



Mental Health Medication Services Policy Statement

Thank you for your interest in the mental health medication services of Branches Counseling Center. This document contains important information about our medical services. Please read it carefully and return a signed copy to Branches Counseling Center at or prior to your first visit for medical evaluation and management.

Services

Medically, we treat adults, ages 18 to 65, with a variety of psychiatric issues including depression, anxiety, bipolar disorder, PTSD, ADHD (diagnostic evaluation by a psychologist required for ADHD treatment), adjustment disorders, and other mood disorders. We do NOT treat thought/psychotic disorders such as schizophrenia. We do not guarantee any specific outcome with treatment. To receive the best possible care we encourage all patients receiving psychiatric medical care to also receive counseling and in some circumstances we may require it. Our medical provider will work closely with your counselor to ensure the best possible care.

Office Hours

Presently, appointments for medication services are available on Mondays from 8:30 AM - 4:00 PM. We will be making additional days and hours available for medication services in the future.

Initial Evaluation Session

Your first session will last approximately 50 minutes. It will consist of a discussion of the issues leading to your desire to seek treatment, your past medical and mental health history, current life status, and treatment goals. By the end of the meeting we will seek to agree upon a treatment plan that will meet your treatment goals.

Ongoing Medication Management Sessions

Ongoing medication management sessions are required to continue receiving medication. These meetings will last up to 30 minutes. The frequency and duration of ongoing sessions depends on a variety of factors. The meetings may occur as often as weekly (usually during medication trials or during periods of mental health instability) or as infrequently as two to four times per year (usually when your mental health and your medications are stable).

Medication Refills

Prescription refills will be available at your ongoing medication management sessions and will not usually be available via phone. We will try to ensure that we provide you with enough medication refills to last until your next scheduled office visit. If you miss a scheduled office visit and require medication refills there will be a \$20 fee to do so in addition to any no-show/late-cancellation fees, if applicable. Controlled medications, including benzodiazepines, will only be prescribed in-person at an office visit and will not be refilled or prescribed over the phone. Additionally, we rarely prescribe benzodiazepines (i.e., Xanax) and our goal is always to reduce and discontinue use of benzodiazepines with every patient who is currently taking them.

Medication Risks

All medications can have side-effects, some of which may be quite serious. Prior to initiating a new medication, your provider will discuss with you the most common and most serious potential side-effects and to help you weigh those risks against the potential benefits. It is your responsibility to inform your provider of any serious side-effects you may be experiencing as well as any changes in your medications made by yourself or by another provider.



BRANCHES COUNSELING CENTER

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Emergencies

In the event of an emergency, please contact the Crisis Intervention Center at (615) 244-7444, Youth Villages (for children) at 1-866-791-9221, Mobile Crisis of Rutherford County at (615) 893-0770, or call 911 or go to the nearest Emergency Department.

Confidentiality

Our services are confidential. We abide by Tennessee state laws which state that confidential information shall be controlled by the patient or by the patient's legal representative. Therefore, we will not release any of your information without your prior authorization. There are, however, four exceptions to this rule. First, Tennessee law requires that child abuse be reported to the Department of Human Services. Second, when records are subpoenaed by court we may be forced to release information. Third, in the case of an emergency, or when there is imminent danger to the patient or other persons, we may release any information we deem necessary to reduce or resolve the danger. Finally, when another medical provider refers you to us we may communicate with that provider unless you specify to the contrary. Additionally, if you choose to submit a claim to your insurance company for our services we may be required to release confidential information to your insurance company. Regarding court appearances, we will not appear in court unless subpoenaed to do so in which case we will charge an hourly rate of \$135 per hour.

Financial Responsibility

Branches Counseling Center provides two payment options for mental health medical treatment. We offer reduced self-pay rates and we also will file claims with your insurance company for you (we currently only accept Blue Cross-Blue Shield). If we file a claim with your insurance on your behalf you are responsible for paying any co-pays, deductibles, or fees for services not covered by your insurance. Payment is expected at the time of service.

Self-Pay Fee Schedule and Payments

Initial Evaluation Session (45-60 minutes) - \$135
Medication Management Session (25-30 minutes) - \$65

Cancellations and Missed Appointments

Appointment cancellations must be made at least 24 hours before your appointment time. If you fail to cancel your appointment at least 24 hours in advance or if you "no show" you will be charged a fee of \$50. Additionally, if you are more than 10 minutes late to your appointment you may be asked to reschedule and to pay the appropriate fee as if you missed the appointment. Setting an Initial Evaluation Session requires a credit or debit card number to hold in case of a late cancellation or "no show".

Acknowledgement of Policies and Consent to Treat

I have received, read, understand, and agree to the policies as outlined in this Policy Statement. I voluntarily consent to evaluation and treatment by the medical provider(s) of Branches Counseling Center. I understand that I have the right to terminate my participation at any time.

Patient's Name: _____

Patient's Signature: _____ Date: _____