



2026 Office Policies

Welcome to Olive Branch Integrative Mental Wellness, LLC. Please review the following so you are aware of the policies of my practice and contact me with any questions. Once you have signed this agreement, I will assume you have read and understood it. Thank you and I look forward to working with you.

Confidentiality: Our sessions are confidential and what we discuss may not be revealed to anyone without your permission except where disclosure is required by law. Disclosure may be required where there is a reasonable concern of: 1) abuse or neglect of a child, 2) danger of harm to yourself or others, 3) grave disability, or 4) in the case of a legal proceeding. I may find it helpful to consult other professionals about your case; however, neither your name nor any identifying information about you is revealed. In the case that another person (such as a family member or friend) is paying for your treatment, that person will not receive any confidential information about your care without your explicit written consent.

Initial Consultation: Our first visit will be a consultation for the purpose of evaluation. After evaluation, I will offer some first impressions of what our work might include, a treatment plan, and considerations regarding psychotherapy, medications, and holistic approaches. You may use this information—along with your own comfort in working with me—to make your decision as to whether you would like to pursue treatment. If you do not feel comfortable working with me, or if I do not feel able to help you for any reason, I will try to assist you with referral to others who may be able to meet your needs.

Follow Up Appointments: Regular follow up appointments are required in order to ensure good care. Follow up appointments are scheduled for either 30 minutes or 55 minutes depending on the complexity of the issue and whether we are setting aside time for psychotherapy. The appointment time is reserved for you, so it is important that you are on time. If you are late, your appointment will still conclude at the end of your scheduled appointment, or your appointment may have to be forfeited. If you miss or have to cancel an appointment, please reschedule within 30 days. If I do not hear from you within 90 days of a cancelled or missed

appointment, I will assume you are receiving your care elsewhere and administratively discharge you from my practice. Please be aware that once discharged, I may not be able to accept you back into my practice should you follow up with me in the future.

Fees Structure

New Patient Evaluation (90 minutes): \$375.00

Follow-Up Session (30 minutes): \$150.00

Follow-Up Session (60 minutes): \$295.00

Additional ADHD Evaluation (computerized testing): \$75.00.

Contact & Follow Up: I am available by phone, patient portal or email during business hours. I will return messages in a timely fashion, typically within 24-48 hours. In case of an emergency, please call 911 or go to your nearest emergency room. I am not available during evenings or the weekends however, if you are in crisis, please leave me a message and I will return your call. Leaving a message is not a substitute for call 911 or mobile crisis as these 2 resources can evaluate and treat you immediately on a 24/7 basis.

Cancellations and Missed Appointments: Should you need to cancel, please do so at least 24 business hours in advance. Business days are considered weekdays and exclude holidays. Cancellations made with less than 24 business hours notice, or missed appointments, are charged \$50.00. For example: an appointment scheduled for 12pm on Monday must be cancelled by 12pm on Friday to avoid incurring a fee.

Communication: I am available to communicate with patients via their portal or email because of the convenience it allows. However, email is not a completely secure means of communication because messages can be addressed to the wrong person or accessed improperly while in storage or during transmission. I do not receive emails after hours, on the weekends, or on vacation. In the case that I am on vacation and unavailable, I will have a colleague providing coverage for me. Complex clinical questions should be discussed during appointments as opposed to over email. *Please do not text the office or private message the practice through social media platforms.*

Billing and Payment Policies: Payment is expected at the time the service is provided. Outstanding balances are expected to be paid prior to the next visit. Continued non-payment for services may lead to discharge.

Insurance Coverage: I am not in-network for any insurance panels, including Medicare, and am considered an “out of network provider” for PPO plans. While I do not contract with insurance companies, I do assist my patients by providing the paperwork necessary to submit into their insurance carriers for reimbursement (a “superbill”). I am "opted out" of Medicare and if you are covered by Medicare you will need to sign an additional consent acknowledging that Medicare will not reimburse you for my services. I am not able to negotiate or submit claims with insurance companies. Please be aware

that your insurance provider may not reimburse you for any, or may only reimburse you for a part of, the charges for my services. Insurance companies generally do not reimburse for administrative services or missed appointments.

Medication Refills: Medication refills will be sent electronically to your pharmacy. I typically submit refills during scheduled appointments, but as long as you are coming for regularly scheduled appointments at the minimum of every three months, I can provide medication refills between appointments. Please request medications prior to running out. Please allow 3 business days for me to respond to refill requests and do not leave these requests to the last minute. If you have not been seen in over three months, you may need to schedule an appointment to obtain a refill.

Please be aware that when prescribing medications for my patients I will routinely check medication prescription history via available platforms, including DHIN and DPDMP, a centralized database that shows patients' medication prescriptions from different providers, in order to ensure safe care.

Controlled Substances: In some cases I may prescribe controlled substances (such as benzodiazepines or stimulants) as part of your care. It is important to take these medications as prescribed, and not to increase or change your dose without specifically discussing with me. In the case that you change your medication dose on your own and run out early, I will not provide an early refill and you may experience withdrawal symptoms.

I agree to take any controlled substance prescriptions exactly as prescribed and not to increase my dose without specifically addressing it with Morgan Webb, PMHNP. I agree not to obtain duplicate prescriptions for controlled substances prescribed by Morgan Webb, PMHNP from other physicians while undergoing treatment with her.

Prior Authorizations: Most medications I prescribe are covered by insurance, but insurance companies sometimes require prior authorization for certain expensive or brand name medications. I cannot guarantee a medication I prescribe will be covered by your insurance, but I will do what I can to make it as likely as possible by submitting medical justification to your insurance company.

Limits of Service: I do not provide disability evaluations, worker's compensation evaluations, forensic evaluations, or provide legal services or testimony. Should you require legal testimony at some point during our treatment together, you will need to retain an independent forensic psychiatrist.

Treatment Termination: Ideally, termination of services would occur when the goal of the client is met, and treatment/continued follow-up is no longer warranted. As our client, you have the right to terminate services at any time. If at any point in treatment we feel that we can no longer continue your care, written notice will be provided as well as a 30-day supply of your current psychotropic medication (if appropriate) will be sent to your pharmacy, and a list of providers in the area who may be available to continue your care will be provided.

Other situations that may require termination of treatment include non-compliance with any of the visit rules noted in this packet, threatening/violent behavior towards staff/provider, misuse of medication, constantly using inappropriate forms of communication with the office, arriving under the influence of illicit substances, and or disclosing illegal intentions or actions.

I have reviewed the above policies and agree to abide by the terms of this agreement.

Printed Client Name: N/A

Client Signature: To be signed prior to initial evaluation

Date: N/A