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[ClientName]

Practice Policies

Welcome to Tide & Branch Psychiatry, LLC. These policies are in place to help us provide safe, respectful, and consistent care. By scheduling and attending appointments, you acknowledge and agree to follow these guidelines.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

If you need to contact us between appointments, please leave a message on our voicemail or email us at contact@tideandbranchpsychiatry.com. Your provider is often not immediately available; however, front office staff will attempt to return your call or respond to your email within 24 hours. If a true emergency situation arises, please call 911 or go to any local emergency room.

Non-Emergency, Refill Request, & Scheduling Policy

Tide & Branch Psychiatry is an outpatient psychiatric practice that provides scheduled mental health evaluations, medication management, and ongoing treatment by appointment only. **We are not an emergency clinic** and do not provide urgent care, walk-in visits, or same-day appointments.

All appointments must be scheduled in advance. Due to the nature of psychiatric care and our appointment structure, we are unable to offer same-day appointments. We encourage patients to schedule follow-up visits well before running out of medication or before significant life events that may require additional support.

Medication refills should be requested at least **three (3) business days** before your supply runs out. Requests must be made through the secure patient portal, by email, or by calling the office during business hours. Refill requests will not be processed after hours, on weekends, or on holidays. Certain medications, especially controlled substances, may require an appointment before a refill can be authorized. Failure to attend scheduled appointments, complete required labs, or comply with your treatment plan may delay or prevent prescription refills.

If you are experiencing a psychiatric or medical emergency, including thoughts of harming yourself or others, you should immediately call **988**, dial **911**, or go to your nearest emergency department. You may also contact the Suicide and Crisis Lifeline by calling or texting **988** or using the webchat at **988lifeline.org**.

Patient Code of Conduct

At Tide & Branch Psychiatry, we are committed to providing a safe, respectful, and supportive

environment for all patients, visitors, and staff. To maintain this standard, we ask every patient to follow the guidelines below.

Patients are expected to treat staff, other patients, and visitors with courtesy and respect at all times. Disruptive, threatening, harassing, discriminatory, or violent behavior, whether verbal, physical, or written, will not be tolerated. This includes the use of offensive language, intimidation, or any form of abuse toward staff or others.

The possession of weapons, illegal substances, or being under the influence of alcohol or illicit drugs while on practice premises (or during telehealth visits) is strictly prohibited. Service animals are welcome; however, emotional support animals must comply with all applicable state and federal guidelines.

Failure to follow this Code of Conduct may result in warnings, changes to the method of service delivery (such as telehealth only), or termination of care when appropriate. Our goal is to foster a therapeutic relationship built on mutual trust, respect, and collaboration.

Disability/FMLA Requests

Requests for Disability, Family and Medical Leave Act (FMLA), or other medical certification forms must be discussed during a scheduled appointment. We require at least **10 business days** to complete these forms.

You must be an **active patient for at least six (6) months** and engaged in ongoing treatment before we can consider completing disability or FMLA documentation. Patients must attend appointments as recommended and provide any necessary supporting information.

Form completion is based on clinical judgment and is not guaranteed. Fees may apply if not covered by insurance. Requests will not be completed for patients who are not currently under our care.

Minors

Patients under 18 must have a parent or legal guardian's consent before starting treatment. Proof of guardianship may be required. A parent or guardian should attend the initial evaluation and may be asked to join follow-up visits as needed.

If you are a minor, your parents/guardians may be legally entitled to some information about your treatment/therapy. Your medical practitioner/therapist will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential. Confidentiality for minors will be respected in line with the law, but safety concerns will always be shared with a parent or guardian. In cases of shared or contested custody, legal documentation of consent rights must be provided before treatment begins.

Termination

Ending relationships can be difficult. In certain situations, it may be necessary to end the treatment relationship. Reasons for termination may include, but are not limited to: repeated missed appointments or late cancellations, nonpayment of fees, noncompliance with treatment recommendations, disruptive or threatening behavior, misuse of prescriptions, or violation of practice policies.

Whenever possible, patients will receive written notice of termination and, when clinically appropriate, a referral to other providers. In emergency or safety situations, termination may be immediate. Patients are encouraged to maintain continuity of care by establishing with a new mental health provider or therapist

promptly if treatment is ended at this practice.

By receiving care at Tide & Branch Psychiatry, you agree to follow these policies. We appreciate your cooperation in helping us maintain a safe, respectful, and effective treatment environment for all.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

If you are a parent or guardian, please state your child's name here:

PATIENT OR LEGAL GUARDIAN Signature

Date