not always in the office. We do our best to return our own calls, but will not answer the phone when we are with a patient. If we are unavailable, you also have the option to leave a voice mail for our office manager or send us an email. We will make every effort to return your message as soon as possible, usually within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available.

If you are unable to reach us and it is an emergency or crisis, call 911 or go to the nearest emergency room to receive immediate care. If there is an emergency, and we become concerned about yours or someone else's safety, we may need to call your emergency contact, or a close relative or friend. Remember, it is your responsibility to keep up with routine scheduled appointments to maintain your medication prescriptions.

If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact as requested.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a healthcare provider is protected by law, and we can only release information about our work to others with your written permission. **However, there are a few exceptions:**

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused or neglected, we must file a report with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we may feel compelled to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations rarely occur. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The consultant is also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.

Also, we do occasionally run into patients outside of the office. If this occurs, we will take your lead. If you say hello, we will as well, but will wait for you to approach us, and will do our best to make the interaction brief and to maintain your confidentiality to the best of our ability.

It is also important to note the limitations of confidentiality when communicating through email. Although we are open to communication through email for specific reasons and will do our best to maintain your confidentiality, there is always a risk due to viruses, hackers, etc. Therefore, if you choose to communicate with us through email or text, you accept and assume all associated risks.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these

issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are complex, and we are not an attorney.

### **PROFESSIONAL FEES**

Payment for services is an important part of our professional work together. We provide professional services on a fee-for-service basis. All of our providers accept private pay, as well as are in network with several insurance companies. For those we are in network with, we can bill claims for your counseling sessions. When using insurance, please note you are responsible for your associated co-pays, deductibles, or any amounts your insurance does not pay. We do our best to confirm coverage ahead of time, but payment by insurance is never guaranteed until the claim is processed.

Our providers are in network with various insurance companies, and are not all in network with the same insurance plans. Please contact us directly or visit [www.wrightwellness.me](http://www.wrightwellness.me) for the most current list of insurance plans accepted by each provider. If your provider does not accept your particular insurance, you have the option to pay him/her directly and he/she can provide a "super-bill" for you to submit to your insurance company for possible out of network reimbursement.

In addition to counseling appointments, each provider will charge an hourly rate for other professional services you may need, including paperwork such as letters and other documents, though she will break down the hourly cost if she works for periods of less than one hour. Other services might include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other professional service requested of her, including court subpoenas. Please note that we cannot bill insurance companies for these services.

Additional services available include yoga services, health coaching, and telehealth options for counseling sessions. Please contact us directly or visit our website for more information about these additional services.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to

when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. We prefer to avoid this option and ask our patients to work with us to settle any balances.

We accept cash, check, or credit card. We do request that you keep a credit card on file with us for billing purposes, which are further outlined in the Agreement for Credit Card Authorization form.

### **INSURANCE REIMBURSEMENT**

Please note that our providers are in network with various insurance companies. Please contact us directly or visit [www.wrightwellness.me](http://www.wrightwellness.me) for the most current list of insurance plans accepted by each providers.

For insurance companies that we are considered an out-of-network provider, we can provide you with a "super-bill" statement that details the services provided so that you can submit the information to your insurance for possible out-of-network reimbursement.

*It is important to note that paying for healthcare services without insurance benefits gives both your provider and you more control of your treatment. However, we also understand the out of pocket expense for treatment, and therefore we accept the health insurance plans indicated above.*

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We can fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services.

These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy or agree on a private payment plan.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above, which is one common benefit to not using insurance benefits for psychotherapy or counseling.

## **PROFESSIONAL RECORDS**

The laws and standards of mental health treatment require that we keep treatment records. You may request in writing a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee as outlined above for any professional time spent in responding to information requests.

## **MINORS**

If you are under eighteen years of age, please be aware that the law gives your parent(s) and/or guardian(s) the right to examine your treatment records. We may request an agreement from parents that they agree to give up access to your records. If they agree, we may provide them only with general information about our work together, unless we feel there is a risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We may also provide them with a summary of your treatment. Before giving any information, we will do our best to discuss the matter with you, if possible, and do our best to handle any concerns you may have. For any minors named in a custody agreement, court order, and/or divorce decree, we will require the most current copy of this document to schedule services and all applicable adults will be contacted in accordance with the agreement.

## **DISCHARGE/TERMINATION**

Please remember if you miss a scheduled appointment and do not call the office to reschedule within 30 days, we will take that as your notice that you have decided to terminate treatment with us. In the event of your provider's death or disability, you authorize Wright Wellness to take appropriate steps to find a suitable custodian of your records.

## **COMPLAINT PROCEDURES**

Please let us know immediately if you have any questions, concerns or complaints first, as we will always strive to problem solve and work with you to the best of our ability. However, if we are not able to solve the issue, and/or you feel that you have ever been treated unfairly by any of our providers or another health professional, you can also contact their state licensing board. Anyone who wishes to file a complaint against a healthcare professional in this state may call the Health Professions Council



toll-free complaint referral system: 1-800-821-3205. This automated, statewide number routes a complainant to the appropriate licensing agency.

The Texas Medical Board investigates complaints against physicians, physician assistants, acupuncturists, surgical assistants, respiratory care practitioners, medical radiological technologists, medical physicists, and perfusionist. If you wish to complain to the Board, please do so in writing. Provide full name and practice address of practitioner. Also, provide dates and details of any incident, being as specific as possible. If your complaint is within the Board's jurisdiction, it will be assigned for proper study. Complainants are advised of an investigation status approximately every 90 days until final action is taken. Submit your complaint electronically at <https://www.tmb.state.tx.us/page/place-a-complaint>, print and mail it in, or call the Complaint Hotline at 1-800-201-9353 and follow the prompts to request a complaint form. Texas Medical Board, 333 Guadalupe, Tower 3, Suite 610, Austin, TX 78701, 512-305-7010, <https://www.tmb.state.tx.us/page/contact-us>.

The Texas Board of Nursing enforces The BON enforces the Nursing Practice Act and BON Rules and Regulations by setting minimum standards for nursing practice and nursing education, conducting investigations of complaints against nurses and adjudicating complaints. Complaints are received about nursing practice or conduct which could be violations of the Nursing Practice Act (NPA). The Board does not normally address complaints about rudeness of a nurse to co-workers, violations of hospital policies, and general employer-employee issues. Complaints may be filed at any time against a nurse by completing an online or written complaint form at [https://www.bon.texas.gov/discipline\\_and\\_complaints\\_policies\\_and\\_guidelines\\_file\\_complaint.asp](https://www.bon.texas.gov/discipline_and_complaints_policies_and_guidelines_file_complaint.asp). If you are unable to complete a complaint in writing or are a person with a disability and would like to file a complaint you may call (512) 305-7431 for further assistance. When a verbal complaint is made, the BON will document a person's responses and complete a complaint intake form. Your complaint can be emailed to [complaints@bon.texas.gov](mailto:complaints@bon.texas.gov), faxed to (512) 305-6870, or mailed to: Texas Board of Nursing, Enforcement, Suite 3-460, 333 Guadalupe St, Austin, Texas 78701, <https://www.bon.texas.gov/index.asp>.

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## INFORMED CONSENT SIGNATURE PAGE

I acknowledge that I have received, have read (or have had read to me), and understand the information about the medication management services I am considering. I have had all my questions answered fully, and agree to abide by the terms outlined above.

I acknowledge that I have received education and can ask questions at any time about potential side effects of the medication I am prescribed. I understand that if I experience any side effects, I am responsible for communicating these concerns with my provider.

I do hereby seek and consent to take part in the treatment by the provider I have chosen to work with. I understand that developing a treatment plan with this provider and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to us as to the results of treatment or any other recommendations made by my healthcare provider. I acknowledge my participation in this service is completely voluntary, and I am of legal age to execute this consent form.

I am aware that I may stop my treatment with my healthcare provider at anytime. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment.

I know that I must call to cancel an appointment at least 48 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that if I use insurance, an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive.

I understand that if payment for the services I receive at Wright Wellness is not made, the provider may stop my treatment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_