



# WIREGRASS BEHAVIORAL GROUP LLC

WWW.WIREBG.COM

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## OFFICE POLICIES FOR WIREGRASS BEHAVIORAL GROUP, LLC Effective Date May 1, 2018

### Wiregrass Behavioral Group

Wiregrass Behavioral Group is collaboration between independent private practitioners who have similar practice philosophies and a desire for excellent patient care. It is not a group practice, but several private practices sharing space, resources, staff, and a belief that mental health is a full spectrum pursuit of wellness goals best achieved in an atmosphere centered on caring for our patients. Professionals practicing under the name Wiregrass Behavioral Group provide comprehensive, confidential, and compassionate psychiatric care to achieve full lifecycle optimization and wellness.

### Treatment Philosophy

The goal in psychiatric treatment is to work collaboratively to identify your symptoms, define goals, and formulate a treatment plan to improve and enhance your life. You are expected to take an active role in treatment and recovery process based on our independent providers recommendations. Your treatment plan may include homework or other tasks between appointments to increase the effectiveness of your recovery. You may also require further medical or psychological evaluations.

### Office Hours

Whether we are in the office or not, the office phone lines are open Monday through Friday, 9am to 5pm and a staff member will answer your calls, take prescription refill requests, accommodate scheduling requests, or take a message. **If you get the voicemail during business hours we are either on another phone call or helping a patient in the office. Please leave a detailed message and someone will return your call as promptly as possible. Please note that we do occasionally close early on Fridays. After hours and on weekends, CALL 911 if you are experiencing an emergency.**

### Payment

All fees are due in full at the time of service. This includes co-pays that are to be paid on the day of the appointment. It is the patient's responsibility to know what their insurance coverage and benefits include. Cash, checks, and most major credit cards are accepted, including Visa, MasterCard, and American Express. **Most Health Savings Account credit cards are also accepted. Checks are to be made payable to the Individual Provider you are receiving services from unless otherwise stated.** Checks returned for insufficient funds will be charged a \$35 fee, which will need to be paid prior to rescheduling.

<i>Type of Service</i>	<i>Examples</i>	<i>Appointment length</i>
Initial (new patient) psychiatric diagnostic evaluation and assessment	New patient	30-60 minutes

Medication management with integrated psychotherapy	Established patient, working actively on major psychotherapy goals	~45 minutes
Medication management with minimal psychotherapy	Established patient, mostly stable, working on minor psychotherapy goals, some medication adjustments	~20 minutes
Medication management	Established patient, stable, no significant psychotherapy issues being worked on, medication refills	~10 minutes

### **Late Cancellation and Missed Appointments**

**Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment.** This allows us time to schedule other patients who may be waiting for an appointment. Messages may be left at any time at the office phone number (334) 792-6736. Our policy is as follows and is subject to be changed/modified at any time at the Doctor's discretion.

- **a 24-hour notice is required to reschedule or cancel your appointment.**
- **First late cancellation/no-show: You will not be charged a fee as a courtesy and it is your responsibility to call the office to reschedule.**
- **Second late cancellation/no-show: you will be charged a \$25.00 fee that will due at the time of your next office visit. This fee is not billable to your Insurance Company. *The fee portion of the policy does not apply if you have Alabama Medicaid.***
- **Third late cancellation/no-show: You will be discharged from the practice as well as charged a \$25.00 fee. If you have an unforeseen emergency or experience extenuating circumstances please contact our Office Manager to discuss this matter.**

### **Termination of Treatment**

The treatment relationship can be terminated by the patient's request. The doctor may also terminate treatment under several conditions including but not limited to:

1. Violation of office policies.
2. Non-payment of bill.
3. Chronic no-shows to appointments.
4. Non-adherence to treatment recommendations.
5. Ongoing disruptive or rude behavior toward the doctor or staff
6. Falsifying medical records or lab / test results.
7. Theft, violence, threatening behaviors, or other action against the doctor or office staff or property or that occurs within the office that could be considered criminal activity.
8. Drug-seeking behaviors toward the doctor or staff, and repeatedly losing prescriptions of controlled substances.
9. Seductive behavior toward the doctor or staff.
10. Requiring a higher frequency of care than the doctor can provide (i.e. patient should be seen several times a week or month but is unable to).

In the event of a termination of relationship with the doctor at the doctor's request, the doctor will notify you in writing, and also assist in transferring your mental health care to another provider of your choosing in a timely manner. The doctor will provide for safe management of your medications during this transition time.

### **Lost Prescriptions**

In general, it is the pharmacy's discretion whether to refill a lost prescription early. The doctor may call on your behalf to request this, but whether the doctor does so will depend on several factors. If the

medication you lost is a controlled substance (such as a stimulant for ADHD, a sedative like Ativan, or a sleeping pill like Ambien), the pharmacy will most likely NOT be able to fill the prescription early. Please fill out a police report for lost or stolen medications.

### **Controlled Substances**

Most of the time, controlled substances are used for a specified period of time only. Sometimes, it may be used in chronic management of a condition. If you are being prescribed a controlled substance by the doctor, it is expected that you abide by the following rules:

1. Do not doctor shop – just use one doctor.
2. Your prescriptions will be automatically monitored through the Alabama Prescription Drug Monitoring Program, which also includes information from nearby states.
3. Keep your medications in a safe and well controlled environment, away from access by children or pets or curious visitors, or in unwise locations (like above the toilet or by the sink), and it would be preferable if the medications were kept locked up.
4. If you lose your medication, you will likely be asked to provide a police report before any refills are authorized to the pharmacy.
5. If the doctor has any reason at all to suspect that you are abusing, selling, giving away, or otherwise acting irresponsibly with your medications, the doctor may stop prescribing your medication & also may terminate you from the practice.
6. You will comply with requests for toxicology testing, which may be scheduled and/or random in nature, in which you would be expected to come to the office or other location such as a laboratory within 24 hours. There is a \$20.00 toxicology fee due at the time of testing.
7. You will comply with requests for medication counts, which may be scheduled and/or random in nature, in which you would be expected to come to the office and bring your medication bottle & remaining prescription with you, within 24 hours, and review the remaining count of your pills or medication films.
8. If you are actively abusing alcohol or drugs, or test positive on toxicology testing, or have evidence on noncompliance or over-use of medications on your pill count, the doctor may stop prescribing your medication.
9. Do not eat food (such as bagels) or drink beverages that contain poppy seeds. This may result in a positive test on your drug testing.

### **Medical Records**

The doctor uses a cloud-based HIPAA compliant electronic medical record through Practice Fusion, and is able to electronically prescribe certain medications also. According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient has the right to read and amend their own medical records. The doctor will generally accommodate most reasonable requests, except in certain cases where it may potentially worsen your condition, endanger the life or safety of your life or another person, or if there is a potential breach of confidentiality. If denied access to your medical records, you may submit your appeal in writing to Wiregrass Behavioral Group, LLC. If you would like your medical records sent to another provider (such as another therapist, primary care physician, etc.), then the doctor's office will facilitate that request within a timely manner upon receipt of a written consent for a **release of information** to the other provider or agency.

### **Confidentiality and Release of Information**

All records and treatment details are confidential and secured and will NOT be released without your authorization. If a breach has occurred, you will be notified in writing.

*Limitations to confidentiality include:*

1. Client authorizes release of information with a signature.
2. Client authorizes release of information for reimbursement purposes as defined by the insurance provider.
3. Client's mental condition becomes an issue in a lawsuit.
4. Client presents as a danger to self.
5. Client presents as a danger to others.
6. Child or elder abuse or neglect is suspected.

## Paperwork

If you need paperwork filled out or a letter from the doctor, it is best to discuss it with the doctor at your scheduled appointment. If it cannot wait, call the office with the details of your request. If it is extensive, the office may charge a fee based on the time it takes the doctor to fill it out.

## Office Communications

You can contact the office at any time with questions. You may call the office during regular business hours (Monday through Friday 9am to 5pm) with both clinical questions about your treatment or medications, and non-clinical questions. Please call during regular business hours regarding issues such as medication refills, appointments, and paperwork. If your question requires a lot of the doctor's attention, you may be asked to come in for an appointment to discuss the matter in person. **Please allow 72 hours for medication refill requests. We are not always able to send them in on the same day. Please do not wait until you are out of medication to call.**

## Complaints

You have a right to have your complaints heard and resolved within a timely manner. If you have a complaint regarding your treatment, an office policy, or a billing issue please discuss it with Wiregrass Behavioral Group, LLC immediately in writing to the office address, or by telephone.

## NOTICE OF PRIVACY PRACTICES EFFECTIVE DATE 05-01-2018

This Notice of Privacy Practices ("Notice") applies to: Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305

### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that your health information is personal. We are committed to keeping your PHI safe. This notice will tell you about the ways we may use and disclose your PHI, your privacy rights, and our duties regarding PHI. We are required by law to make sure that your PHI is kept private, give you this Notice of our legal duties and privacy practices, notify you of a breach of unsecured PHI, and follow the terms of the Notice that is currently in effect.

### YOUR PRIVACY RIGHTS WITH RESPECT TO PHI:

The following is a list of your rights and how you may exercise these rights.

- **Right to Request Restrictions** - You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are required to honor the request to restrict disclosures of PHI to a health plan where you have paid out-of-pocket in full for the healthcare item or service you have received. Otherwise, although we will consider your request, we are not required to agree to or abide by your request. You must make your request for any restrictions or limitations in writing to Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305. In your request, you must tell us what PHI you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want delimits to apply (for example, disclosures to your spouse).
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, and be sure to provide an appropriate telephone number.
- **Right to Review and Copy** - You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305. If you request a copy of the PHI we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our healthcare provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the owner.

- **Right to Amend** - If you feel that PHI we have asked about you is incorrect or incomplete, and then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that was not created by us, is not part of our records, is not part of the PHI which you would be permitted to see and get a copy of, or we believe the information is accurate and complete.
- **Right to on Accounting of Disclosures** - you have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or health care operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request and parentheses. There will be no charge for the first list you request within a 12 month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.
- **Right to a Paper Copy of This Notice** - You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact Wiregrass Behavioral Group, LLC, 256 Honeysuckle Rd. Suite 12 Dothan, Alabama 36305.

### **THE WAYS WE MAY USE AND DISCLOSE YOUR PHI:**

Federal law allows us to use or disclose your PHI without your permission for the following purposes:

**For Treatment** - For example, treatment may include:

- Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care
- Coordinating services you need, such as prescriptions, lab work, and x-rays
- Contacting you for appointment reminders
- Contacting you about health-related benefits and services
- Disclosing to a doctor outside of the health system for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slowly healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals
- Updating your healthcare providers about care you received

**For Payment** - For example, payment may include:

- Determining eligibility for healthcare services and pre-certifying benefits
- Coordinating benefits with insurance payers
- Billing and collecting for healthcare services provided
- Facilitating payment to another provider who has participated in your care

**For Health Care Operations** - For example, healthcare operations may include:

- Improving quality of care
- Accrediting certifying licensing or credentialing healthcare providers
- Reviewing competence or qualifications of healthcare professionals
- Developing maintaining and supporting computer Group
- Managing budgeting and planning activities and reports
- Improving healthcare processes, reducing healthcare costs, and accessing organizational performance for us and other healthcare providers and health plans that care for you

### **ADDITIONAL USES AND DISCLOSURES FOR WHICH AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY HIPAA**

- **Research** - We may contact you about research studies you may qualify for so that you can decide if you want to participate. If you qualify to participate in a research study, then you will be asked to sign a separate consent form to participate in the project that includes an authorization for use in possible disclosure of your information outside the health system.
- **As Required by Law** - We will disclose PHI about you when required to do so by federal, state, or local law.

- **Public Health Risks** - As required by law, we may disclose your PHI with public health authorities to prevent or control disease, injury, or disability; report communicable diseases or infection exposure such as HIV, hepatitis, or tuberculosis; report medical device safety issues and adverse events to the federal FDA; and report vital events such as births and deaths.
- **Victims of Abuse, Neglect, or Domestic Violence** - We may disclose your PHI to government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or licensure. Healthcare oversight agencies include government agencies that oversee the healthcare system, government benefits, programs, and agencies that enforce civil rights laws.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in the course of an administrative or judicial proceeding, such as in response to a court order or subpoena as permitted by federal and state law.
- **Law Enforcement** - We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at an office site or providing routine reporting to law enforcement agencies, such as for gunshot wounds.
- **Deceased Persons PHI** - We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **Organ and Tissue Donation** - We may disclose your PHI to organizations that handle organ, tissue, and I procurement to facilitate organ, tissue, and I donation and transplantation.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public's health and safety, or another person's health and safety.
- **Specialized Government Functions** - We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veteran's activities required by the law.
- **Workers Compensation** - We may disclose your PHI to workers compensation as required by workers compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Disaster Relief Efforts** - We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative, or another person responsible for your care.
- **Individuals Involved in Your Care or Payment for Your Care** - We may communicate with your family, friends, or others involved in your care or payment for your care. For example, an emergency room doctor may discuss a patient's treatment in front of your friend if you ask that your friend come into the room.
- **Other Uses and Disclosures Made Only with your Written Permission** - All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission, as described in this Notice. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or disclose PHI about you, for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI. Most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your authorization. Other uses and disclosures not described in the Notice will be made only with your authorization

## OUR DUTIES

- **Notice Changes** - We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this notice will be available at registration locations. The current Notice will also be posted at our website. The effective date of the notice will be posted on the first page.
- **Cell Phone/Email Mail** - We ask you not to use your cell phone or email in contacting our healthcare providers, personally. Cell Phone and Emails sent to and from you are not secure and could be read by a third-party.
- **Complaints** - If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to Wiregrass Behavioral Group, 256 Honeysuckle Rd. Ste 2 Dothan, AL 36305. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint. You may also file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Ave. S W, Washington DC, 20201, or call toll-free 877-696-6775, by email to OCRComplaint@hhs.gov or to Region V, Office for Civil Rights, US Department of Health and Human Services, 233 North Michigan Ave, Suite 240, Chicago, IL 60601, voice phone 312-886-2359, fax 312-886-1807, or TDD 312-353-5693.

**Signature below is acknowledgement that you have received the Notice of Privacy Practices & Office Policies****OUR DUTIES**

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 Client / Legal Guardian Printed Name

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 Signature

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 Date

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 Witness – Printed Name

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 Signature

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 Date
**Client's Consent for Communications**

Please initial below, with your selection:

\_\_\_\_\_ **I consent** to my Cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC (that are non-clinical and non-urgent only)

\_\_\_\_\_ **I do NOT consent** to my cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC

**Client Understanding**

- I have read and understood the office policies and agree to abide by the rules listed therein
- I agree to be an active participant in my mental health recovery
- I have received a copy of the Office Policies
- I have received a copy of the Privacy Practices

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 Client / Legal Guardian Printed Name

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 Signature

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 Date

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 Witness – Printed Name

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 Signature

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 Date