



Human Supports of Idaho

Boise Clinic:

4477 W Emerald St., Suite C100, Boise, ID 83706
Phone: 208-321-0160 | Fax: 208-321-0221

Caldwell Clinic:

206 Elm St., Caldwell, ID 83605
Phone: 208-454-8389 | Fax: 208-454-8404

PSYCHIATRIC MEDICATION MANAGEMENT POLICIES ACKNOWLEDGEMENT AND INFORMED CONSENT

OUR PROVIDERS

Human Supports of Idaho (HSI) has a team of Psychiatric Mental Health Nurse Practitioners (PMHNPs) and Family Nurse Practitioners (FNPs) licensed in the State of Idaho available to provide pharmacological management services to our participants.

PROCESS

Participants seeking Psychiatric Medication Management must complete a 60-minute Psychiatric Diagnostic Evaluation to determine Presenting Problems and Conditions, Medical History, and Mental Status and establish an Initial Treatment Plan. Providers, in collaboration with participants, then determine the frequency for 15 to 30-minute follow-up appointments to assess medication effectiveness, evaluate for side effects, and recommend medication adjustments.

REFILLS

HSI providers will submit refills when appropriate, during regularly scheduled appointments. If a refill is needed between appointments, please contact your pharmacy directly before you are out of medications. The pharmacy will send HSI an electronic refill request. HSI providers will process the request within 1 to 3 business days.

SIDE EFFECTS AND DRUG ALLERGIES

All medications have the potential to cause side effects or allergic reactions. Some side effects are more serious than others and require more immediate attention. If you experience serious side effects or an allergic reaction, please call the office, your primary care physician, or 911 Emergency Services.

FAILURE TO ATTEND YOUR SCHEDULED APPOINTMENT (NO SHOW)

The expectation is for participants to attend and be on time for all scheduled appointments. Please call the HSI office to cancel and/or reschedule your appointment at least 24 hours in advance. Participants will not be allowed to schedule any appointments if they have 3 no-shows in the previous 6 months. Participants with multiple no-shows will be required to access services through a stand-by list or be referred out to another agency.

STANDBY LIST

HSI will attempt to contact individuals on the standby list when a provider has an unexpected opening due to a cancellation or no-show. There will be minimal advance notice for these appointments. Please call the office to be placed on an HSI provider's standby list.

CONTROLLED SUBSTANCES

- HSI does NOT keep any controlled substances on site.
- HSI will NOT prescribe or refill controlled substances for participants who have not showed their scheduled appointment.
- HSI does NOT replace lost or stolen controlled substances before their refill date. NO EXCEPTIONS. It is your responsibility to keep your medications in a secure or locked location.
- HSI providers will NOT prescribe controlled substances to participants who misuse their medications.
- HSI providers will NOT prescribe controlled substances to participants who demonstrate angry or aggressive behavior towards HSI staff or providers.



- HSI participates in the Idaho Prescription Drug Monitoring Program through the Idaho State Board of Program.

RANDOM TOXICOLOGY SCREENING

All participants receiving prescriptions for controlled substances are subject to randomized toxicology screenings (observed urinalysis or mouth swab). Participants will be informed they have been selected during their appointment and are required to complete the screening by the end of the next business day (5:00 PM). Participants who fail to complete their toxicology screening will not be prescribed controlled substances.

BENZODIAZEPINES

Benzodiazepines are a group of controlled substance medications that have historically been prescribed to treat anxiety. Benzodiazepines become less effective over time due to tolerance. They can cause severe side effects including confusion, memory loss, insomnia, tremors, increased anxiety, and addiction. DO NOT use alcohol or opiates while taking benzodiazepines, this can be fatal.

HSI providers will not prescribe Benzodiazepines, such as Xanax (alprazolam), Ativan (lorazepam), Klonopin (clonazepam), and others, for long-term use. HSI providers will assist participants to gradually decrease and eliminate (taper) use of Benzodiazepines. Alternative medications that are more effective for long-term treatment of anxiety will be offered.

STIMULANTS

Stimulants are a group of medications listed as controlled substances that have historically been prescribed to treat Attention-Deficit/ Hyperactivity Disorder. HSI does provide prescriptions for stimulants for participants meeting criteria for this diagnosis. Common stimulants include Adderall (mixed amphetamine salts), Concerta/ Ritalin (methylphenidate), Vyvanse (lisdexamfetamine), Dexedrine (dextroamphetamine), and Focalin (dexmethylphenidate).

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) is the use of medications to treat substance use disorders. HSI prescribes the controlled substances Buprenorphine and Suboxone that are used to treat Opioid Use Disorder. Our providers will send a prescription for an initial dose to the pharmacy and participants will take it at the clinic under observation. Then you will obtain and take ongoing medication as needed. Participants starting MAT treatment at HSI are required to participate in Substance Use Disorder treatment including group and individual psychotherapy.

PARTICIPANT ORIENTATION MANUAL

Please review the HSI Participant Orientation Manual to see information about our other services, the HSI Agreement to Pay and Financial Responsibility, Confidentiality, Mandatory Reporting, Notice of Privacy and Practices, Participant Responsibilities, and Health and Safety Information.

ACKNOWLEDGEMENT AND INFORMED CONSENT

- ☐ I consent to receive medication management services at Human Supports of Idaho.
- ☐ I have received or been offered a copy of the HSI Participant Orientation Manual which includes information about HSI's other services, the HSI Agreement to Pay and Financial Responsibility, Confidentiality, Mandatory Reporting, Notice of Privacy and Practices, Participant Responsibilities, and Health and Safety Information.
- ☐ I consent and agree to HSI's No Show Policy.



- ☐ I consent and agree to HSI's Controlled Substances Policy and agree to securely store my medications and cooperate with Random Toxicology Screenings if I choose to access controlled substances at HSI.
- ☐ I have received and reviewed the HSI Psychiatric Medication Management Orientation Information and Consent for, understand the potential Benefits and Risks, and Consent to the service.

PARTICIPANT SIGNATURE

I acknowledge that I have received and reviewed Human Supports of Idaho's Psychiatric Medication Management Policies and Informed Consent and agree to the policies. Furthermore, I have had the opportunity to clarify any questions regarding the Psychiatric Medication Management Policies.

Participant Printed Name	Participant Signature	Date
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PARENT/ GUARDIAN SIGNATURE

If the participant is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/ or legally authorized to initiate and consent to treatment on behalf of this person.

Parent/ Guardian Printed Name	Parent/ Guardian Signature	Date
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PROVIDER SIGNATURE

I have reviewed the Psychiatric Medication Management Policies and Informed Consent with the participant and/ or guardian and have answered all the related questions.

Provider Printed Name	Provider Signature	Date
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