

Nashville

MENTAL HEALTH PARTNERS

HEALING AND HOPE FOR ADULTS

Intake Paperwork for Psychiatric Services

Practice Policies

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Fee Policy

Nashville Mental Health Partners, PLLC is committed to providing the highest quality, professional psychiatric services. Fees for services are as follows:

Initial Intake (1 hour): \$250

Follow up Appointments (30 min): \$150

After hours emergency call returns: (billed in 5 min increments): \$15/5 min

Payment will be accepted at the beginning of each appointment. If you are unable to pay at the beginning of your appointment, we will have to reschedule. You will owe for that session, as well as the rescheduled session. **We do not accept insurance**; however, we can provide a superbill for you to provide to your insurance for reimbursement. Please allow one week for superbill to be completed and emailed to you.

Cancellation and No-Show Policy

A 24-hour a notice is required to cancel an appointment. Appointments cancelled with less than a 24-hour notice will be counted as a no show and will be required to be paid in full. After two no shows services will be placed on hold and a new intake will be required to resume services.

Late Policy

If you arrive more than 15 min late for a new intake or more than 10 min late for a follow up appointment without prior notice, it will be necessary to reschedule. Payment will still be required for the missed appointment. You will be able to reschedule to be seen at the next available appointment. We appreciate your understanding. All appointments are booked back to back and it is important to provide timely and focused care to all.

Confidentiality

Professional ethics and Tennessee law indicate that the client controls confidential information. This means that as a rule information shared in appointments will be held in confidence. However, there are two exceptions to this general rule. In the case of an emergency where the provider believes the client is at risk of hurting himself or herself or another person, the provider may breach the requirements of confidentiality. Secondly, Tennessee law requires that abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.

In communication, clients sometimes prefer to communicate via email/by phone/text messaging. We do accept this form of communication; however, it is important for the client to understand that email/text/phone calls are not always a secure form of communication. The correspondence is at risk of being intercepted, can possibly be monitored by outside sources and human error could result in someone else receiving the email/phone call or text other than the intended provider. If the client chooses to correspond with the provider, via email/text or by phone, the messages and emails may be printed off and kept in the client's file.

Finally, once the client signs this form, the client acknowledges that Nashville Mental Health Partners and its affiliated providers work with a supervising psychiatrist as stated in the supervising physician agreement.

Professional Services

Each provider individually schedules available appointment times. Phones are answered and messages returned Monday through Thursday 9:00-4:00. Calls received after hours will be forwarded to the after-hours call service and returned based on need. Charges for after-hours communication are listed above. The phone number you can reach us at is **615-422-5056**. You may also reach our practice providers via email at MiriamMRose@protonmail.com or Kristian.Beach@protonmail.com or CrystalJohnsonNMHP@ProtonMail.com

We are available after hours from 4PM -9PM for emergency needs only. If you are unable to reach us in the case of an emergency, you may obtain assistance by calling the crisis help line at 615-244-7444 or dialing 911 or presenting to your nearest emergency room. **There may be times when we are with clients or after hours when we may not be able to respond to calls or emails in a timely manner; therefore do not email or rely solely on phone correspondence when you are in crisis or feeling suicidal, overwhelmed, or unsafe. Please dial 911, the crisis line at 615-244-7444 or present to your nearest emergency room. Our website www.NashvilleMental-HealthPartners.com has an emergency resources tab as well.**

Prescription refill requests will be honored during each provider's regular office hours. Please have your pharmacy fax a refill request and we will respond as we are able. Controlled substances will not be filled outside of regular office hours. Thank you for your cooperation and understanding.

Benefits and Risks of Psychiatric Services

Persons contemplating psychiatric services should realize that they might make significant changes in their lives. People often modify their emotions, attitudes and behaviors. They may also make changes in their significant relationships. While we will assist the client in effective change, we cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

General Consent for Treatment

I request and authorize health care services by my provider and his/her designee(s) as my provider may deem advisable and in my best interest. This may include routine diagnostic, radiology and laboratory procedures, and medication administration.

I understand that excluding emergency or extraordinary circumstances, no substantial treatment or procedure will be performed without providing me the opportunity to give informed consent for that procedure or treatment. Informed consent means the medical provider must disclose information to me including expected benefits and risks of a treatment or procedure. This understanding includes that no research or experimental procedures may be done without my knowledge or consent.

Credentials

Our passion is to partner with individuals through their healing journey, utilizing medication management as a piece of the puzzle, to provide holistic, person-centered care.

Crystal received her Bachelor of Science in Nursing in 2010 from Tennessee State University. She began her nursing career in an inpatient psychiatric setting -working with the adolescent population with a wide range of disorders. She expanded her experience in this setting to include adults struggling with mood, anxiety, psychotic, and substance use disorders, incorporating psycho-pharmacologic, psychotherapeutic, and alternative therapies including electro-convulsant treatment (ECT). She has also worked in medical surgical nursing, working with patients with a wide range of chronic illnesses. She later obtained her Master's of Science in Nursing in 2014 - with a concentration in family medicine. She has experience working with patients who struggle with chronic pain and the impact that it has on their quality of life and social/family dynamics. Most recently she transitioned into the field of integrative and holistic medicine with the goal of treating the total person, focusing on mind, body and spirit. She is currently enrolled in a post-master's program with Maryville University, anticipating certification in psychiatric mental health nursing. She is passionate about bringing awareness to psychiatric disorders, trauma, and the impact it has on individuals. Providing education, awareness, and treatment via a holistic approach for management of mental health disorders by bringing balance and awareness to the lives of her clients is Crystals goal.

Kristian received her Bachelor of Science in Nursing (BSN) from Belmont University in 2010 and Doctor of Nursing Practice (DNP) from Belmont University in 2018 with a research focus on maternal health and breastfeeding. Kristian's nursing experience includes work with individuals with severe and persistent mental health needs, as well as in medical-surgical nursing, women's health, and dermatology. Kristian is currently an instructor for Belmont University School of Nursing. She specializes in psychiatric medication management for the adult population, partnering with individuals to provide holistic, patient-centered care. She has completed the Post-partum Support International Perinatal Mood Disorders Training, including Perinatal Mental Health Psychopharmacology.

Miriam Rose AKA "Mimi" Rose received her BSN from Belmont's accelerated 2nd degree program in 2010. For her undergraduate degree, she went to the University of Georgia in Athens where she obtained a Child and Family Development degree. She received her Masters of Science in Nursing as a Family Nurse Practitioner from Middle Tennessee State University in 2014. Since becoming a healthcare professional, she has worked at Vanderbilt University Medical Center as a Registered Nurse in Inpatient Cardiology, and in Inpatient Psychiatry for both Vanderbilt Psychiatric Hospital and Parallon Workforce Solutions. As a Nurse Practitioner, she has worked for a psychiatric private practice diagnosing and prescribing for a variety of mental health needs. She has experience serving the working uninsured population - treating their psychiatric conditions as well. She has practiced at an integrative/holistic health private practice, and currently works at Belmont in the School of Nursing as a full time instructor in the mental health department. Her passion is health promotion and disease prevention - and taking a primarily holistic approach to treatment.

The providers of Nashville Mental Health Partners are supervised by Dr. John Koomen, MD per Tennessee Code Annotated.

Do you have any questions about fees, confidentiality, or other matters? Yes _____ No _____

Do you agree with the conditions and provisions of these practice policies? Yes _____ No _____

I give permission for Nashville Mental Health Partners, PLLC to communicate with me via email.

Yes _____ No _____ Phone only _____ Email only _____

I give permission for Nashville Mental Health Partners, PLLC to leave voice messages and/or text messages regarding my care.

Yes _____ No _____ Voicemail only _____ Text Only _____

Client/Guardian Signature: _____ Date: _____

Social Media Policy

This document reflects our policies related to the use of social media. As new technology develops and the internet changes, we will update this policy accordingly.

Friending

We do not accept friend requests from current, recent, or former clients on any social networking site. We believe adding clients as friends of these sites can compromise client confidentiality and client's respective privacy. It may also blur the boundaries of the therapeutic relationship.

Fanning/Liking

Nashville Mental Health Partners, PLLC keeps a Facebook page and website to inform people of events and topics of concern in the Mental Health Field. However, we do not accept clients as Fans on our personal social media sites. We believe having clients as fans creates a greater likelihood of compromising client confidentiality and we feel it is best to be explicit to all who may view our list of Fans/Likes to know they will not find client names on that list. **Note:** Anyone can view and Fan/Like the Nashville Mental Health Partners, PLLC's social media sites. However, we do not accept friend requests to protect the confidentiality of clients. Please note that all social media sites may be viewed by the public and anything you should "comment" or "like" will have your name listed on the page. You are always free to view our social media sites without liking or commenting.

Interacting

Clients are not to use messaging on social media sites such as Facebook, Twitter, Instagram, or LinkedIn to contact me. These sites are not secure and we may not read these messages in a timely manner. Do not use wall posts, @replies, or other means of engaging with us in public online if we have an already established client/provider relationship. Engaging with us in this way could compromise confidentiality. It may also create the possibility that these exchanges become a part of the client's legal medical record and will need to be documented and archived in the chart. If clients need to contact us between appointments, the best way to do so is by phone or email per practice policies above. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of our practice to search for clients on Google, Facebook, or other search engines. Extremely rare exceptions may be made during times of crisis. If we have reason to suspect that a client is in danger and we have not been able to make contact with a client via our usual means (coming to appointments, phone, email) there might be an instance in which using a search engine becomes necessary as part of ensuring client safety. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with our client when we next meet.

Email & Text Messaging

Email & text messaging are not completely secure or confidential. For those who choose to communicate with me by email, be aware that all emails are retained in the logs of your and our Internet service providers and phone service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider and phone service provider. Emails and text messages we receive from clients and former clients along with any responses that are related to treatment and diagnosis may be printed and kept in respective treatment records.

Conclusion

Thank you for taking the time to review our social media policy. If you have any questions or concerns about any of these policies and procedures or regarding our potential interaction on the internet, please bring them to our attention so we can discuss them.

Client(s) Signature(s): _____

HIPAA Privacy Practices

We are required by law to follow the practices described in this letter. This letter is a summary of our Privacy Practices, but does not replace the full version, which has been made available to you. This notice applies to personal medical/mental health information that we have about you, and which are kept in or by this facility. With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to obtain your authorization. We can use your protected health information and share it with members of our organized healthcare arrangement (like a community provider). Neither this pamphlet nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Office for this facility.

Who has access to your Personal Information?

Medical/Mental Health information about you can be used to:

- Plan your treatment and services. This includes releasing information to qualified professionals who work at our facility and are involved in your care or treatment. It may also include provider agencies that we pay to provide services for you. We will only release as little as possible for them to do their jobs.
- Submit bills to your insurance, Medicaid, Medicare, or third-party providers.
- Obtain approval in advance from your insurance company.
- Exchange information with Social Security, Employment Security, or Social Services.
- Measure our quality of services.
- Decide if we should offer more or fewer services to clients.

Without your permission we may use your personal information:

- To exchange information with other State agencies as required by law.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To inform you about possible treatment options.
- To send you appointment reminders
- For agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- As required by State, Federal, or local law. This includes investigations, audits, inspections, and licensure.
- When ordered by a court to do so.
- To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To communicate with coroner, medical examiners, and funeral homes when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

What are your Rights?

- To see and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake, or something is not complete.
- You must make this request in writing. We may deny your request if:
 - We Did not create the entry
 - The information is not part of the file we keep; or
 - The information is not part of the file that we would let you see; or
 - We believe the record is accurate and complete.
- To know whom, we have sent information about you for up to the last six years.
- The first request in a 12-month period is free. We may charge you for additional requests.
- To limit how we use or disclose information about you. For example-not to release information to your spouse or a provider agency. This must be made in writing, as we are not required to agree to your request.
- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To tell us (authorize) other released of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

Client(s) Signature(s): _____

Date: _____

I acknowledge that I have received a copy of Nashville Mental Health Partners, PLLC's Practice Policies and HIPPA agreements.

Client(s) Printed Name(s): _____

Client(s) Signature(s): _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Practice Policies and HIPPA agreements, but acknowledgement could not be obtained because:

1. Individual Refused to Sign _____
2. Communication barriers prohibited obtaining acknowledgement _____
3. An emergency prohibited obtaining acknowledgement _____
4. Other (please specify): _____

Informed Consent for Treatment

I _____ agree to consent to participate in behavioral care services offered and provided by the physician, a behavioral healthcare provider. I understand that I am consenting and agreeing only to those services that the provider is qualified to provide within: (1) the scope of the provider's license, certification, and training; (2) the scope of license, certification, and training of behavioral healthcare providers directly supervising the services received by the patient.

If the patient is under the age of eighteen (18) or unable to consent for treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and / or legally authorized to initiate and consent on behalf of this individual.

_____ Signature _____ Date

Relationship to Patient: _____

Medication Consent

The providers at Nashville Mental Health Partners, PLLC have educated me regarding the medication that has been prescribed to (Please check one of the following) _____ Me, _____ My Child, or _____ A person for whom I am the legal guardian and I consent to the administration of this medicine. I have been educated regarding the possible side effects of this medication, possible drug and / or food interactions that may occur while taking this medication and the possible effects if the person taking this medication becomes pregnant. I have also been informed of the reason or purpose for which this medication was prescribed.

Patient Name: _____

Patient / Legal Guardian Signature: _____

Provider's Signature: _____

Date: _____

Note:

It is recommended that women who are or may become pregnant, or are breast-feeding, discuss this with their physician before taking any medication. It is recommended that patients be educated on reporting all side effects they experience, including, but not limited to, which side effects to report immediately to a health care provider.

It is recommended that any provider prescribing medications obtain a thorough patient history that should include (but may not be limited to):

1. What medications, including prescribed and over-the-counter medications, the patient is or has been taking,
2. What food and drug allergies the patient has,
3. What medical conditions the patient has.

Adult Client Intake Form

1. Patient Contact Information

Patient Name _____ Preferred Name _____

Address _____

Best contact phone number: _____

Email address: _____

Primary Care Physician: _____ Tel _____ -

Fax _____

Pharmacy _____ Phone# _____

2. **Date of Birth** _____

3. **Current marital status (Check one):**

Single, never married _____ Married, living together _____ Separated _____

Widowed _____ Cohabiting with partner _____ Divorced _____ Married, not living together _____

4. **How many children do you have?** _____

5. **Spouse's/Partner's Name** _____

6. **Who else lives with you?** _____

7. **How many years of formal education have you completed?** _____

8. **Highest degree obtained: (Circle only one)**

High school graduate G.E.D. 4-year college degree M.B.A./M.A./M.S./M.P.H. M.D.

Junior college degree or technical school diploma J.D./LL.B. PhD Other _____

9. **Current Residence (circle one)**

Own my house/ condo Retirement Complex/Senior Housing RENTING Apartment /Condominium

10. **Are you currently seeing a therapist?**

(Name/contact#) _____

Have you ever seen a psychiatrist/psychotherapist before?

If yes, please list: _____

Previous history: Have you ever been treated for any of the following (check all that

apply):

- Depression Anxiety Panic Attacks Anorexia/ Bulimia
- ADHD OCD PTSD
- Binge-eating
- Bipolar (Manic / Depressive) Disorder Schizophrenia Alcohol Problems (including AA)
- Drug Problems ECT treatment

Please list in chronological order all prior psychiatric hospitalizations (if any) below: None

Approximate Date _____ **Length of Stay** _____ **Name of Hospital** _____
Reason for Admission _____

Have you ever attempted to harm/kill yourself? If so, please list the occurrences below: Never

Approximate date of attempt _____ **how did you attempt (method)?**

Please List all current medications below (include birth control pills, over the counter medication and herbal remedies (i.e. decongestants, St. John's Wort etc)
Name of Medication Dosage (Mg) Administration (once daily/at night etc.)

Any Side effects:

Prescribing Provider: _____

Family History:

Has anyone in your family ever been treated for any of the following (please circle all that apply and when appropriate indicate paternal or maternal)?

Depression
Anxiety
Panic Attacks
Posttraumatic stress
Bipolar/Manic depression
Schizophrenia
Alcohol Problems
Drug problems
ADHD
Suicide attempts
Psychiatric hospital stays

Medical History: Do you have, or have you ever had any of the following (please circle all that apply)?

High Blood Pressure
Lung Disease
Diabetes
Heart Disease
Thyroid Disease
Anemia
Asthma
Skin Disease
Seizures
Gastrointestinal Problems (ulcers, pancreatitis, irritable bowel, colitis)
Arthritis or Rheumatoid Problems
Liver Damage or Hepatitis
Other Endocrine/Hormone Problems
Neurological Problems (stroke, brain tumor, nerve damage)
Gynecological / hysterectomy
Urinary Tract or Kidney Problems
Migraine or Cluster Headaches
Ear/Nose/Throat Problems
Viral illness (herpes, Epstein-Barr, chronic hepatitis)
Cancer
Genital Problems
Eating Disorder
Eye Problems
Chronic pain
Fibromyalgia
HIV Positive or AIDS
Head Injury
High Cholesterol
Sleep apnea

Please circle any currently used substances and note frequency of use:

- Alcohol
- Nicotine
- Cocaine
- Amphetamine Or Speed
- Marijuana
- Diet Pills
- Hallucinogens (LSD, mushrooms, Mescaline)
- Ecstasy
- Diuretics
- Tranquilizers
- Pain Pills
- Inhalants
- Sleeping Pills
- Laxatives
- PCP or Angel Dust
- IV Drug use
- Heroin
- GHB
- Anabolic Steroids
- Caffeine (coffee, Tea, cola's, iced tea)
- Benzodiazepines (xanax, valium, ativan, Restoril, Librium)
- Other:

Are you allergic to any medication or food? If so, please list below

Last menstrual period (if applicable) _____

Contraceptive method: _____

you currently breastfeeding? Yes _____ **No** _____

Emergency contact: _____ **Phone #** _____