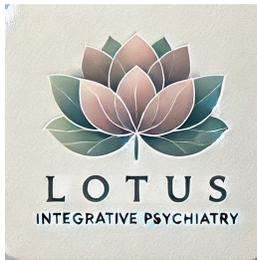


Lotus Integrative Psychiatry: Office Practice Policies

1. Practice Philosophy & Scope of Care

Lotus Integrative Psychiatry is a private mental health clinic led by Stephanie H. Atkins, PMHNP-BC, a board-certified Psychiatric Mental Health Nurse Practitioner. I provide comprehensive mental health assessment, diagnosis, and treatment through a combination of medication management and psychotherapy.

- **Supervisory Agreement:** In accordance with Tennessee state law, this practice maintains a collaborative agreement with Dr. Shayna Walker, MD. Please note that Dr. Walker does not see patients at this clinic. Patients specifically seeking care from a physician-led practice should consult a physician-run facility.
- **Right to Refuse & Scope:** You maintain the right to refuse care at any time. To ensure the highest standard of safety, if your clinical needs fall outside my professional scope or skill set, I will recommend that you seek care elsewhere.
- **Therapeutic relationship:** Psychiatric care relies on a mutually beneficial relationship. I reserve the right to discontinue treatment if it is determined that our professional relationship is no longer effective or appropriate for your clinical needs. In such cases, a 30-day supply of medication refills will be provided to ensure a safe transition.
- **Controlled Substances:** My clinical approach minimizes the use of controlled substances (eg. Benzodiazepines such as Klonopin [clonazepam], Valium [diazepam], Ativan [lorazepam], Xanax [alprazolam], GABAPENTIN; or a stimulant, such as Vyvanse, Adderall, Focalin, Concerta), If these medications are deemed necessary, a “Controlled Substance Contract” will need to be reviewed, agreed to, and signed. Violation of this agreement will result in discharge from the practice.
- *I WILL NOT PRESCRIBE SCHEDULE II MEDICATIONS TO THOSE WHO ARE ALREADY ON A SCHEDULE II DRUG.*



2. Attendance & Cancellation Policy

Consistent attendance is essential for clinical progress.

- **Notice Period:** A minimum of 24 hours' notice is required for all cancellations.
- **Fees:** failure to provide a 24-hour notice may result in a \$50.00 late cancellation fee. This fee is not covered by insurance and is the patient's direct responsibility. Repeated no-shows may lead to discharge from the practice.
- **Grace period:** Generally, I offer a 15-minute grace period for late arrivals. If you arrive more than 15 minutes past your scheduled time, you may be asked to reschedule.

3. Financial policy

Billing and insurance verification are managed through *Grow Therapy* and *Headway*.

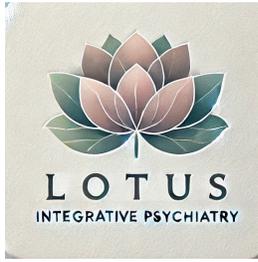
- **Patient Responsibility:** You are responsible for all deductibles, co-pays, and any charges not covered by your insurance provider
- **Self-Pay rates:**
 - *Initial Evaluation: \$125.00*
 - *Follow-up Visits: \$85.00*

4. Clinical & Communication protocols

- **Medication Refills:** Please allow three (3) business days for refill requests to be processed. Refills are generally not granted if you have missed a required follow-up appointment or if a clinical review is necessary for safety.
- **Telehealth:** Unless otherwise agreed upon, telehealth sessions are conducted via the Grow Therapy or Headway platforms and are subject to their respective technical and privacy policies
- **Crisis & After-Hours Care:** Lotus Integrative Psychiatry does not provide 24-hour emergency services. Messages received after hours will be returned within 1-2 business days.
- **In an emergency:** If you are experiencing a crisis or suicidal thoughts, call or text 988, dial 911, or go to the nearest emergency department.

LotusCAM@proton.me
865-505-7292 (call or text)
865-332-1830 (fax)

Office policy 2026



5. Confidentiality & Medical Records

Your privacy is protected under federal and state law. Your Protected Health Information (PHI) will not be disclosed to any individual or entity without your written consent, except where mandated by law.

- **Provider Collaboration:** If you see another provider through Grow Therapy, it is understood that clinical collaboration will occur between providers to ensure continuity of care.
- **Records requests:**
- **Grow Therapy Patients:** Contact records@growththerapy.com.
- **Headway patients:** Contact Stephanie H. Atkins directly.

Print Client's name: _____

Client/Representative Signature: _____

Print representative name and relationship: _____

Date: _____