



INNER SELF CARE

POLICIES & CONTRACTS

Inner Self Care, LLC

Updated 06/01/2026

This document contains the official policies, procedures, patient agreements, privacy practices, and compliance standards for Inner Self Care, LLC.

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General Office Information Standard Business Hours

Standard Business Hours

Monday-Friday 8:00am-6:00pm

After normal business hours, our office may not be able to immediately respond to phone calls, text messages, emails, or patient portal communications until the next business day. If a patient is experiencing a medical or mental health emergency, including thoughts of self-harm, harm to others, or any situation that could place the patient or another person at risk, please call 911 or go to the nearest emergency department immediately.

For urgent mental health support outside of office hours, individuals may also contact the 988 Suicide & Crisis Lifeline or other available 24-hour crisis resources for immediate assistance and support.

- **Suicide and Crisis Lifeline** – Call or Text 988
- **Mental Health America Crisis Line:** (864) 271-8888
- **Greenville Mental Health Center:** (864) 241-1040
- **National Suicide Prevention Hotline:** 800-273-8255

Communication

Our practice communicates through a secure, HIPAA-compliant system that supports both phone calls and text messaging. Patients may contact the office by either calling or sending a text message regarding their questions or concerns.

Phone & Voicemail Communication Notice

All telephone calls may be recorded for quality assurance and staff training purposes. Voicemail messages are reviewed and addressed by our team in the order of priority received. Messages that include urgent medical concerns, such as medication side effects or adverse reactions, are prioritized to ensure patient safety. All voicemails will be returned within 24 business hours.

Instructions for voicemails:

- Provide us with your complete name and last name, date of birth, preferred number, and reason for calling.
- Keep the message as brief as possible.

Providers are not available to take or return phone calls during scheduled appointments unless there is an urgent or emergency situation. Inner Self Care support staff will communicate all messages to the appropriate provider to ensure timely follow-up and resolution. If a patient requires direct communication with their provider, an appointment must be scheduled to allow for a complete and safe review and update of the treatment plan.

Appointment Reminders Notice

Our practice sends appointment reminders via both text message and email to help patients stay informed about upcoming visits. Reminder notifications are typically sent as follows: email reminders are sent 1 day prior to the appointment, and text message reminders are sent 24 hours in advance. Patients are encouraged to contact the office as soon as possible if they need to cancel or reschedule, while observing the required notice period to avoid any applicable cancellation fees.

Patient Care Policies

Treatment Acuity & Scope of Practice Statement

Inner Self Care is an outpatient mental health practice dedicated to supporting as many individuals as possible within its scope of care. However, our services are limited to outpatient psychiatric treatment and do not extend to higher levels of medical care. Our providers are only able to treat conditions that fall within the psychiatric scope of practice and are not equipped to manage medical conditions outside of this scope, including but not limited to neurological disorders or pain management services.

Higher Levels of Care Notice

In some situations, a patient may require a permanent transfer of care from Inner Self Care to another provider or facility to ensure they receive a higher level of ongoing treatment. When this occurs, our team will assist in coordinating and facilitating a smooth transition of care. Once the transfer is completed, the patient will no longer be scheduled for future appointments at Inner Self Care and will be considered discharged from our practice.

Billing Communication Authorization:

By accepting the policies and procedures of Inner Self Care, the patient agrees to receive communications regarding billing matters through telephone calls, emails, and text messages. These communications may include account updates, payment reminders, insurance-related information, and other billing inquiries.

Patients may choose to discontinue billing-related text messages at any time by notifying our office. However, telephone calls and email communications may still be used when necessary to provide important billing information, ensure accurate account management, and maintain clear communication regarding financial responsibilities.

ADMINISTRATIVE TIME

Document Request Form & Administrative Time:

Patients requesting documents to be completed by their provider for any purposes will need to complete and sign a release of information form. Your provider cannot provide, including but not limited to: any person, company, other provider(s), attorney, legal counsel, insurance company, family member, short term disability (STD) company, long term disability (LTD) company, Education/Academic/Teachers, FMLA, work place, etc. without your consent. Additionally, to complete the documentation requested, your provider must schedule and utilize time to devise and send requested documents. Please read carefully what constitutes administrative Time.

Administrative Time includes but not limited to, the following correspondence by your provider to the person, entity, company, place, as requested by you : Emails, phone calls, documents, FMLA, STD, LTD, Updates, Progress Reviews, Accommodation Requests, Leave Documents, Records request, Letter requested for you, administrative documents requested for you, and any additional correspondence completed on your behalf AND requested by you, not listed.

Document(s) & Administrative Request Rate Information:

All document requests and administrative time spent will be billed in 15 minute increments at \$150.00/hr .By signing this document, I understand that I will be billed in 15 minute increments at \$150.00/hr.

I agree to pay Inner Self Care, LLC for all administrative time billed. I understand that I will receive a detailed itemization of the time spent by my provider to fulfill my request.

Patient Conduct and Safety Policy

Our practice is committed to maintaining a professional, respectful, and safe environment for patients, providers, and staff. All individuals are expected to interact with courtesy and mutual respect during appointments, communications, and any other interactions associated with our services.

Any conduct that is threatening, abusive, disruptive, discriminatory, harassing, or otherwise compromises the safety and well-being of staff members, providers, patients, or visitors may result in termination of services and discharge from the practice. This policy applies to conduct occurring in person, by telephone, electronically, or through social media and other forms of communication.

Professional Boundaries

Patients are expected to maintain appropriate professional boundaries with all staff members and providers. Requests for personal favors, financial assistance, services unrelated to treatment, or personal relationships outside of the professional healthcare setting are not permitted.

Weapons-Free Environment

To promote a secure environment, weapons of any kind are prohibited on clinic property. Any individual found in possession of a weapon or an object intended to be used as a weapon may be asked to leave immediately, may be discharged from services, and law enforcement may be contacted when appropriate.

Patient Safety and Emergency Intervention

If a patient presents a serious risk of harm to themselves or others, including but not limited to active suicidal or homicidal thoughts, plans, or behaviors, the practice may take necessary actions to protect safety. Such actions may include contacting emergency medical services, crisis intervention teams, designated emergency contacts, law enforcement, or other appropriate community resources.

The practice will exercise professional judgment in responding to safety concerns and may initiate welfare checks or emergency interventions when deemed necessary. These measures are taken solely to protect the health and safety of the patient and others. The practice is not responsible for the actions or decisions of emergency responders, law enforcement agencies, or other third parties involved in such interventions.

Appointment Policies

In-Person Appointments

All visits are scheduled by appointment only. To ensure timely service and completion of any necessary administrative procedures, patients are encouraged to arrive at least 15 minutes before their scheduled appointment time. Patients may be asked to verify or update personal information, insurance details, emergency contacts, and payment information at check-in.

Patients who arrive late may have their appointment shortened, rescheduled, or canceled depending on provider availability and clinic scheduling requirements.

Telehealth Appointments

Telehealth services may be available when clinically appropriate and in accordance with applicable state and federal regulations. Eligibility for virtual appointments is determined by the provider based on the patient's clinical needs, treatment plan, and regulatory requirements.

Certain services, evaluations, or medications may require in-person visits. The practice reserves the right to require an office visit at any time if deemed necessary for patient care, safety, compliance, or treatment effectiveness. Telehealth policies may be modified as regulations and clinical guidelines evolve.

Appointment Service Descriptions:

Initial Evaluation Appointment (60 minutes)

This appointment is designed for new patients entering care at Inner Self Care, as well as individuals returning after a lapse of three (3) years or more since their last visit, in accordance with CMS guidelines. Initial evaluations may be conducted either in-office or via telehealth. However, patients who are prescribed controlled substances are required to complete their initial visit in person to allow for a comprehensive clinical assessment and appropriate safety evaluation by the provider.

Re-Establishing Care Appointment (60 minutes)

This appointment applies to established patients who have not been seen within the past twelve (12) months. Although billed as a follow-up visit according to the fee schedule, additional time is required to update clinical documentation and appropriately re-establish care in alignment with current clinical and regulatory standards.

Follow-Up Appointment (30 minutes)

At Inner Self Care, continuity of care and the provider-patient relationship are considered essential to treatment success. For this reason, the initial follow-up visit is scheduled for 30 minutes to allow sufficient time for clinical review, treatment planning, and ongoing care coordination.

Follow-Up Appointment (15 minutes)

This appointment is intended for patients who are clinically stable on their current treatment plan and whose care does not require ongoing integrated psychotherapy services, as determined collaboratively between the provider and the patient.

These brief visits are designed to support medication management, treatment monitoring, and continuity of care while maintaining clinical efficiency and safety.

Cancellation Policies

Same-Day Cancellation Policy

A same-day cancellation is defined as any appointment that is canceled less than 24 hours prior to the scheduled start time. Any applicable fees associated with late cancellations will be charged in accordance with the current Fee Schedule.

Late Arrival Policy

A late arrival is defined as a patient arriving after the allowable grace period for their scheduled appointment type:

- Initial Appointment (60 minutes): arrival more than 15 minutes late
- Follow-Up Appointment (30 minutes): arrival more than 10 minutes late
- Follow-Up Appointment (15 minutes): arrival more than 5 minutes late

Patients who arrive outside of these timeframes may be required to reschedule their

appointment. While every effort will be made to offer the next available appointment with the assigned provider, immediate rescheduling cannot be guaranteed due to provider availability. All applicable fees related to late cancellations or missed appointments will be applied in accordance with the Fee Schedule.

Patient Dismissal Summary

Inner Self Care maintains the right to establish and enforce clinical, administrative, and safety policies in accordance with applicable federal and state regulations, including HIPAA and standard psychiatric practice guidelines. Compliance with all treatment agreements, clinic policies, and provider directives is a condition of continued care.

Failure to comply with clinical recommendations, repeated or chronic non-adherence to scheduled appointments, disruption of clinic operations, inappropriate or abusive behavior, or any actions that interfere with the therapeutic process or compromise the safety, dignity, or well-being of staff, providers, or other patients may result in formal documentation, issuance of written warnings, and/or termination of services.

Inner Self Care reserves the right to immediately terminate the provider-patient relationship without prior notice when, in the professional judgment of the provider or clinical team, continuation of care is deemed unsafe, clinically inappropriate, or not in the best interest of the patient or others. Grounds for immediate termination may include, but are not limited to, threats of harm, violent or aggressive behavior, harassment, diversion concerns, fraud, refusal to comply with safety protocols, or any conduct that presents a direct or indirect risk to the clinical environment.

Termination of care does not relieve the patient of financial responsibility for services rendered prior to dismissal. In appropriate circumstances, and when clinically indicated, patients may be provided with referrals to alternative providers or community resources; however, continuity of care is not guaranteed in cases of immediate discharge due to safety concerns.

All notices regarding warnings or termination may be delivered via the contact information on file, including electronic communication, written notice, or in-person delivery. It is the patient's responsibility to ensure that their contact information remains accurate and up to date. Inner Self Care is not liable for any failure of receipt resulting from outdated or incorrect information provided by the patient.

CONTROLLED SUBSTANCE POLICIES

Important Notice

1. **Controlled substances are ONLY prescribed in South Carolina** as this is where our practice is based.
2. Standard psychiatric medications that are not controlled substances may be prescribed in other states that Inner Self Care (ISC) providers may be licensed.

Our practice is very conservative about prescribing controlled substances. Controlled substances are "controlled" because they are medications with a high potential for abuse or dependence. Controlled substances that psychiatrists typically prescribe are stimulant medications for Attention Deficit Hyperactivity Disorder (such as Adderall, Ritalin, Concerta and Vyvanse) or benzodiazepines for anxiety disorders (such as Xanax, Ativan, Clonazepam or Valium).

Policies Regarding Controlled Substance Prescribing:

3. There is no guarantee that you will be prescribed a controlled substance, regardless of your diagnosis or past treatment. This is up to the ISC provider's clinical judgment.
4. All patients being prescribed a controlled substance must follow up every 1 month (at minimum).
5. All patients being prescribed a controlled substance may be subject to drug screening before starting medication and randomly during the course of treatment. A positive drug screen for other substances of abuse may be grounds to discontinue your prescription.
6. Your prescription will be discontinued if there is evidence of abuse or misuse. This can include, but is not limited to, taking more than prescribed, running out of medication early, concurrently obtaining similar prescriptions from other providers, giving/selling your medication to others or using these substances for the purposes of intoxication.
7. If a controlled substance prescription is lost or stolen, it will not be replaced until you are due for your next prescription. It is your responsibility to store your medication in a safe and secure location.
8. Inner Self Care, LLC does not maintain patients on long-term benzodiazepines and will rarely prescribe benzodiazepines for daily use as

often this will not be in your best interest. Unless special circumstances are deemed by ISC provider, Benzodiazepines will ONLY be prescribed for short-term use on an as-needed basis.

- 9.** Inner Self Care, LLC will not prescribe controlled substances above the FDA recommended maximum dose.
- 10.** The diagnosis of ADHD is highly subjective and relying solely on a patient's self-reporting of symptoms can lead to overdiagnosis of ADHD. If I feel that there is uncertainty about your diagnosis, you may be referred for "Neuropsychological Testing" with a doctorate level neuropsychologist as this is the gold standard for diagnosing ADHD. Preferably, new patients seeking treatment with me for ADHD will have neuropsychological testing done before their first visit.

CONTROLLED SUBSTANCES AGREEMENT

I have been informed as a patient of Inner Self Care, LLC that individuals who are prescribed certain controlled substances including, but not limited to, narcotic pain medicines, stimulants, benzodiazepine tranquilizers, and barbiturate sedatives, can abuse those substances or may allow abuse by others, and have some risk of developing an addictive disorder or suffering a relapse of a prior addiction. Therefore, I have been informed that it is necessary to observe strict rules pertaining to their use, and I agree to follow the terms and procedures described in this Agreement as consideration for, and as a condition of, the willingness of the provider to consider prescribing or to continue prescribing controlled substances to treat my pain.

1. I will inform my provider of any current or past substance abuse, or any current or past substance abuse of any immediate member of my immediate family.
2. All controlled substances must come from a provider at Inner Self Care, LLC. My controlled substances will come from my Inner Self Care provider, or during his or her absence, by the covering provider, unless specific written authorization is obtained from the office for an exception.
3. I will obtain all controlled substances from the same pharmacy. Should the need arise to change pharmacies, I will inform my Inner Self Care provider.
4. I will inform my Inner Self Care provider of any new medications or medical conditions, and of any adverse effects I experience from any of the medications that I take.
5. I will inform any of my other health care providers of any controlled substances listed above, and of the existence of this Agreement. In the event of an emergency, I will provide the foregoing information to emergency department providers.
6. I agree that my prescribing provider has permission to discuss all diagnostic and treatment details with other health care providers, pharmacists, or other.
7. professionals who provide my health care regarding my use of controlled substances for purposes of maintaining accountability.

8. I will not allow anyone else to have, use, sell, or otherwise have access to these medications. The sharing of medications with anyone is absolutely forbidden and is against the law.
9. I understand that controlled substances may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, and that I must keep them out of reach of such people for their own safety.
10. I understand that tampering with a written prescription is a felony and I will not change or tamper with my doctor's written prescription.
11. I am aware that attempting to obtain a controlled substance under false pretenses is illegal.
12. I agree not to alter my medication in any way, and I will take my medication whole, and it will not be broken, chewed, crushed, injected, or snorted.
13. I will take my medication as instructed and prescribed, and I will not exceed the maximum prescribed dose. Any change in dosage must be approved by my Inner Self Care Provider.
14. I understand that these drugs should not be stopped abruptly, as withdrawal syndromes may develop.
15. I will cooperate with unannounced urine or serum toxicology screenings as may be requested, as well as any random pill counts of medication by my Inner Self Care provider. Failure to comply may result in immediate discharge from the practice.
16. I understand that the presence of unauthorized and/or illegal substances in the screenings described in the paragraph above may prompt referral for assessment for a substance abuse disorder or discharge from the practice.
17. I understand that medications may not be replaced if they are lost, damaged, or stolen. If any of these situations arise that cause me to request an early refill of my medication, a copy of a filed police report or a statement from me explaining the circumstances may be required before additional prescriptions are considered. If I request an early refill secondary to lost, damaged, or stolen prescriptions twice within a year, I may be discharged from the practice.

- 18.** I understand that a prescription may be given early if my Inner Self Care provider or myself as the patient will be out of town when the refill is due. These prescriptions will contain instructions to the pharmacist that the prescriptions(s) may not be filled prior to the appropriate date.
- 19.** If the responsible legal authorities have questions concerning my treatment, as may occur, for example, if I obtained medication at several pharmacies, all confidentiality is waived, and these authorities may be given full access to my full records of controlled substances administration.
- 20.** I will keep my scheduled appointments in order to receive medication renewals. If I need to cancel my appointment, I will do so a minimum of twenty-four (24) hours before it is scheduled.
- 21.** I understand that I may be asked to bring my medications in their original container to my Inner Self Care provider at the office while I am on controlled medication.
- 22.** Unless under special circumstances, refills will not be given over the phone, after office hours, during the weekends, and on holidays.
- 23.** I understand that any medical treatment is initially a trial, with the goal of treatment being to improve the quality of life and ability to function and/or work. These parameters will be assessed periodically to determine the benefits of continued therapy, and continued prescription is contingent on whether my Inner Self Care provider believes that the medication usage benefits me. I will comply with all treatments as outlined by my Inner Self Care provider.
- 24.** I have been explained the risks and potential benefits of these therapies, including, but not limited to, psychological addiction, physical dependence, withdrawal and over dosage.
- 25.** I understand that failure to adhere to these policies and/or failure to comply with physician's treatment plan may result in cessation of therapy with controlled substance prescribing by my Inner Self Care provider or referral for further specialist assessment, as well as possible discharge from the practice.

26. I, the undersigned patient, attest that the foregoing was discussed with me, and that I have read, fully understand, and agree to all of the above requirements and instructions. I affirm that I have the full right and power to sign and be bound by this Agreement.

Prescription Drug Monitoring Program (PDMP):

Inner Self Care, LLC reserves the right to review the South Carolina Prescription Monitoring Program (SCRIPTS) database before prescribing or refilling controlled substances.

Urine Drug Screening:

Random urine drug screening may be required as part of ongoing treatment and medication monitoring.

Early Refill Policy:

Early refills will not be provided except in documented medical emergencies approved at the provider's discretion.

Pharmacy Requirement:

Patients may be required to use a single designated pharmacy for controlled substance prescriptions.

Termination of Controlled Substance Treatment:

Violation of this agreement may result in discontinuation of controlled substance prescribing and/or discharge from the practice.

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") describes how medical, psychiatric and demographic information about you may be used and disclosed and how you may access this information. Please review this document carefully.

If you have any questions about this document, please contact practice manager at (864) 551-8022 or by email at contact@innerself-care.com

Purpose of this Notice

We are required by law to protect certain aspects of your healthcare information known as Protected Health Information ("**PHI**") and to provide you with this Notice of Privacy Practices. PHI as defined under HIPAA is your individually identifiable information relating to your past, present, or future health status and is limited to the information that we create, receive, maintain, or transmit on your behalf. PHI can include health information such as diagnoses, treatment, medical test results, prescription information, legal identification and demographic information such as birth dates, address, phone number, gender, ethnicity, and emergency contact information.

This Notice describes our privacy practices, your legal rights, and details the following:

1. How we may use and disclose your **PHI**
2. How you may access and copy your **PHI**
3. How you may request amendment of your **PHI**
4. How you may request restrictions on our use and disclosure of your **PHI**

How We May Use and Disclose your PHI

We may use your PHI without your written permission in the situations listed below. This is not an exhaustive list of all possible uses or disclosures of your PHI.

For Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services (prescriptions, labs, etc.). This includes coordinating care with other members of your healthcare team.

For Payment: We may use and disclose your PHI to collect payment for treatment and services rendered. The main ways in which these disclosures may occur are:

- Billing your credit/debit card for treatment/services rendered
- Providing a "Superbill" containing your PHI for you to submit to your insurance provider for reimbursement.
- Submitting demographic PHI for collections purposes on unpaid balance.

For Healthcare Operations:

We may use and disclose your PHI for general office operations such as scheduling, appointment reminders (via text, phone, email and patient portal), billing and documenting communications in your patient chart. These uses and disclosures are necessary to run Inner Self Care, LLC in an efficient manner.

As Required by Law:

We may disclose your PHI when required to do so by federal or state laws or regulations. This may include, but is not limited to, disclosures of your PHI in response to a court order, administrative order or subpoena.

In Cases of Imminent Danger to Self or Others:

We may use or disclose your PHI to medical or law enforcement personnel in situations where there is imminent danger to yourself or others or severe decompensation to the point that you are unable to adequately care for yourself. This may include, but is not limited to, disclosure of your **PHI** to your family, emergency contact, law enforcement, emergency medical services (EMS), Emergency Department staff or hospital staff.

Victims of Abuse, Neglect or Domestic Violence:

We may disclose your PHI to the appropriate authorities in the case of abuse, neglect or domestic violence. This may include, but is not limited to, notifying agencies such as CPS (Child Protective Services), APS (Adult Protective Services) or Law Enforcement.

Sale of Practice:

We may use and disclose your PHI to another healthcare facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

Inmates:

If you are an inmate at a correctional facility, we may release your PHI to the correctional facility for the purposes of medical or psychiatric treatment.

Public Health Risks:

We may disclose your PHI to the appropriate public health officials in the following scenarios:

- To prevent or control disease, injury or disability
- To report adverse reactions to medications or defective medical products
- To notify persons about product recalls
- To notify persons about potential exposures to communicable disease or those at risk for contracting or spreading a disease.
- To track products or conduct activities required by the FDA (Food & Drug Administration)

Healthcare Fraud and Abuse: We may disclose your PHI in instances of healthcare fraud and abuse detection or for activities related to compliance with related laws.

Workers Compensation: We may disclose your PHI to Workers Compensation if asked to do so.

Your Rights Regarding Your PHI (Protected Health Information)

Right to Access and Copy Your PHI:

You have the right to access and request copies of your PHI in a format of your choosing (email, fax, paper copy or upload to the patient portal). Most commonly, this means being able to review or receive copies of your office visit notes or billing receipts. Requests must be in writing either via the patient portal or emailing me at contact@innerself-care.com.

Information excluded from your right to access or copy your PHI:

Psychotherapy notes (personal notes of a mental health care provider documenting or analyzing the contents of a therapy session). These are maintained separate from the rest of the patient's medical record. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

Right to Amend Your Pm:

You have the right to request a change or amendment of your PHI maintained by Inner Self Care, LLC if you feel that it is inaccurate or incomplete. Your request must be in writing and you must provide reasons that support your request. If your request is denied, you will be provided a written explanation for the denial. If denied, you have the right to respond with a Statement of Disagreement and this will be included in your medical file.

Requests for amendments may be denied if:

The information was not created or stored by Inner Self Care, LLC It is not part of the PHI that you have the right to access and copy (i.e., psychotherapy notes)
The information is deemed to be accurate and complete.

Right to an Accounting of Disclosures of Your PHI:

You have the right to request an "Accounting of Disclosures" list. This is a list of the disclosures made with your PHI for purposes other than treatment, payment or healthcare operations. Requests must:

1. Be in writing (email or patient portal)
2. Include a timeframe (not to exceed six years)
3. Indicate your preferred format for receiving the information (email, fax, paper copy)

The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions on Your PHI:

You have the right to request a limit on the **PHI** we disclose about you to someone who is involved in your care, such as a family member or friend. You must make your request in writing, and it must specifically include:

1. What information you want to limit
2. Whether you want to limit our use, disclosure, or both
3. To whom you want the limits to apply

Inner Self Care, LLC is not required to agree to these additional restrictions. If these restrictions are agreed upon, we will abide by our agreement (except in the case of an emergency and as designated by law).

Right to Request Confidential Communications on Your PHI:

You have the right to request that we communicate with you only by certain means (phone, text, email) or only at certain locations (home or work). Your request must be in writing. You do not have to state a reason for your request. We will accommodate all reasonable requests.

Right to Request the Notice of Privacy Practices:

You have the right to request this Notice of Privacy Practices (electronic or paper). The most up-to-date version of my Notice of Privacy Practices will be posted on my website.

Complaints:

If you believe that our office has violated your privacy rights, please contact us first so we may clarify or resolve the issue. You may also submit a written complaint to the U.S. Department of Health and Human Services if you feel that your privacy rights have been violated. You will not be penalized or retaliated against for filing a complaint.

Changes to this Notice of Privacy Practices:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to apply these changes to PHI already obtained, as well as any future PHI. We will post a copy of the most up-to-date Notice of Privacy Practices on our website. The notice will contain the effective date at the top of the first page.

HIPPA Privacy Policy

Inner Self Care, LLC complies with the Health Insurance Portability and Accountability Act (HIPAA) and applicable South Carolina privacy laws. Protected Health Information (PHI) may be used or disclosed only for treatment, payment, healthcare operations, or as otherwise permitted or required by law.

Patients have the right to:

- Request access to their medical records
- Request corrections to inaccurate information
- Request restrictions on disclosures
- Receive confidential communications
- Obtain an accounting of disclosures

Electronic communication including email, text messaging, and telehealth platforms may involve certain privacy risks. While Inner Self Care utilizes reasonable safeguards and HIPAA-compliant systems when available, patients acknowledge and accept the potential limitations of electronic communication.

PRACTICE POLICIES

FEES AND PAYMENT FOR SERVICES

- You may be required to pay for services and other fees. This provider may not accept your insurance. You will be provided with these costs prior to beginning treatment. You should also know about the following:
- No-Show and Late Cancellation Fees will result in a \$99 charge on your card on file.
- If you are unable to attend your scheduled appointment, you must contact your provider 24 hours before your scheduled appointment. Otherwise, you may be subject to fees outlined in your fee agreement.
- Balance Accrual is not pennitted
- Full payment is due at the time of your appointment. If you are unable to pay, tell your provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

Administrative Fees

Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.

Insurance Benefits, if applicable before starting treatment, you should confirm if your provider accepts insurance. If insurance is accepted by your treatment provider, it is important to check the following with you insurance company to see if:

Your benefits cover the type of treatment you will receive:

- Your benefits cover telehealth appointments;
- You may be responsible for any portion of the payment; and
- Your Provider is in-network or out-of-network.

Sharing Information with Insurance Companies:

- If your provider accepts and you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

Covered and Non-Covered Services:

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of treatment. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your appointment with your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

Providing this information does not guarantee that your provider accepts insurance. I understand and agree that my provider may not accept my health insurance or health insurance in general. I also understand and agree that I am responsible for payment of services regardless of my provider's status of accepting health insurance.

Payment Methods

The practice may require that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

Credit Card & Payment Authorization

Patients authorize Inner Self Care, LLC to securely maintain payment information on file for outstanding balances, late cancellation fees, administrative fees, copays, deductibles, and non-covered services.

Balances not resolved within the required timeframe may be subject to collections procedures as permitted by law.

Telehealth Services Consent

Patients receiving telehealth services acknowledge and understand:

- Telehealth appointments are provided through secure electronic communication platforms whenever possible.
- Technical failures may interrupt services.
- The provider may determine that an in-person referral or higher level of care is necessary.
- Patients must be physically located in a state where the provider is legally authorized to practice at the time of service.
- Patients are responsible for providing accurate emergency contact information and current location information at each appointment.
- In emergencies, patients should call 911 or go to the nearest emergency room immediately.

Emergency & Crisis Policy

Inner Self Care, LLC is not a crisis or emergency service provider. If a patient is experiencing suicidal thoughts, homicidal thoughts, medical emergencies, or psychiatric emergencies, the patient must immediately call 911, go to the nearest emergency room, or contact the 988 Suicide & Crisis Lifeline.

Records Retention & Release

Medical records are maintained and released in accordance with HIPAA and South Carolina record retention requirements. Requests for records must be submitted in writing and may require identity verification.

Reasonable administrative fees for copying or preparing records may apply as permitted by state and federal law.

Social Media & Communication Boundaries

Providers and staff do not accept friend requests or engage in personal communication with patients through social media platforms. Communication regarding treatment should occur only through approved office communication channels.

Consent for Electronic Communication

By signing practice documents, patients consent to receive appointment reminders, billing notices, and limited healthcare communications electronically through phone, voicemail, text message, email, or patient portal unless otherwise requested in writing.

Acknowledgement

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature/physical signature (patient's choice) to acknowledge this agreement.

Patient Signature

Patient Name (printed)

Date