

Office Policies and Procedures Handbook

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General Policies and Procedures

iTrust Wellness Group, LLC is committed to providing the best mental health services to our clients. In an effort to uphold transparency with our customers, many of our most important policies are clearly listed below. The following policies are subject to change. Please read, sign, and initial the following practice policies to indicate understanding and agreement to abide by iTrust Wellness Group guidelines.

Appointments

Length of Sessions

Your initial intake session with a medical practitioner or therapist may last between 30-60 minutes depending on complexity of history, current stressors, medication management decisions, treatment goals, medical complexity, and assessment tools needed to best understand your presenting concern. Most medication management appointments following the initial intake appointment will last between 15-30 minutes in length depending on the complexity of the follow-up appointment. Follow-up therapy appointments last between 30-60 minutes depending on the individualized treatment plan set forth by the clinician.

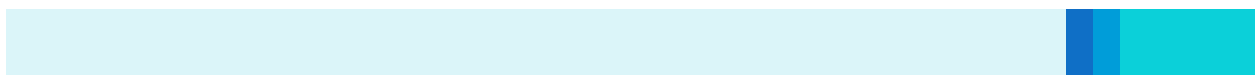
Scheduling

Patients are seen by appointment only. Walk-ins will not be seen. Our office is open Monday through Friday for scheduling appointments. We will make every effort to schedule your appointment as soon as possible. If you call to schedule an appointment and do not speak with an office staff member, you may leave a message with a callback number.

Making a follow-up appointment immediately after seeing your provider ensures that you are able to schedule a follow-up within a timely fashion to renew your prescriptions. Our schedules tend to fill up quickly, so making this follow-up appointment before leaving the office is the best way to ensure quality continuity of care.

Arrival Time and Promptness

Please plan to arrive 20-25 minutes prior to your intake appointment and 10-15 minutes early to any follow-up appointments. In most cases, we have clients scheduled in a time slot immediately following your appointment time; therefore, arriving late will cut into your time with the provider. Full fees will be charged even if you arrive late to an appointment as there is an expectation to arrive at the appointment on-time.



Telepsychiatry or Telehealth Appointments

Telehealth and Telepsychiatry appointments are offered to clients at the discretion of the provider. Telemedicine is a new technology that allows a secure, electronic video conference appointment between a patient and provider. Telemedicine appointments are held to the same HIPAA standards and a special software and connection is required to conduct the appointment. iTrust Wellness Group has implemented telepsychiatry as a convenience and to ensure flexibility in the follow-up appointment process. The following policies are applicable to telepsychiatry appointments:

1. CPT codes, insurance billing, self-pay charges, and other applicable appointment charges are billed at the same rates and are billed with the same standards as in-office appointments.
2. Co-payment or co-insurance is collected at the end of the telepsychiatry appointment when the client calls the office administrative staff to reschedule. If a client does not call the office back within the same business day to reschedule the appointment, the client agrees to allow the office staff to run the card on file for the amount due at the time of service. Follow-up appointments will not be scheduled unless balances are paid in full or a payment plan is set up with our financial team.
3. It is practice policy to allow for telepsychiatry appointments to be scheduled for TWO consecutive appointments. After two consecutive telepsychiatry appointments, the client must present physically to the office for his or her next appointment, regardless of any extenuating circumstances. This policy is implemented to maintain adherence to office policies regarding controlled substance urine drug screens, to improve client safety, to update chart information, to collect vital signs.
4. At this time, Dec. 2019, Medicare clients are not eligible for telepsychiatry appointments unless they live in a qualifying, underserved mental health area.
5. The client is responsible for ensuring the appointment environment is quiet, secure, and that there is 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.
6. The client is responsible to present to the provider in a respectfully dressed and appropriate manner. The client is asked to take telepsychiatry appointments seriously and to understand that this is a medical appointment that is conducted by a medical professional. In the event that the provider does not feel comfortable conducting the full appointment based on variables that are described or not described above, he or she reserves the right to terminate the appointment and ask the client to reschedule in a more appropriate time or manner.
7. Clients are responsible for arriving to the telepsychiatry appointment virtual waiting room 10-15 minutes early. Providers make every effort to start virtual appointment



on-time but it is nonetheless the responsibility of the patient to be present and able to connect at the scheduled appointment time. In the event that the client is not present and in the waiting room during the scheduled appointment time, the appointment will be considered a no-show and applicable fees will apply.

8. The client is responsible for ensuring that the phone, tablet, or internet is compatible for the telepsychiatry platform PRIOR to the appointment time. The provider will not make an exception for or change the appointment time if there is a technological glitch on the end of the client as we ask clients to ensure that they are able to have a stable audio and visual connection prior to the appointment time. Clients are provided with step-by-step instructions on how to connect to the telepsychiatry platform and are also asked ahead of time to test his or her technology and electronic devices to ensure a smooth process.

Reminders

iTrust Wellness Group may send an automatic reminder message or email that allows you to either confirm or cancel your appointment with the provider within 24-48 hours of your appointment. Therefore, please make sure that we have your most recent telephone number and/or e-mail on file so that you can receive the reminder call and any other important messages from our clinical staff. These appointment reminders are done as a courtesy to our clients, but it is our client's responsibility to keep track of appointment dates and times. Therefore, you may be charged a fee for a missed appointment in accordance with our policies. If the client opts out of reminders, it is the client's responsibility to keep track of his or her appointments or re-enroll in the automated reminder system.

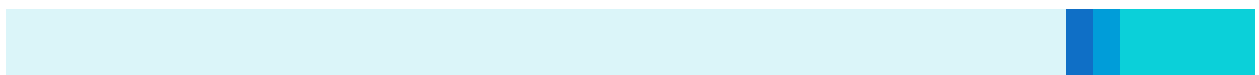
Communication

Call in Policy

To uphold the quality of care and maintain fairness to all, providers cannot take time out of appointments to accept or return patient's phone calls unless there is an emergency or specific medication interaction. Please allow our support staff to relay any messages so that your concern can be resolved in a proper, timely manner. If you feel you need to speak with your provider, please make an appointment to allow your provider to give you the care and undivided attention you deserve. Thank you for understanding.

Telephone Policy

We take pride in answering your call in person whenever possible. However, there are times when heavy call volume may prevent us from speaking with you directly. If you get a



recording, 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 your message as brief as possible (name, number, and reason for calling)
- Allow up to 24 hours for a return call, especially if you call late in the day.
- Medical issues will not be addressed over the phone. Please make an appointment.
- Office staff will be polite and respectful. They deserve the same in return.
- Calls may be recorded for quality control purposes.
- Abusive or incessant calls are cause for termination. All threats are reported.

Voicemails

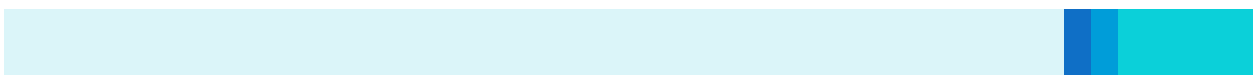
Voicemails left for our clinical staff by our clientele are answered by our staff on a priority basis. Our staff give priority to voicemails that include information which may jeopardize a patient's safety, such as side effects or adverse reactions. We will return voicemails left for our providers that do not contain information concerning the safety of our clientele as soon as possible. However, due to the volume of clientele that we provide services to and the limited time our providers have in-between appointments, we ask our patients to leave priority messages only. Phone calls that contain non-essential information related to effective treatment and safety should be filtered and the information should be shared with the provider during the designated appointment time.

Voicemails left by the client which contain 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.

In lieu of a voicemail, clients may communicate with our staff in other ways. For appointment changes, cancellations, or other scheduling adjustments, please e-mail: **appointments@itrustwellnessgroup.com**.

Letters and Forms

Sometimes our clinicians are asked to write a letter or complete a form on behalf of our clients, including emotional support animal letters, confirmation of medication letters, and general clinical letters. If this request is made, it is up to the discretion of the provider whether or not this letter will be completed by our office. Please allow 3 or more business days for this request to be completed. A medical provider must approve and sign all letters before they can be picked up/mailed/faxed. The average turn-around time for letters is one week, so please request them 1-2 weeks in advance. Our providers' first priorities of each



day are to see and provide care to regularly scheduled clients. For all letters that are written by our office or other clinical paperwork completed by our practitioners, a flat \$35.00 clerical fee will be charged. This policy is in place because it allows our staff to process these special requests as time permits and it is usually in addition to the workload already on each practitioner's clinical caseload.

For emotional support animal letters, our office maintains a standard that must be met by both the individual and the animal involved. In order for the requirements to be met, the following must be in order:

- 1) Our office requires confirmation from a veterinarian of up to date vaccines.
- 2) The animal needs to be greater than 1 year of age.
- 3) 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, this does not necessitate that the provider will sign a letter regarding an emotional support animal. This is up to the sole discretion of the provider, who will fully assess your situation, treatment plan, and the subsequent best course of action.

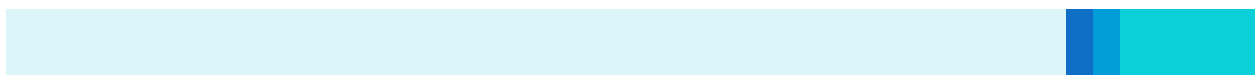
Disability Claims

We are often asked if we are able to complete disability claim or disability paperwork. iTrust Wellness Group, LLC has the following policy regarding disability claims:

1. iTrust Wellness Group will NOT process short-term disability and FMLA Paperwork. We do not process paperwork or evaluate for Social Security Disability.
2. iTrust Wellness Group does not "give" disability. We can only report symptoms and response to treatment to the company that handles your disability insurance.
3. If regularly scheduled appointments are not kept, we will notify your disability carrier.
4. Our providers' first priorities of each day are to see scheduled patients. Therefore, our providers complete letters and forms as time permits.
5. Requests for records for disability applications are subject to a clerical fee. More information is outlined in the below "Record and Documentation Requests" section.

Record and Documentation Requests

Requests for records and other documentation from the client record will be provided upon request to the client or his/her authorized representative. In addition, printed copies can be made available to another provider at the request of the client as long as a release of information form has been signed. Records will not directly be provided to any party other than the client or his/her authorized representative to ensure client



confidentiality. The following fees apply and must be paid in advance. Please allow a minimum of 7 business days for records to be prepared.

For a release of records via email or fax, for personal reasons or otherwise, a flat \$35.00 administrative fee will be required before the sending of any and all records. For record requests related to disability, the following fees will be applicable based upon the amount 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

Court Involvement or Legal Document Processing

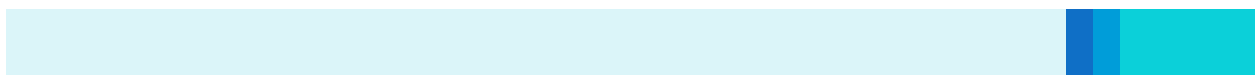
The iTrust Wellness Group is unable to provide expert testimony or make any other court related appearances related to your participation in psychotherapy. If your provider is compelled to attend court on your behalf by a court order or subpoena, please note that we have a separate fee schedule for all time, services, and documentation that is required as a result of a court order or subpoena. A \$2,500 retainer is required, paid in advance, to cover initial fees, in addition to the fees as listed below:

In person hourly rate:	\$600/hr, 1 hr minimum
Collateral contact hour rate (includes phone calls & letter writing):	\$250/hr, 1 hr minimum
Legal Record Requests:	See Records Requests Fees Above

Confidentiality/Records

Privacy Policy

Psychiatric medical records and your 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 you threaten to harm. Also, 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. Please note that we cannot detail all of our



privacy practices within this short paragraph. Therefore, a long form of our privacy practices that federal law requires us to give to our patients will be posted in our front lobby next to the check-in window and will also be available for reference online at our website. A copy of the long-form of our privacy practices will be available to our clients at their request.

Referrals

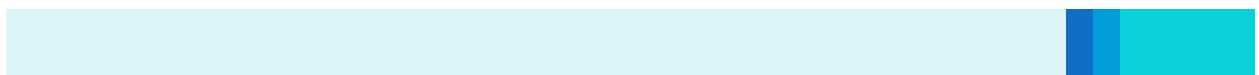
The safety and quality of care of our clientele are iTrust Wellness Group's two highest priorities. We reserve the right to refer clients to other medical professionals if we feel the services that our client requires are beyond our scope of practice or specialty. Referrals are routinely made to other providers for medical reasons but can also extend to other providers, including psychiatrists, psychiatric nurse practitioners, physician's assistants, social workers, and therapists. 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. iTrust Wellness Group has a specific dismissal policy that can be referenced in the policy manual.

Laboratory Tests

If laboratory tests are prescribed for you, you are entitled to copies of the results. We encourage all clients to keep a binder, folder, or another method of keeping track of laboratory tests ordered by all physicians that he or she sees. If another physician orders laboratory tests, please sign a medical release of information with that physician, or simply tell the physician to fax the laboratory results to your iTrust Wellness Group provider for a provider-to-provider transfer of care. iTrust Wellness Group will recommend laboratory tests based on the safest and best practices and is not responsible for costs or fees our client's incur as a result of having these diagnostic tests completed. It is recommended that prior to having any laboratory tests done, the client checks with his or her insurance company to understand associated costs, fees, or copayments.

Psychotherapy Outside of iTrust Wellness Group

Sometimes, our clients receive psychotherapy from therapists or other providers outside of the iTrust Wellness Group. Although we support and encourage our clients to pursue this, as we believe the best results in mental health come from a combination of pharmacology and psychotherapy, the 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.



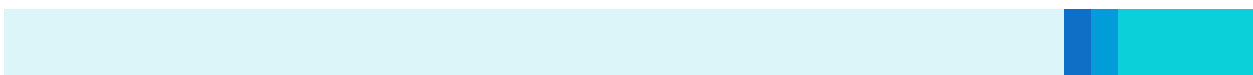
Students / Interns / Clinical Preceptorship

iTrust Wellness Group believes in offering a learning and teaching environment for upcoming practitioners and business people entering the healthcare industry. As such, iTrust practitioners or staff may sometimes have student interns, nurse practitioner residents, or other such staff on-site during the clinic's hours of operation. Students, interns, and other such people engaged in this educational opportunities 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 and are also subjected to extensive background checks by the institutions that initially contact iTrust Wellness Group seeking these internship opportunities. 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 releases itself from any such liabilities except for those within employed staff member or contractor control.

In the event of a nurse practitioner clinical preceptorship, it is a requirement for each resident to sit in during medication management and therapy sessions to observe our seasoned providers as they work with our valued clientele. As we practice an office philosophy of client-centered care, our practitioners make it aware to our clients that have the right to refuse to allow a student or resident to enter the appointment if they feel uncomfortable. As student interns or residents become more knowledgeable, attending providers may allow the student to take the lead on interviews or follow-up appointments. 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 and it is within each practitioner's discretion to allow the student or intern to make treatment suggestions. See #9 of additional disclaimers for more information.

Medication Prescription Outside of iTrust Wellness Group

We recognize that our clients sometimes have complex medical comorbidities in addition to mental health concerns. Although we support and encourage our clients to pursue medical treatment in addition to mental health treatment, the iTrust Wellness Group assumes no responsibility for medications, procedures, or services prescribed or provided by other practitioners. At all appointments, the iTrust Wellness Group provider will ask if the client has any changes to their medication regimen by other providers, and it is the responsibility of the client or his/her guardian to inform the iTrust Wellness Group provider of such changes as there may be concerns of medication interactions or overall client safety. In addition, for as long as you are a client in our service, it is expected that you will receive prescriptions for mental health medications only from an iTrust Wellness Group



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

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 ideation, we request that the client calls 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. Therefore, in addition to referring these after-hours callers to utilize 911 services or the emergency room, we provide our clients with the following information about 24/7 local hotlines for mental health:

Mental Health America Crisis Line: (864) 271-8888

Greenville Mental Health Center: (864) 241-1040

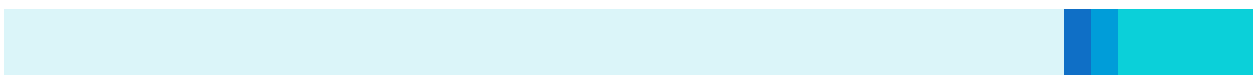
**A full list of 24-hour emergency hotlines and crisis lines is available to clients upon request in the office. This list is also available for reference anytime on our website.*

In the event of a behavioral or emotional crisis during your appointment time or your time at the office, your 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 your provider to ensure your safety or the safety of others. The iTrust Wellness Group is not responsible for any incurred or associated costs as a result of this emergency intervention.

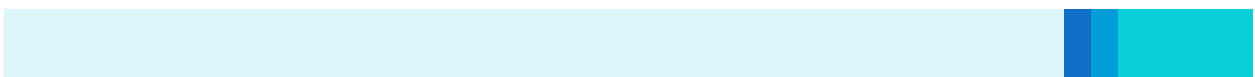
Additional Disclaimers

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:

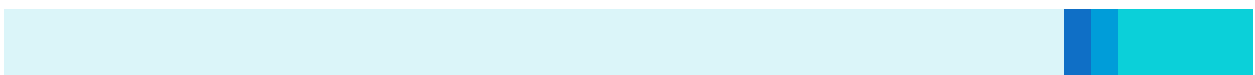
1. If a client ever communicates active suicidal or homicidal intent, the client must be referred to the proper sources, in accordance with statutory law, so that further and specialized help can be given.



2. 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.
3. 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 discharged from service or removed from the premises. Indirect or direct threats toward staff or other clientele that are made either inside the office or outside the office will be addressed similar to our weapon policy.
4. 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 or not to allow someone into the room during the designation appointment time.
5. 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 more medication than prescribed, taking medication in a way that was not prescribed, injuries sustained from other clients or staff members acting in self-defense, stopping or changing medication without consultation and approval of the treating clinician, 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 make a follow-up appointment that is recommended by the clinical staff to ensure continued treatment progress and safety, failing to notify iTrust Wellness Group medical staff in a reasonable amount of time prior to running out of medication that may or may not result in withdrawal side effects, and personal injuries sustained by clientele 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.



6. Our licensed clinicians are educated and trained to inform clients of side effects that may occur as a result of taking a medication and make every effort to fully explain risks and benefits of pharmacological treatments. However, not all reactions, including rare or seldom reported adverse effects, to medications can 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. Clients are encouraged to call their prescriber regarding potential or actual medication side effects that occur as a result of pharmacological treatment. As every effort is made to fully inform our clients about the risks and benefits of medications prescribed by our staff, it is expected that clients report adverse effects to their prescriber 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. iTrust Wellness Group encourages clients to act as their own advocates and come prepared with any and all questions prior to treatment as our clinicians welcome the opportunity to provide comprehensive educational opportunities.
7. If a client does anything to breach trust related to prescribing authority, iTrust Wellness Group reserves the right to terminate a client's relationship with the office. Appropriate referrals and reports to law enforcement officials will be made. Activities by our clients which constitute grounds for termination include but are not limited to: using provider information to fill unauthorized prescriptions, verbal or physical threats/actions toward providers over not prescribing a medication or for any other reason, verbal or physical threats/actions toward other clients for any reason, or "doctor shopping," which is going to several different doctors in order to obtain a certain medication prescription.
8. iTrust Wellness Group is a teaching environment for students who are currently enrolled in psychiatric nurse practitioner programs and other relevant avenues of study. Our office strives to provide education and clinical experience for students in these programs by allowing them to participate in appointments with clients and learn from our providers. Due to this, students will routinely be involved in clinical care, which may include your initial consultation or subsequent follow-up appointments.
9. Students are covered by their own malpractice insurance and are not affiliated with our practice. Similarly to our licensed providers, students are bound by HIPAA



regulations and privacy laws to protect your information. The client is autonomous to decline the presence of a student during their appointment and has the right to refuse a student's participation in their care. Please inform your provider of any hesitation or disinclination to involve students during your treatment so that proper steps can be taken.

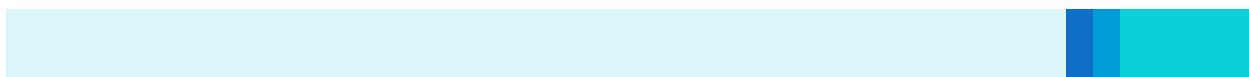
Financial/Payment Policies:

iTrust Wellness Group is committed to providing you and your family with the best possible mental health care. In our ongoing process to make sure all of your mental health needs are met, we would like to present our Office Financial and Payment Policy in order to minimize misunderstandings about fees and increase overall transparency with the billing process. We ask that all responsible parties read and sign this policy prior to seeing the provider. This policy is offered in an attempt to develop and sustain a continued professional and pleasant relationship. Our billing department will be available to discuss our fees and this policy.

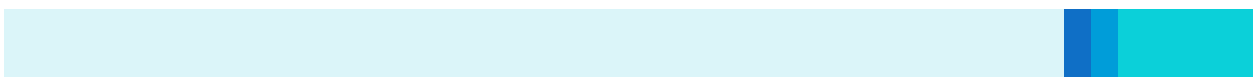
As a courtesy to you, iTrust Wellness Group will bill your insurance carrier for services provided. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any changes of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Certain insurance companies, even though we are in network, will also not cover billed services. In this situation, you are responsible for any uncovered charges by your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Any laboratory tests which require an outside lab to perform will be billed separately by that company.

As the responsible party, please understand:

1. Payments for all services, which include unpaid balances, deductibles, co-payments, or other non-covered services as set by your insurance carrier are due at the time services are rendered. In order to serve you better, we accept cash as well as Visa, MasterCard, and Discover credit and debit cards. Please note that payments made by credit, debit, and HSA cards are subject to a processing fee.
2. While we normally do not accept checks as payment for services, some clients choose to pay using this method. To avoid delinquencies in check processing, returned checks will be subject to a fee of \$60.00.



3. If you participate in a high-deductible health plan, we require that you pay 50% of unmet deductible or 80% of billable charges, which is lesser of the two, at the time of service. If we receive notification from your carrier that our claim did not process to your deductible we will refund any monies owed to.
4. Self-Pay Patients will be expected to pay at the time of service. If you are not able to pay in full, you must contact our billing department prior to being seen by the physician to make payment arrangements.
5. We are participating providers with Medicare and will bill Medicare for all covered services. If you have a supplemental insurance, we will bill your supplemental insurance as well. If you do not have a supplemental insurance, your portion, which is 20% of the amount allowed by Medicare and Medicare deductible, will be collected at the time of each service. You will be expected to pay the allowed amount until you have met your Medicare deductible each year.
6. If you fail to fulfill any of the payments that are due in a timely manner and your account becomes delinquent, you agree to be responsible for any and all cost of collecting monies owed. This is including, but not limited to, court costs, litigation costs, and attorney's fees of 30% associated with any necessary collection procedures brought about by (Company Name), should that be necessary. We reserve the right to turn any account that becomes delinquent over to a collection agency or attorney's office who would then manage the collection of the account.
7. When an appointment is scheduled with a physician, time is specifically allocated for each client. We understand there may be times clients are unable to keep an appointment, but we ask for the courtesy of a phone call to cancel the appointment. We require 24 hours' notification of cancellation; failure to do so will result in a \$75.00 no-show fee. Failure to show 3 times will prevent us from rescheduling any appointments for you.
8. Any outstanding balance on a client's account under \$20.00 will be automatically collected without a courtesy call to streamline our billing process. We typically make efforts to attempt to make contact with clients for balances over \$20.00 for reasons such as deductibles, co-payments, etc. For increased account and financial transparency, statements are sent out monthly by a billing company.
9. For telepsych appointments, we require that you call our office by the end of the same business day in order to arrange a follow-up appointment and collect payment. If we do not hear from you by the end of the same day, we will



automatically collect payment to the card on file, including any balance on the account and any copay as determined by insurance.

10. If a debit or credit card charge is ever disputed, there will be a \$60 surcharge added to your account to cover the impact made on our office, including both fees and time. By agreeing to these procedures, you are consenting to be held responsible for any charges made on your account as outlined above. Any discrepancy must be communicated to our office and not disputed in order to avoid the surcharge.

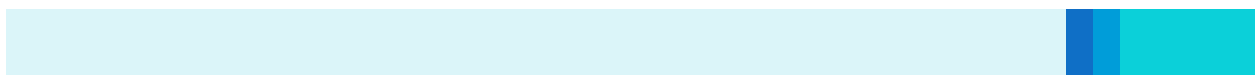
At iTrust Wellness Group, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing.

Payment

Financial Agreement and Self-Pay Rates

Payment for services is expected at the time of service by cash, credit, or debit. Insurance Co-Payment or Co-Insurance is collected at the time of the service. We do not accept personal checks. Any unpaid balances must be paid in order to schedule future sessions. Please note that fees will be reassessed or adjusted periodically, and annually at a minimum. You will be notified of any rate adjustments in writing at least 60 days before receiving any rate changes. credit and debit card information is processed in a secure, point to point encrypted device and is stored in our secure online platform, DrChrono.

Self Pay Fee Schedule	
Intake Medication Management and Psychiatric Evaluation (30-60 minutes) with Medical Provider	\$200
Follow Up Medication Management and Psychiatric Evaluation(15-30 minutes) with Medical Provider	\$100
Intake Therapy Appointment (45-60 minutes) with Licensed Therapist	\$120
Follow Up Therapy Appointment (45-60 minutes) with Licensed Therapist	\$120



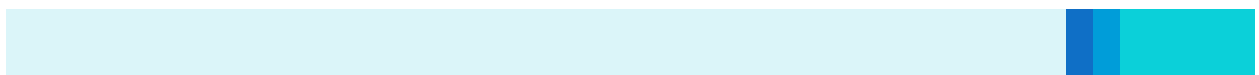
**Please note: other costs and or service fees not listed in the above table may be incurred as indicated by our Practice Policies*

- I authorize the release of any payment and medical information necessary to process my (or my family member's) insurance claim and related claims. I hereby authorize payment directly to iTrust Wellness Group of the insurance benefits otherwise payable to me for all professional services. I hereby authorize iTrust Wellness Group to keep my credit card securely stored on file for future appointment costs or related charges.
- Although health insurance may assist in payment, you are responsible for paying for services and appointments with iTrust Wellness Group. If you have a co-payment and/or have not met your deductible, you will be expected to pay that amount at the time the services are provided.
- If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed the entire cost of your missed appointment. This will not be billed to your insurance company, but rather, directly to you. As recurrent missed appointments reduce therapeutic alliance, this may result in being discharged as a client. A no-show fee of \$75 be charged for missed appointments or cancellations with less than 24 hours' notice.
- iTrust Wellness Group reserves the right to collect any unpaid balances. If a client is not making agreed upon regular monthly payments on the account balance, we may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections actions will become part of your credit record. Clients will be notified in writing before an account is referred for collections.

Insurance

iTrust Wellness Group is an "in network" provider for Blue Cross/Blue Shield (also known as Companion Benefits Alternatives in South Carolina), CIGNA, Aetna, Humana, Optum/United Healthcare, Medicare, as well as Medicaid (Healthy Connections, First Choice/Select Health, Wellcare, Molina, Blue Choice). Insurance coverage and network participation is subject to change. Different practitioners in the iTrust Wellness Group may be credentialed with different insurance companies. We routinely check your insurance eligibility as a service to you, but in the event that your insurance does not cover the appointment, you are responsible for filing "out-of-network" or exploring self-pay options. Further questions or concerns can be discussed with office staff.

No Call – No Show Fee Policy



The iTrust Wellness Group may charge the client directly (\$75) for missed appointments at the discretion of the provider. Insurance does not generally reimburse for missed appointments. If you need to cancel or move an appointment, please call no later than 24 hours prior to your scheduled appointment time so another client may be worked in. Cancellation policies are more of a function of mutual respect than rules. We respect your emergencies, but our clients must also respect our time. Three or more no-call, no-shows to appointments or frequent last-minute appointment cancellations may result in termination of services.

Debit / Credit Card Processing Policy

iTrust Wellness Group accepts credit and debit cards as a convenience to their clientele. Effective 9/20/2018, the following credit card and debit card policy will be implemented for iTrust Wellness Group. This is a policy that is implemented because our debit/credit card processing merchants are changing their collection rates (2.5% + 0.10) and we need to change these policies in order to stay competitive in the industry.

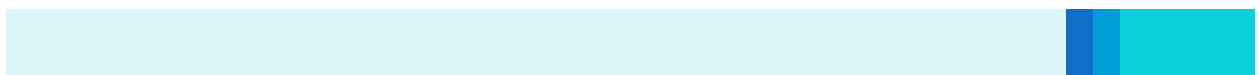
- For amounts collected that are \leq **\$50** there is a **\$1.25** processing fee.
- For amounts collected that are \leq **\$100** there is a **\$2.50** processing fee.
- For amounts collected that are \leq **\$150** there is a **\$3.75** processing fee.
- For amounts collected that are \leq **\$200** there is a **\$5.00** processing fee.

Thank you for your belief in us as a practice and for your continued understanding. We will always continue to strive to improve our quality of service and our business model of patient-centered care.

Medication Policies

Medication Refill Policy

Please make all efforts to notify your provider during your visit of any and all prescription refills needed before your next visit. Our providers are usually busy providing services to other clients and therefore, unless in a case of emergency, refills are not issued over the phone. In such a circumstance, it is the client's responsibility to alert his or her provider one week before medication runs out to allow for sufficient time to refill



prescriptions during normal business hours. Do not wait until a Friday or the day before a holiday. We do not accept prescription refills from walk-in patients.

Medication Safety

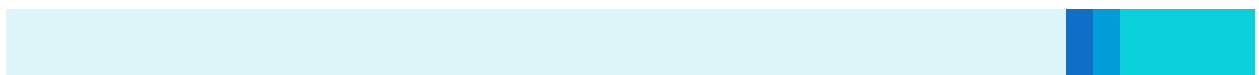
Medications that our providers prescribe and manage carry innate risks and side effects which can be harmful or life threatening. Unanticipated results or reactions may occur from taking a medication that is prescribed by an iTrust Wellness Group practitioner. Our clients are advised of this and the general risks of taking medications prior to initiating care. By consenting to these policies and procedures, our clients waive any and all liability of iTrust Wellness Group practitioners in the event of an unintended medication side effect or side effects from medication.

Prior Authorizations

Some insurance companies require prior authorization before they will authorize a pharmacy to fill certain medications. In this situation, insurance companies may request that your provider discloses information about your diagnosis and treatment in writing or by telephone. Please allow your provider a minimum of 24-48 hours to process this request and then allow an additional 48-72 hours for your insurance company to approve the request. We recommend that our clients call their pharmacies 72 hours after dropping off the prescription that required a prior authorization to check the status of this process. The iTrust Wellness Group will work as hard as possible 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 whether or not they will cover a medication and therefore iTrust Wellness Group cannot claim responsibility for any prior authorization denials.

Samples

Samples are provided to our clients as a courtesy when trying a new medication. We cannot always guarantee there will be enough samples available as our supply constantly fluctuates. Therefore, please do not become dependent on our office to provide you with samples every month as there may be none in stock. We cannot mail samples, nor can we render a substantial quantity of medication samples to any one client because we have other clients that may need them as well. Our providers are concerned with choosing the appropriate medication to promote recovery and wellness but are also concerned with the financial aspect that our clients face in having their medications filled. It is our clinician's goal to find the best medicine to help our client's at the most affordable cost. If medication cost is an issue, please address your concerns with your provider. Attempted theft or theft of samples will result in immediate termination of services at the iTrust Wellness Group and a report to the proper authorities.



Controlled Substances

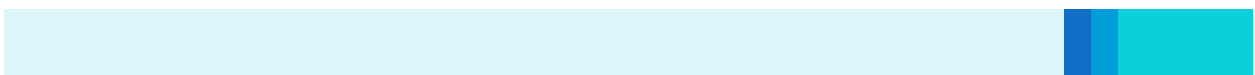
Prescriptions for controlled substances will not be reissued until the date the prescription is due to run out. You are responsible for safeguarding your prescriptions and medications, and we cannot write a refill in the event of a lost script or theft. You are also responsible for only using your controlled substances as prescribed. Clients that receive controlled substance prescriptions will also receive random urine drug screenings to ensure safety and compliance with treatment. In most cases, clients will receive a maximum of 1-2 refills on controlled substance prescriptions, at the discretion of the provider.

South Carolina PMP Aware RX

The South Carolina Prescription Drug Monitoring Program, known as PMP Aware RX, is a database tool we use to improve patient care by identifying potentially hazardous or fatal drug interactions. As a responsible healthcare provider, our goals include safe prescribing and reducing drug abuse and diversion. Prior to writing any controlled substance, and at every follow-up appointment when that controlled substance is refilled, our providers will enter client data into this secure database to ensure treatment compliance and safety is upheld. Patients that are suspected of diverting medications, taking medications not as prescribed, or practicing high risk behavior may be discharged from the practice.

Urine Drug Screens

In order to maintain veracity between our clients and providers, routine and random urine drug screens are completed. It is not our office policy to 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. 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 safety. If a client is found to be lying about the use of illicit substances, is found 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 terminate the client from our services and make appropriate referrals to facilities that our providers feel are better equipped to treat the client or law enforcement personnel. 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 we will charge a flat fee of \$6.00, due at the end of the appointment, to cover the cost of the medical supplies.



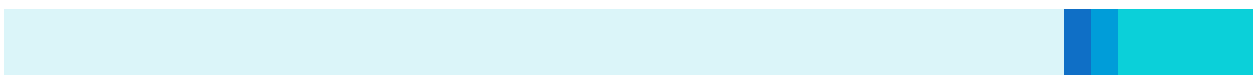
Before a drug screen occurs, the client must empty their pockets of any items or valuables. No bags or containers other than those explicitly used for the UDS are permitted into the restroom should this screening be required by your provider.

iTrust Wellness Group Controlled Substance Agreement

iTrust Wellness Group is a practice that was created to treat a broad scope of mental health disorders and our practitioners use a variety of different medications in order to provide adequate symptom control. Each patient's medication regimen is individualized and at the discretion of his/her provider. Our clinicians do prescribe controlled substances when deemed appropriate for their client. Our clinic strictly monitors these medications and requires our clients to be responsible and accountable for following their treatment expectations.

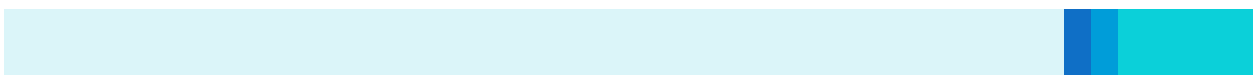
I understand that the compliance with the following guidelines is important in continuing treatment with iTrust Wellness Group. I understand that I have the following responsibilities and agree to adhere to the clinic expectations while I am under the care of iTrust Wellness Group providers.

1. I will take medications only as prescribed.
2. I will not increase or decrease my dosage without the approval of my physician/APRN.
3. I will obtain medications for my mental health treatment from my provider only. (Under certain circumstances, if I obtain any additional narcotic from other physicians, such as a primary care physician, inpatient hospitalization, or emergency room physician, then I will immediately notify iTrust Wellness Group and inform them of any changes from that point onward.) We do monitor controlled substances via the national database which shows all controlled substance prescriptions filled.
4. I will not sell or share my medications with anyone including family members.
5. I will not get a replacement for any lost or stolen medication, regardless of the circumstance, unless an official police report is filed and presented to your practitioner.
6. I will not get early refills. Our clinic will fill up to 30 days' worth of controlled substances at a time.
7. I will notify my iTrust Wellness Group provider if I abuse alcohol or use other illicit drugs along with my medications.
8. I agree to periodic random drug screening tests, at my expense, and I understand that if my drug screen result is positive for substances other than what was prescribed, I will not receive my medication refill.
9. I agree to periodic random pill counts.



10. I agree to participate in adjunctive management programs such as: psychological testing, counseling therapy, behavioral modification, school based interventions, job modifications if recommended by the physician/APRN.
11. I understand that the clinic is closed on weekends and holidays and that prescription refills are not able to be acknowledged during those times or after the end of the clinic day.
12. I will wait for staff to contact me after I notify them of my need for a refill.
13. I will keep all scheduled appointments. I understand that I will not be able to get my medications refilled if I am not compliant with my appointments.
14. I will be forthcoming with any medical concerns/pregnancy/etc. that should arise during my treatment. Many conditions require changes to medications in order to prevent harm to the client/child/etc.
15. I understand that certain controlled substances may impair my ability to drive, operate heavy machinery, or function at normal capacity. iTrust Wellness Group providers educate their clients about side effects of taking controlled substances and do not recommend that clients attempt these activities if under the influence of medication, controlled or not controlled. I agree to release iTrust Wellness Group from any damages that result in my decision to drive, operate heavy machinery, or other such activities as this is not encouraged or advised.
16. I understand that there is an inherent risk to taking controlled substances, including but not limited to long term usage side effects, physical dependence, and addiction. I understand that the decision to take or not to take controlled substances is ultimately my own. Practitioners at iTrust Wellness Group routinely recommend alternatives to controlled substances as we recognize that these substances should be utilized if other options have been tried and exhausted.
17. I understand that if I run out of medication early related to non-compliance with the prescribed medication regiment, it is my responsibility to present to the Emergency Room or a higher place of medical care as I understand that seizures, blackouts, and tremors are potential side effects of abrupt discontinuation.
18. I understand that my practitioner ultimately has my best interest in mind and will always be open to a conversation about alternatives to controlled substances. If a decision is made to titrate off controlled substances, iTrust Wellness Group providers will create a tapering plan to safely discontinue controlled substances.
19. I agree that if I am to have this controlled substance agreement enforced by iTrust Wellness Group, I will not provide negative feedback, reviews, or evaluations for either the practitioner or company online or on public forums as I fully comprehend the nature of this agreement and also understand that this would be viewed as slanderous and malicious intent.

I understand that this physician/APRN may stop prescribing the medication or change the treatment plan if I failed to follow the above recommendations. By signing my name, I am



affirming that I have read, understand, and have had all my questions regarding this controlled substance agreement answered satisfactorily.

Neuroleptic Medication Agreement

iTrust Wellness Group specializes in treating patients with psychiatric conditions. Our clinicians do prescribe a variety of medications for mood stabilization and primary thought disorder symptom management that can include neuroleptic/antipsychotic medications. Your provider will educate you on the risks and benefits associated with any medications that they select for treatment prior to prescribing the medication. Strict compliance with medications is vital to evaluating the efficacy of these medications.

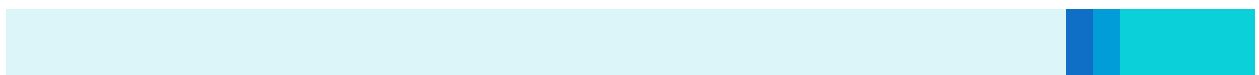
Antipsychotic medications are a part of a class of medications known as neuroleptics. Treatment with neuroleptic medications, like other medication classes, places patients at risk for certain side effects. While older generation (typical) antipsychotics carry the highest potential for complications or side effects, the newer generation (atypical) antipsychotics belong to the same class and do require close monitoring in order to minimize the risk of serious side effects or complications.

- I will notify my provider immediately if I notice any significant side effects such as uncomfortable restlessness (akathisia), muscle stiffness or shakiness, involuntary muscle movements of the jaw, lips and tongue, muscle spasms, lip smacking, and/or grimacing. These can be signs of a medication side effect called tardive dyskinesia which could remain permanent.
- I will immediately report symptoms including high fever, confusion, dizziness, rigid muscles and/or fainting to my provider or go to the nearest emergency room. Neuroleptic Malignant Syndrome is a rare but potentially life threatening reaction to antipsychotic medications and requires immediate medical intervention.

By signing below, I agree that I have discussed treatment with my provider and have been informed of the risks and benefits of treatment with neuroleptic medications. I understand the education provided to me and I (or a guardian on behalf of a minor) consent to treatment with a neuroleptic agent if my provider believes this is in my best interest and will not hold the clinicians at iTrust Wellness Group responsible for any side effects caused.

Injectable Medication Policy

In the event that an injectable medication is agreed upon as the course of treatment for the client, the client consents to the administration of the medication here in office as



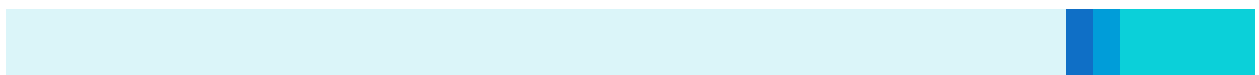
determined by the provider. These medications include but are not limited to: Abilify, Makena, Invega Sustenna, and Vivitrol. Our providers are trained to administer these medications and document all results accordingly. The client agrees to arrive to appointments in a timely manner in order to adhere to policy, receive a full appointment time, and receive the medication. Injectable medications will not be given without a timely appointment. There may be an additional fee incurred due at time of service for the procedure and/or monitoring the client thereafter.

There is an inherent risk in receiving these medications, including adverse/allergic reactions, lack of toleration, or inefficacious results. iTrust Wellness Group is not liable for any risks or results related to injectable medications taken by the client. Should any adverse reaction occur, the client must notify iTrust Wellness Group immediately to determine the best course of action moving forward.

Clozaril Agreement

Clozaril is a medication occasionally used for treatment for diagnoses including schizophrenia and schizoaffective disorder. If this medication is determined to be the best treatment plan for the client, there are ramifications to include in this consideration. Patient instructions while taking this medication include as follows:

- Monitor your physical health symptoms closely:
 - Take a daily temperature and pulse rate if you have symptoms of a cold, flu, or similar illness
 - Report any fever or pulse 30 beats faster than normal while at rest
 - In addition to a fever, other signs of infection to report include mouth sores, malaise, chills, weakness, sore throat, swollen gums, skin infections
- Report shortness of breath or heart palpitations
- Report worsening of constipation, abdominal pain, vomiting, diarrhea, or inability to pass gas.
- Labwork
 - Clozaril labwork needs to be collected weekly for the first 6 months of treatment, then every two weeks between 6-12 months of treatment, then monthly after 12 months to ensure safe ANC levels; your clinician is assessing for an ANC level $\geq 1500/\mu\text{L}$ and will be following REMS guidelines as outlined:
https://www.clozapinerems.com/CpmgClozapineUI/remis/pdf/resources/ANC_Table.pdf
 - Clozapine levels need to be drawn 12 hours after bedtime dose, prior to taking any morning doses



- White blood cell count should be done in the early afternoon, around 12 or 1pm
- Avoid constipation by eating a high fiber diet, drinking plenty of fluids, and getting regular exercise
- Avoid NSAIDS due to taking Lithium as this can increase Lithium levels
- Medication level is increased by cruciferous vegetables, grilled meat, and smoking; notify provider of significant lifestyle changes.
- *Please call with any questions or concerns and refer to the Clozaril REMS database for additional questions.*

Additional detailed information will be provided to the client when beginning this medication. The client agrees to take the treatment plan as given by the provider and as agreed upon at the time of appointment and/or further communication. While there are risks associated with this medication regimen, every effort will be taken to ensure safe and efficacious treatment. iTrust Wellness Group is not liable for any adverse reaction associated with this treatment plan. Further information regarding medication interactions and adverse effects will be discussed at appointment times and are available to you should you need additional resources.

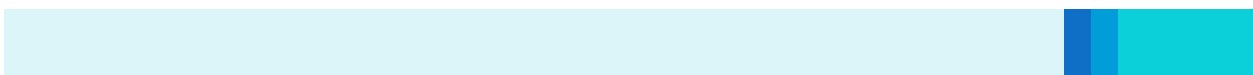
Genesight Test

In the event that a provider deems it beneficial for a client to participate in a Genesight test to determine the best course of treatment, and the client agrees to move forward with the test, the client thus consents to having a DNA sample collected via cheek swab. This DNA is sent solely to Genesight and is not stored or kept in our office. 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 Genesight or any company affiliated with Genesight.

It is notable that iTrust Wellness Group is not responsible for any part of the billing related to the Genesight test. This is completely processed under the Genesight company and insurance, if applicable. Genesight reserves the right to contact you and bill you related to any charges and fees surrounding the test.

CBD Oil

CBD Oil is increasingly being utilized in the medical community as an alternative to prescriptive medication. Due to client request, iTrust Wellness Group has decided to carry a small supply of CBD Oil on-site as an alternative product and supplement to prescriptive



medications. In the event that a practitioner deems it beneficial for a client to try CBD Oil as a part of his or her treatment plan, the client has the option of purchasing the CBD product from our office. The client is also free to purchase CBD products from other offices or places of business and is not bound in any way to purchase retail products from iTrust Wellness Group. The client also understands that a provider recommendation for CBD is not the same as a prescription. As there is no FDA indicated use that is generally agreed upon in the medical community, CBD Oil is treated as a supplement and therefore the provider does not claim liability for this product recommendation after educating the client about the pro's and con's.

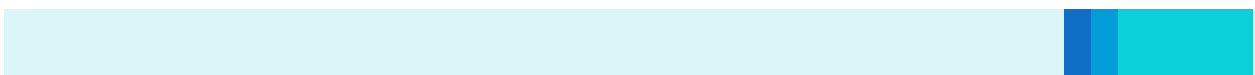
iTrust Wellness Group does not have any affiliation with CannaHemp, the company that supplies the CBD products to the office and therefore iTrust Wellness Group is not liable for any adverse event regarding this product, including, but not limited to, an allergic reaction, failure of a drug test that results in legal or employer discipline, or any effects during or after the administration of the product. Although the CannaHemp company states that clients should not test positive for marijuana (THC) after using this product, iTrust Wellness Group cannot guarantee this result or that a false positive would not occur. In this situation, your provider would be able to write a letter stating that you had recently purchased CBD oil from our office but cannot make any guarantee that marijuana was or was not used for medical or recreational purposes in addition to the CBD oil.

Grounds for Dismissal Policy and Procedure:

At iTrust Wellness Group, we take the relationship between the client and provider seriously. We ask you to read and adhere to the below portion of our policies and procedures regarding potential dismissal of clientele. Grounds for dismissal include, but are not limited to, the reasons included in the following paragraphs.

Financial: If our office has contacted you repeatedly, and collection attempts have been made for an outstanding balance beyond 90 days of an appointment with no payment received, the client will be released from iTrust Wellness Group. By agreeing to any appointment, you are always agreeing to the entire process of our services, including payment in full due on your appointment date. We do our best to be patient and flexible regarding payments, but we do have to adhere to our policies. If we consistently do not receive payment from you, we may dismiss you as a client.

Appointment No-Shows: Clients will be dismissed as a result of missing a total of three appointments throughout the duration of your status as a client with our office. This also applies to not giving our office a minimum of 24 hours' notice for an appointment. For both of these circumstances, there is a \$75 no-show fee that we will collect. The provider's



time is valuable, and we reserve this just for you. If you recurrently do not attend these appointments or give us proper notice, you will be released from our care.

Non-Adherence to Treatment: At each appointment, our practitioners will suggest treatment plans designed for your psychiatric needs. Compliance and adherence to your treatment plan is expected as part of your agreement to our policies and procedures. If we find that you have been deviating from the therapeutic regimen agreed upon at the time of the appointment, there will be grounds for dismissal.

Behavior: As our client, you are fully responsible for how you act and present yourself. This includes how your behavior during your appointment and how you interact with our staff after you have left the building. It is vital that you treat our providers, nurses, administrative staff, and other clients with respect. If there is any behavior or action that is deemed disrespectful or harmful or abuses the status you have as a client, you may be discharged from iTrust Wellness Group.

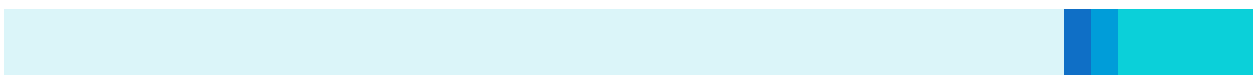
In the instance that you are dismissed from our care, for the above mentioned reasons or any other situation deemed necessary by iTrust Wellness Group, a provider will send in a 90-day supply of your medications that are prescribed in our office. If you are prescribed a controlled substance, the provider will send in for a 30-day refill; both of these refills serve to aid in your time of transition to a new office. Associated with release from the practice, our office will email you a list of psychiatric resources here in the Upstate to assist in your continuation of psychiatric medication management.

As a part of these policies and procedures, you are agreeing that if you are dismissed as a client, you 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 you are released from our care as we have taken appropriate precautions to ensure safety in your transition of care to another provider.

We truly value you as a client, and we outline these policies and procedures to make clear our expectations so that you are fully aware of the potential negative ramifications. Please act in accordance with the stated measures so that your treatment can be continued with our office. If you have any questions regarding this document, please do not hesitate to speak with one of our office staff members.

Limited English Proficiency Policy:

iTrust Wellness Group will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal 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. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. iTrust Wellness Group will work with patients and family members and attempt to refer them to the proper interpreter or translator in the event of a language barrier.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. 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. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

iTrust Wellness Group will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures as necessary.

HIPAA Notice, Consent for Treatment, and Duration of Release

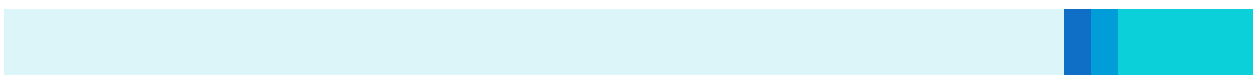
iTrust Wellness Group abides by the policies of HIPAA and remains compliant to their standards. Below are specifics about the consent for your treatment and the confidentiality therein.

Informed Consent for Treatment

I understand this consent for an initial assessment and treatment, or substance abuse assessment and treatment in which I am agreeing to participate in a mental health or substance abuse intake 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 the iTrust Wellness Group, 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.

Plagiarism Notice

This form 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 this document will be held accountable in a court of law. Any attempt to modify these policies or handbook to fit operating policies of another mental health practice or healthcare practice will be held accountable in a court of law.

Agreement

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of intellectual capacity, 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 the 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, you affirm that you understand and agree to the aforementioned policies.

