

# Magnolia Behavioral and Holistic Health

## Policies and Procedures Manual

**Effective Date:** January 1, 2026

**Applies to:** All clinicians, staff, contractors, and clients

### 1. Patient Confidentiality Policy (HIPAA Compliance)

#### Purpose

Magnolia Behavioral and Holistic Health is committed to protecting the privacy and confidentiality of all client health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws.

#### Policy

- All Protected Health Information (PHI) is treated as confidential.
- PHI includes, but is not limited to: therapy records, diagnoses, treatment plans, billing information, and session content.
- Information is shared **only** with client authorization or when legally required.

#### Procedures

- Telehealth services are provided through HIPAA-compliant platforms.
- Electronic records are stored securely with encryption and access controls.
- Only authorized personnel may access client records.
- Confidentiality may be breached only in the following circumstances:
  - Risk of harm to self or others
  - Suspected abuse or neglect of a child, elder, or dependent adult
  - Court orders or legal mandates
- Clients may request access to or corrections of their records in writing.

## 2. Appointment Cancellation Policy

### Purpose

To ensure continuity of care and respect clinicians' time while maintaining fair access to appointments.

### Policy

- Clients must provide **at least 24 hours' notice** to cancel or reschedule an appointment.
- Appointments canceled with less than 24 hours' notice or missed appointments ("no-shows") may result in a fee.

### Procedures

- Late cancellations or no-shows may be charged a fee of \$100.
- Insurance companies typically **do not cover** missed appointment fees.
- Repeated no-shows may result in limited scheduling availability or discharge from services.
- Emergencies will be handled on a case-by-case basis.

## 3. Payment Policy

### Purpose

To clearly outline financial responsibilities and payment expectations.

### Policy

- Payment is due at the time of service unless prior arrangements are made.
- **Clients are responsible for understanding their insurance benefits.**

### Procedures

- Accepted payment methods include:
  - Credit/debit cards

- Health Savings Accounts (HSA/FSA)
- Other methods as determined by the practice
- Insurance claims are submitted as a courtesy when applicable.
- Clients are responsible for:
  - Copays, coinsurance, deductibles
  - Charges denied by insurance
- Outstanding balances may result in suspension of services.
- Accounts past due may be referred to collections following 14 day written notice.

## **4. Emergency Policy**

### **Purpose**

To clarify the limits of telehealth services and ensure client safety.

### **Policy**

Magnolia Behavioral and Holistic Health does **not** provide crisis or emergency services.

### **Procedures**

- If a client is experiencing an emergency or is in immediate danger, they should:
  - Call **911**
  - Go to the nearest emergency room
- For crisis support, clients may contact:
  - **988 Suicide & Crisis Lifeline**
  - Local emergency mental health services
- After-hours messages are not monitored continuously and should not be used for emergencies.
- Clinicians will review safety planning with clients as clinically appropriate.

## **5. Code of Conduct**

### **Purpose**

To promote a respectful, safe, and professional therapeutic environment.

### **Policy**

All clients, clinicians, and staff are expected to behave respectfully and ethically.

### **Expectations**

- Clients and staff will:
  - Communicate respectfully
  - Refrain from abusive, threatening, or discriminatory behavior
  - Maintain appropriate boundaries
- Telehealth sessions must be conducted:
  - In a private, safe location
  - Free from recording unless explicitly authorized

### **Violations**

- Disruptive, abusive, or unsafe behavior may result in:
  - Session termination
  - Referral out
  - Discharge from services

## **6. Grievance Policy**

### **Purpose**

To provide clients with a fair and transparent process for addressing concerns or complaints.

### **Policy**

Clients have the right to express concerns without fear of retaliation.

## **Procedures**

- Clients are encouraged to first discuss concerns directly with their clinician when appropriate.
- Formal grievances may be submitted:
  - In writing
  - Via email or mailed correspondence
- Grievances will be:
  - Reviewed promptly
  - Responded to within a reasonable timeframe
- If unresolved, clients may be informed of additional options, including licensing boards or regulatory agencies.

## **7. Telehealth Informed Consent Policy**

### **Purpose**

Magnolia Behavioral and Holistic Health provides mental health services via telehealth in accordance with federal and state laws, professional standards, and ethical guidelines. This policy ensures clients understand the nature, benefits, and limitations of telehealth services.

### **Telehealth Services Description**

Telehealth services involve the use of secure, HIPAA-compliant technology to provide mental health services remotely, including video and/or audio communication. Services may include assessment, therapy, consultation, care coordination, and related clinical services.

### **Client Consent**

By participating in telehealth services, clients voluntarily consent to receive mental health treatment through electronic means and acknowledge understanding of the following:

### **Benefits of Telehealth**

- Increased access to care
- Convenience and flexibility
- Ability to receive services from a private location

### **Risks and Limitations**

Clients understand that telehealth services may include the following risks or limitations:

- Technical difficulties (e.g., poor internet connection, dropped calls)
- Potential, though unlikely, breaches of confidentiality despite security measures
- Reduced ability for the clinician to respond to emergencies in real time
- Telehealth may not be appropriate for all clinical needs or situations

If telehealth is deemed clinically inappropriate, Magnolia Behavioral and Holistic Health may recommend in-person services or alternative providers.

### **Privacy and Confidentiality**

- Telehealth sessions are conducted using HIPAA-compliant platforms.
- Clients agree to participate from a **private, secure location** and to ensure others cannot overhear sessions.
- Clients may not record sessions without **explicit written consent** from the clinician.
- Clinicians will seek written approval from client to use an electronic scribe for notes etc.

### **Technology Responsibilities**

Clients are responsible for:

- Having a reliable internet connection

- Using a device with working audio and video (when applicable)
- Ensuring their environment is private and safe

Magnolia Behavioral and Holistic Health is not responsible for disruptions caused by client technology issues.

## **Emergency and Crisis Situations**

Clients acknowledge that:

- Telehealth services are **not emergency or crisis services**
- Clinicians may not be able to respond immediately during emergencies
- In case of emergency, clients should call **911** or go to the nearest emergency room
- Crisis resources (such as the 988 Suicide & Crisis Lifeline) will be provided as appropriate

Clients agree to provide:

- Their **current physical location** at the start of each telehealth session
- An **emergency contact** on file

## **Interstate Telehealth**

Clients understand that:

- Telehealth services are provided only in states where the clinician is licensed and authorized to practice
- Clients must notify the clinician if they are physically located in a different state at the time of the session

## **Right to Withdraw Consent**

Clients may withdraw consent for telehealth services at any time by notifying their clinician in writing. Withdrawal of consent may result in:

- Transition to in-person services (if available)

- Referral to another provider

## **Telehealth Informed Consent Acknowledgment**

I acknowledge that I have read and understand the Telehealth Informed Consent Policy for Magnolia Behavioral and Holistic Health. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction. I voluntarily consent to receive mental health services via telehealth.