RESOLUTIONS
WELLNESS GROUP

Practice Policies

Patient Handbook & Clinic Operation Policy Document

Effective Date: _____ Version: _____ Supersedes All Prior Versions

Patient Information

Full Legal Name (Last, First, Mi):

_____

Date of Birth: _____ Chart #: _____ Date Policies Reviewed: _____

Welcome to Resolutions Wellness Group

At **Resolutions Wellness Group**, we believe that **recovery is possible for every person**, and that every person deserves compassionate, evidence-based care delivered without judgment. We are an outpatient addiction medicine and psychiatric services clinic serving individuals living with **Substance Use Disorders (SUDs)** and co-occurring mental health conditions. Our integrated approach combines **Medication for Opioid Use Disorder (MOUD/MAT), psychiatric medication management, and coordinated behavioral health support in a stigma-free, recovery-focused environment.**

These Practice Policies have been developed to support the safety, wellbeing, and recovery of every patient we serve - and to ensure that our clinic can continue providing high-quality, sustainable care to our community. We ask all patients to read these policies carefully, ask any questions you may have, and retain this document for future reference. **These policies apply to all patients receiving any services at Resolutions Wellness Group.**

We are honored to be part of your recovery journey. If you ever have questions, concerns, or need support, please do not hesitate to reach out to any member of our care team.

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SECTION 1 - CLINIC INFORMATION AND HOURS

1.1 - Contact Information

Clinic Name: **Resolutions Wellness Group**
Address: _____
City: _____
State: _____
ZIP: _____
Main Phone: _____ Fax: _____
Patient Portal : _____
Website: _____
After-Hours / On-Call Line: _____
Medical Records / ROI Requests: _____
Billing / Financial Questions : _____

1.2 - Office Hours

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	**Closed**

1.3 - Holiday Closures

The clinic observes the following federal and state holidays. The annual closure schedule will be posted in advance:

- New Year's Day
- MLK Day
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

Holiday closure notices will be provided at least **two (2) weeks in advance**. Patients with prescription needs prior to a holiday should communicate those needs at least **5 business days before** the scheduled closure.

1.4 - After-Hours and Emergency Coverage

After-hours clinical concerns:

EMERGENCY:

If you are experiencing a psychiatric or medical emergency, call **911** or go to your nearest emergency room immediately.

988 - Suicide and Crisis Lifeline (call or text, 24/7)

Crisis Text Line: Text HOME to **741741**

Poison Control: 1-800-222-1222

Texas Opioid Help Line: 1-800-584-1330

SECTION 2 - Appointment Policies

2.1 - Scheduling Appointments

Appointments may be scheduled by phone, through the patient portal, or in person during clinic hours. **New patients should plan to arrive 20-30 minutes early** to complete intake paperwork. Please bring a **valid photo ID**, your **insurance card**, and a **complete list of current medications** to every visit.

2.1 - Scheduling Appointments

Appointment Type	Approximate Duration
New Patient Intake / Evaluation	Minutes:
Follow-up MAT / MOUD	Minutes:
Psychiatric Medication Management Follow-up	Minutes:
Telehealth Visit	Minutes:
Urgent / Same-Day Visit (when available)	Minutes:

2.3 - Cancellation and No-Show Policy

We understand that life circumstances can make it difficult to keep appointments. We ask that you notify us of a cancellation **at least 24 hours in advance** whenever possible, so that we may offer your appointment time to another patient in need**.**

No-Show Definition: A no-show is defined as missing a scheduled appointment without notifying the clinic beforehand.

No-Show Fee: ____ Yes - Fee: $_____

____ No fee at this time

Late Cancellation Fee (less than hours notice):

____ Yes - Fee: $_____

____ No fee at this time

Consequences of repeated no-shows or late cancellations:

- **1st no-show:** Documented in chart; patient contacted to reschedule.
- **2nd no-show within months:** Written notice issued; patient required to reschedule within days or may lose their appointment slot.
- **3rd no-show within months:** Clinical review initiated; patient may be transitioned to a more structured visit schedule or referred to a higher level of care. Prescriptions for controlled substances may be held pending in-person evaluation.
- **Consistent no-shows:** May result in discharge from the practice with appropriate notice and referral.

Clinical Note:

No-show policies are applied with clinical judgment. Patients experiencing acute crises, hospitalization, or transportation emergencies should contact the clinic as soon as possible. Documentation of such circumstances will be considered.

2.4 - Late Arrival Policy

Patients arriving more than _____ minutes late may be asked to reschedule, as a shortened appointment may not allow for safe medication management or complete clinical evaluation. This is especially critical for MAT/MOUD visits where medication decisions require adequate assessment time.

2.5 - Telehealth Appointments

Telehealth visits are available for eligible patients. Please refer to your signed Consent for Telehealth Services for complete details. Patients should log on 5 minutes before their scheduled telehealth appointment time. Repeated failure to connect at the scheduled time will be documented and treated as a no-show.

SECTION 3 - Medication Policies

3.1 - Controlled Substance Prescribing

Resolutions Wellness Group prescribes controlled substances - including buprenorphine ***(Schedule III)***, stimulants for ADHD ***(Schedule II)***, and other Schedule IV medications - in strict compliance with DEA regulations, the Texas Controlled Substances Act ***(Texas Health and Safety Code Chapter 481)***, and applicable SAMHSA clinical guidelines.

All patients receiving controlled substances must:

- Have a sighed **MOUD Treatment Agreement or Controlled Substance Agreement** on file.
- Comply with all urine drug screening **(UDS)** requirements.
- Consent to Texas PMP ***(PMP AWARxE)*** review at each visit.
- Take medications **only** as prescribed - no dose adjustments without provider approval.
- Not obtain the same or similar controlled substances from any other prescriber without full disclosure to this clinic.

3.2 - Prescription Refill Policy

Prescriptions are issued **only at scheduled clinic visits**. Refills will not be provided outside of a scheduled appointment except in documented emergencies at provider discretion.

Controlled substance prescriptions will **NOT** be called in, faxed, or sent to the pharmacy outside of a visit without a specific documented clinical reason.

Requests for **early refills** will be evaluated individually and are generally not granted without clinical justification ***(e.g., documented theft with police report, natural disaster declaration)***.

Patients who repeatedly request early refills may be subject to increased monitoring or changes to their treatment plan.

Allow a minimum of ____ business days for non-urgent prescription processing or prior authorization requests.

3.3 - Lost, Stolen, or Damaged Medications

Lost or stolen medications are **generally not replaced early**. Contact the clinic immediately if medication is lost or stolen.

A police report or sworn written statement may be required for stolen medications before any consideration of early replacement.

Patients who frequently report lost or stolen medications may be subject to additional monitoring, shorter supply intervals, or changes to their treatment plan.

Damaged medications ***(e.g., dissolved film strips, broken tablets)*** should be brought to the clinic for documentation before replacement is considered.

3.4 - Prescription Monitoring Program (PMP)

Texas law ***(Texas Health and Safety Code §481.076)*** requires providers to review the **Texas PMP (PMP AWARxE)** before prescribing Schedule II-1V controlled substances. By enrolling in care at this clinic, all patients authorize PMP review at every visit. Undisclosed controlled substance prescriptions from other providers identified in the PMP will be addressed clinically. Multiple prescriber or multiple pharmacy patterns will trigger a clinical review and may result in changes to the treatment plan.

3.5 - Medication-Specific Policies

Buprenorphine / Suboxone / Sublocade:

Sublingual films or tablets must be **dissolved completely under the tongue** and must not be swallowed, injected, crushed, or shared.

Injectable Sublocade is **administered in-clinic only** - there is no take-home supply.

Buprenorphine diversion is a federal and state crime. Evidence of diversion results in immediate clinical review and may result in discharge.

Naltrexone / Vivitrol:

Vivitrol injections are **administered in-clinic only**.

The patient must be **opioid-free for at least 7-10 days** (short-acting opioids) or 10-14 days (long-acting opioids) before initiation.

Using opioids while on naltrexone **is dangerous.** Opioid tolerance is significantly reduced, and overdose risk increases substantially after a missed injection.

Stimulants (if prescribed):

Stimulants are Schedule II medications and require a separate **Controlled Substance Agreement.**

Stimulants are prescribed with clinical caution in patients with active SUD history. Prescription decisions are individualized.

Random pill counts may be requested at any visit without prior notice.

Benzodiazepine Policy:

Benzodiazepines are **generally not prescribed** to patients with active Substance Use Disorder due to the significant risk of respiratory depression, overdose, and medication misuse.

If a patient receives a benzodiazepine from ***another provider*** for a documented psychiatric indication, they must disclose this at every visit and sign a **Co- Prescribing Risk. Acknowledgment.** Undisclosed benzodiazepine use will be addressed clinically and may result in changes to the treatment plan.

SECTION 4 - URINE DRUG SCREEN (UDS) POLICY

4.1 - Purpose

Urine drug screening (UDS) is a **standard, evidence-based component of addiction medicine care**. UDS is used to support treatment decisions, monitor medication adherence, and identify safety concerns. It is not used as punishment. All patients receiving controlled substances or MAT/MOUD at Resolutions Wellness Group are required to participate in UDS monitoring as a condition of care.

4.2 - Frequency

UDS frequency is determined by the provider based on clinical need and recovery stability:

Every visit Random (unannounced) Monthly Per protocol: Random UDS may be requested at any visit without prior notice. **Patients should be prepared for UDS at every appointment.**

4.3 - Collection Procedures

- UDS specimens are collected in-clinic. Collection area privacy is maintained at all times.
- Observed collection may be required at clinical discretion or following a specimen validity concern.
- Specimens must be within an **acceptable temperature range of 90- 100°F** to be considered valid.
- Point-of-care (POC) testing is performed in-clinic. Confirmatory laboratory testing (GC-MS / LC-MS) may be ordered for disputed or clinically significant results.

4.4 - Specimen Validity - Invalid or Manipulated Specimens

- The following will be treated as clinically equivalent to a **positive result for non- prescribed substances** and will be addressed through the treatment plan:

- Refusal to provide a specimen.
- Specimen collected outside the acceptable temperature range (90-100°F) or Adulterated specimen (abnormal creatinine, pH, oxidants, or other validity markers).
- Dilute specimen (creatinine < 20 mg/dL or specific gravity < 1.003) - a repeat UDS may be requested.

4.5 - UDS Results and Clinical Response

- **A positive UDS for illicit substances does not automatically result in discharge**. Results are addressed through the treatment plan, which may include increased monitoring, counseling referral, or level of care adjustment.
- **A negative UDS for a prescribed MOUD medication** is a clinical concern and may indicate medication non-adherence or diversion. It will be addressed through immediate clinical review.
- **All UDS results** are documented in the medical record and are protected under **42 CFR Part 2.**

SECTION 5 - PATIENT CONDUCT AND OFFICE ENVIRONMENT POLICY

5.1 - Respectful Environment

Resolutions Wellness Group is committed to maintaining a safe, welcoming, and respectful environment for all patients and staff. We ask that all individuals in our clinic treat one another with dignity. Discriminatory, harassing, threatening, or violent behavior toward any person - including staff, providers, or other patients -will not be tolerated.

5.2 - Zero Tolerance for Violence and Threats

Any act or credible threat of physical violence, verbal abuse, intimidation, or harassment directed at staff or other patients is grounds for immediate discharge from the practice

- Law enforcement will be contacted when appropriate.

5.3 - Arriving to Appointments

Patients are asked to arrive **sober and not visibly under the influence** of alcohol or illicit substances.

A patient who arrives visibly intoxicated or impaired may not be seen for a routine visit and will be **assessed for immediate safety** and referred to appropriate care.

This is a ***safety policy***, not a punitive one. Patients will never be turned away from emergency safety assessment.

5.4 - Cell Phone and Electronic Device Use

Please silence cell phones during your visit out of respect for other patients. **Photography and video recording within the clinic are strictly prohibited** to protect the privacy of all patients and staff.

5.5 - Weapons Policy

No weapons of any kind are permitted on clinic premises, consistent with applicable Texas law and this clinic's safety policy. This applies to all individuals, including those with a concealed carry permit, unless an exception is required by law.

5.6 - Children and Guests

Patients are welcome to bring a support person to their appointment - please notify the clinic in advance when possible. Children must be **supervised at all times.** To protect clinical integrity and patient privacy, the provider may ask guests to wait in the reception area during the clinical portion of the visit.

5.7 - Waiting Room

Our waiting room is a shared, recovery-supportive space. Please be mindful of the privacy and comfort of those around you. Personal phone conversations should be taken outside. Recovery-related materials and resources are available in the waiting area for all patients.

SECTION 6 - CONFIDENTIALITY AND PRIVACY POLICIES

6.1 - HIPAA

All patient health information is protected by the **Health Insurance Portability and Accountability Act (HIPAA)**. A copy of our Notice of Privacy Practices is provided at intake and is available upon request at any time. We will not share your health information without your written authorization, except as permitted or required by law.

6.2 - 42 CFR Part 2 - SUD Record Protection

Important:

Records related to your substance use disorder treatment are protected by the stricter federal confidentiality law, 42 CFR Part 2.

- These records cannot be shared with employers, law enforcement, courts, family members, or other providers without your specific written authorization, except in a documented medical emergency or pursuant to a court order specifically authorizing such disclosure.

Your SUD records cannot be used to investigate or prosecute you for a drug offense.

6.3 - Texas Mental Health Records (§611)

Records related to your **mental health and psychiatric treatment** are additionally protected under Texas Health and Safety Code §611 and require your written authorization for release, with limited exceptions including emergency situations, court orders, or mandatory reporting obligations.

6.4 - Mandatory Reporting Obligations

Texas law requires this clinic to report certain information regardless of patient consent. These situations include:

- Suspected **abuse, neglect, or exploitation of a child** (Texas Family Code §261).
- Suspected **abuse, neglect, or exploitation of an elderly or disabled adult** (Texas Human Resources Code §48).
- **Imminent threat of serious harm to an identifiable third party** (Tarasoff duty-to-warn obligation - Texas H&S Code §611.004).
- Certain **communicable diseases** as required by Texas DSHS reporting rules.

6.5 - Release of Information

To release your records or clinical information to any outside party, a completed and signed **Authorization for Release of Information (ROI)** form is required. Verbal requests for records cannot be honored. Please allow sufficient processing time for all record releases (see Section 9).

6.6 - Patient Portal

When available, patients are encouraged to use the secure patient portal for messaging, appointment scheduling, and accessing records. Patients are responsible for maintaining the security of their login credentials. Do not share your portal login with anyone, including family members, without the clinic's guidance.

SECTION 7 - TELEHEALTH POLICY

7.1 - Telehealth Eligibility

Telehealth visits are available for established patients who are clinically stable and meet eligibility criteria determined by the treating provider. Not all clinical services are available via telehealth. New patient evaluations may require an initial in-person visit depending on the service type and applicable federal and state regulatory requirements.

7.2 - Platform and Technology Requirements

Telehealth visits are conducted via a **HIPAA-compliant, encrypted video platform**. Patients must have access to a device with a working camera and microphone, and a reliable internet or cellular data connection. Platform access instructions will be provided at scheduling.

7.3 - Location Requirement

Texas Location Requirement:

Patients must be physically located within the State of Texas at the time of any telehealth visit. Out-of-state visits cannot be accommodated under this clinic's licensure. Patients who relocate outside Texas must notify the clinic and discuss continuity of care options.

7.4 - In-Person Requirements During Telehealth Care

Telehealth does not eliminate all in-person clinical obligations. Patients receiving MOUD via telehealth must:

- Complete **in-person UDS** as clinically scheduled.
- Attend in-person visits for **injectable medication administration** (Vivitrol,Sublocade).
- Comply with any in-person visit requested by the provider based on clinical judgment.

7.5 - Full Telehealth Policy

Patients must review and sign the separate **Consent for Telehealth Services** form for complete policy details, including consent for recording, technical troubleshooting, and emergency procedures during a telehealth session.

SECTION 8 - FINANCIAL AND BILLING POLICIES

8.1 - Insurance and Coverage

Resolutions Wellness Group accepts the following insurance plans:

Patients are responsible for **verifying their insurance benefits** prior to their visit. Insurance coverage varies by plan and not all services may be covered. Our billing team is available to assist with coverage questions.

8.2 - Co-pays, Deductibles, and Outstanding Balances

- **Co-pays are due at the time of service.**
- Outstanding balances are due within days of statement receipt.
- Accounts with balances over days may be referred to a collection agency after written notice.

8.3 - Self-Pay / Uninsured Patients

Self-pay rates are available for patients without insurance coverage. Please contact our billing department for the current self-pay fee schedule. Payment is due at the time of service for self-pay patients.

8.4 - Sliding Scale / Financial Assistance

A sliding scale fee program is available for qualifying patients based on household income.
Application required: ____ Yes ____ No Contact:_____

8.5 - No Surprises Act / Good Faith Estimates

In accordance with the **No Surprises Act (effective January 2022)**, patients who are uninsured or who decline to use their insurance have the right to receive a **Good Faith Estimate** of anticipated costs before receiving services. Contact the billing department to request your Good Faith Estimate at any time.

8.7 - Collections and Discharge for Non-Payment

Patients with unresolved balances after days may be discharged from the practice after **written notice** and a reasonable opportunity to arrange a payment plan. Discharge for non-payment does not eliminate the debt. Referral resources will be provided at the time of discharge.

SECTION 9 - MEDICAL RECORDS AND RECORD REQUESTS

9.1 - Requesting Your Records

Patients may request a copy of their medical records by completing a signed **Authorization for Release of Information (ROI)** form. Records cannot be released based on verbal or telephone request only. ROI forms are available at the front desk or through the patient portal.

9.2 - Processing Time

Standard records requests will be processed within business days. Urgent requests will be accommodated when clinically necessary. Records released directly to another treating provider may be expedited.

9.3 - Record Fees

Record copying fees are assessed consistent with **Texas Health and Safety Code §241.154**. Current fee schedule: _____. Fees may be waived for records released directly to another treating provider or when required by law.

9.4 - Amending Your Records

Patients have the right under HIPAA to request an amendment to their medical record if they believe information is incorrect or incomplete. Amendment requests must be submitted in **writing**. The provider will review the request and respond in writing within days. The clinic is not required to amend records if the information is accurate and complete.

SECTION 10 - GRIEVANCE AND COMPLAINT POLICY

10.1 - Patient Concerns

We take every patient concern seriously and are committed to resolving issues quickly and fairly. If you have a concern about your care, billing, staff conduct, or clinic operations, we encourage you to speak with your provider or contact our Patient Advocate / Practice Manager:

Patient Advocate / Practice Manager

Phone: _____

Email: _____

10.2 - Formal Grievance Process

Formal grievances may be submitted in **writing** to the Practice Manager. You will receive a written acknowledgment within business days and a written resolution response within business days. **Filing a grievance will never affect your treatment or access to services.**

10.3 - External Complaint Resources

If your concern is not resolved to your satisfaction through the internal process, you may contact the following external agencies:

Agency	Contact
Texas Medical Board	tmb.state.tx.us | 1-800-248-4062
Texas State Board of Pharmacy	tsbp.state.tx.us | 512-305-8000
Texas Health and Human Services Commission (HHSC)	hhs.texas.gov | 1-800-252-8154
HHS Office for Civil Rights (HIPAA discrimination complaints)	hhs.gov/ocr | 1-800-368-1019
SAMHSA National Helpline (24/7)	1-800-662-4357

SECTION 11 - DISCHARGE AND TRANSITION OF CARE POLICY

11.1 - Voluntary Discharge

Patients may voluntarily discontinue services at any time. We strongly encourage patients who wish to leave treatment to **discuss this with their provider** first, so that a safe transition plan - including medication tapering, referrals, and emergency resources - can be developed together.

11.2 - Involuntary Discharge

Resolutions Wellness Group reserves the right to discharge a patient from the practice under the following circumstances, applied with clinical judgment and in full compliance with **Texas Medical Board standards regarding patient abandonment:**

- Violent, threatening, or harassing behavior toward staff or other patients.
- Persistent diversion of controlled substance medications.
- Fraudulent behavior (falsifying records, multiple prescriber fraud).
- Obtaining controlled substances from multiple providers without disclosure,after repeated clinical counseling.
- Failure to comply with UDS monitoring after documented counseling.
- Clinical deterioration requiring a level of care beyond what this clinic can safely provide.
- Non-payment of fees after reasonable opportunity to arrange a payment plan.
- Repeated no-shows after written warning.

11.3 - Notice and Transition Period

In **non-emergency involuntary discharges**, the patient will receive written notice at least **30 days in advance**, consistent with Texas Medical Board rules on patient abandonment. During this transition period, the patient will continue to receive necessary care and will be provided with:

- A summary of current medications and active diagnoses.
- A referral list of appropriate community resources and higher levels of care.
- Assistance obtaining an emergency medication bridge supply, when clinically appropriate.

11.4 - Emergency Discharge

Immediate discharge ***(without the 30-day notice period)*** may occur in cases of violence, credible threats, or fraud. Even in these situations, the clinic will provide referral information and emergency safety planning to ensure continuity of essentialcare and patient safety.

SECTION 12 - NON-DISCRIMINATION POLICY

Resolutions Wellness Group provides services toall patients regardless of race, color, national origin, sex, gender identity, sexual orientation, age, disability, religion, or socioeconomic status.

This commitment is made in compliance with the following federal and state laws:

- Section 504 of the Rehabilitation Act of 1973
- Title VI of the Civil Rights Act of 1964
- Title II of the Americans with Disabilities Act (ADA)
- Section 1557 of the Affordable Care Act
- Texas Human Resources Code Chapter 121

Patients who believe they have experienced discrimination may file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights:** hhs.gov/ocr | 1-800-368-1019

Auxiliary aids and language services - including interpreters and accessible document formats - are available at **no cost** upon request. Please notify clinic staff of any accessibility or communication need prior to or at your visit.

SECTION 13 - ACKNOWLEDGMENT AND PATIENT SIGNATURE

Please read the following statements carefully before signing. By signing below, you confirm your understanding of and agreement to these Practice Policies.

By signing below, I confirm that:

- I have received, read (or had read to me), and understand the Practice Policies of Resolutions Wellness Group.
- I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.
- I agree to comply with these policies as a condition of receiving services at this clinic.
- I understand that these policies may be updated and that I will be notified of any significant changes in writing.
- I understand that failure to comply with these policies may result in changes to my treatment plan or, in serious cases, discharge from the practice with appropriate advance notice and referral resources.

Patient Signature: _____

Date: _____

Printed Name: _____

Complete the section below only if patient is a minor or requires a legally authorized representative.

Parent / Guardian Signature: _____

Date: _____

Printed Name: _____

Relationship to Patient: _____

Witness / Clinic Staff Signature: _____

Date: _____

Printed Name: _____

Role / Title: _____

POLICY REVIEW AND UPDATE LOG

For administrative use. Complete each time policies are reviewed or revised.

Date	Version #	Summary of Changes	Approved By	Patient Re-Acknowledgment Required?

This document is protected under HIPAA, 42 CFR Part 2, and Texas Health & Safety Code §611. Unauthorized disclosure is prohibited.