
FINANCIAL AND BILLING CONCERNS

The Psychiatric Research Institute treats patients without regard to age, race, creed, color, sex, or national origin.

Initial Appointment/Clinic Fees

Typically, a Diagnostic Evaluation is provided on the patient's first appointment. The fee for this initial evaluation is around \$300 and is covered by most mental health insurance plans. However, you should talk with your insurance company to find out if your plan covers this service and to find out if a referral or pre-authorization is required. Return visit fees are generally less than the initial diagnostic evaluation.

Responsibility of Billed Services

Charges incurred for patient care services are considered the responsibility of the patient. Any amounts due for which no attempts are made to make payment will be referred to collection agency.

Payment of Billed Services

Patient will be expected to pay their insurance deductible and co-payments at the time of service as well as any other amounts due from the patient. Payment may be made by cash, check or accepted credit card.

Programs are available for qualified applicants who are unable to meet these financial obligations. A financial counselor can help facilitate applications for Medicaid and the campus discount program as well as assist in developing a treatment plan. To speak with a financial counselor, see the reception desk or call 501-686-7400 (financial assistance application) or 501-614-2160 (payment plan).

Insurance Billing

As a courtesy, UAMS clinics will file most insurance claims. Patients will be required to sign an Authorization and Consent form assigning insurance benefits to UAMS and will need to provide our clinic with sufficient insurance information. Patients may also need to get involved with their insurance carriers to ensure their claims are processed quickly and accurately.

Prior Authorizations

At times, insurance providers require prior authorizations (PA) for medications prescribed. Typically, patient's pharmacy will contact the clinic regarding a request for a PA. We will do our best to complete any PA request within 48 hours after receiving notification.

PARKING AND LOITERING

All WMHP patients must park on Level 3 (P3) Parking One Deck located in the Psychiatric Research Institute. You may have your ticket validated by the receptionist at checkout in order to leave the deck without charge.

No loitering, littering or noise is permitted in the parking deck. You are to leave the clinic and the parking deck after any scheduled appointments unless you are waiting for transportation.

UAMS/PRI is a tobacco free campus; therefore, smoking is prohibited in the clinic parking lot.

PROTECTION AND ADVOCACY SERVICES

Resources regarding dependent care issues, reporting possible abuse, neglect, exploitation, or concerns about client rights include:

Arkansas Department of Human Services: 1-501-682-8650 or on the web at
www.arkansas.gov/dhhs/dhsmail.html

Adult Protective Services: 1-501-682-8941 or 1-800-482-8049

Child Abuse Hotline: 1-501-324-9074 or 1-800-482-5964

Disability Rights Center: V/TTY 1-501-296-1775 or 1-800-482-1174 or
www.arkdisabilityrights.org

Maternal Mental Health Hotline: 1-833-852-6262

National Alliance for the Mentally Ill – Arkansas: 1-501-661-1548 or 1-800-844-0381

National Suicide Prevention Lifeline at 988 via call or text

Substance Abuse and Mental Health Services Administration: 1-800-662-4357

Sexual Assault Center: 1-501-372-2442

INTEGRITY OF DECISION MAKING

The UAMS Department of Psychiatry is proud of our reputation as a trustworthy provider of mental and behavioral healthcare services to families of Central Arkansas and throughout the state. The Department is committed to conducting business activities in an efficient and forthright manner within the letter and spirit of applicable laws and regulations.

CRISIS SERVICES

The Psychiatric Research Institute offers crisis services for patients who experience a crisis after regular business hours, including holidays and weekends. This handout provides you with necessary information about who to call in case of crises.

For those who are in a medical crisis or at imminent risk of harming themselves or others, immediately call 911 and request to go to your nearest emergency room for assistance. The following numbers are also available to those who are having thoughts of self-harm but not at imminent risk:

Arkansas Crisis Hotline	1-888-274-7472
National Suicide Prevention Lifeline	1-800-273-8255 or 988

Patients may also call the main clinic line (501-526-8201) and press the option for after-hours emergencies for current patients.

COMMUNICATION OUTSIDE OF SESSION

Occasionally a patient may need to speak to their doctor or therapist outside of their scheduled appointment. Providers of PRI are asked not to give out cell phone number to patients. Therefore, messaging your provider via MyChart will be your ideal way of communication. While some providers may give out email addresses or direct phone lines, please understand that these are not monitored during the day, holidays or when a provider is on leave. The email accounts and direct phone numbers can go hours or days without being answered. Please call the main clinic and leave messages for anyone you need to contact or message your provider directly through MyChart.

COMPLAINTS AND GRIEVANCE PROCEDURES

There will be no retaliation for filing a complaint or grievance.

If you have concerns about patient care or safety that PRI has not addressed, you are encouraged to contact the clinic manager at 501-526-8200 or PRI administration at 501-526-8177. You may also contact the Joint commission at 800-994-6610 or the Arkansas Division of Behavioral Health Services at 501-683-6903.

Please be sure to fill out Patient Satisfaction Surveys. This information will be used by the clinic to better understand what we do right and things we may be able to improve upon.

FIRE AND EMERGENCY PLANS

Your primary task in the event of an emergency is to safeguard your own wellbeing.

You should in all cases, be concerned of your own welfare. Please respond quickly, but calmly, to all alarms and emergency instructions from staff.

- A. Fire Alarm: Follow directions of staff.
- B. Power Failure: Emergency system will go on.
- C. Civic Disorder: UAMS Police will be notified.

Women's Mental Health Program Appointment Policies

The Women's Mental Health Program aims to provide all patients with high quality treatment and a positive experience. Our staff is committed to caring for each patient and their individual needs. We believe everyone deserves to be treated with dignity and respect. By providing a safe, structured treatment environment, we stress honesty in assisting you in your treatment. If you have any questions, our staff will attempt to answer them thoroughly and in a timely manner. The Women's Mental Health Program is here to help you; yet, success of treatment depends on you and your investment. We encourage you to be an active member of your treatment team. Doing so, requires that you be motivated toward treatment and have a willingness to commit to full attendance and participation in the program. The above will be expected until you have achieved successful completion as determined by the treatment team.

In order to meet the above goals and objectives, the Women's Mental Health Program has the following policies in place:

❖ New Patient Appointments

- **Late Policy:** For patients who arrive within 20 minutes of their scheduled time, their appointment will be completed within the originally scheduled time (60 minutes). A full assessment and treatment plan may not be accomplished during this appointment, and a second appointment may be needed.
- **No Show Policy:** Patients who no show their initial new patient appointment will not be allowed to reschedule for 3 months.
- **Cancellation Policy:** Patients who cancel with more than 24 hours notice will be allowed to reschedule the appointment for the next available appointment. Patients may cancel and reschedule their new patient appointment a maximum of two times. If they cancel their third new patient appointment, they will not be allowed to reschedule for 3 months.

❖ Follow-Up Appointments

- **Late Policy:** For patients who arrive within 10 minutes of their scheduled time, their appointment will be completed within the originally scheduled time (20 minutes). The provider may not be able to address all patient issues during this abbreviated appointment, and a second appointment may be necessary.
- **No Show Policy:** If a patient no shows more than 3 appointments within 6 months, the patient will be discharged from the clinic. The patient may re-establish care (new patient appointment is required) with the clinic after 6 months from the date of discharge.
- **Cancellation Policy:** Patients should provide more than 24 hours notice of the need to cancel and reschedule an appointment. If a patient cancels and reschedules more than 3 appointments within 6 months, the patient will be discharged from the clinic. The patient may re-establish care (new patient appointment is required) with the clinic after 6 months from the date of discharge.
- **Telemedicine Appointments:** For telemedicine appointments, the patient should be logged into the appointment at their appointment time. If the provider does not join the appointment within 10-15 minutes, please contact the front desk at 501-526-8201. The late and no show policies stated above also apply to telemedicine appointments.

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- Medication Requests: For patients who no show or cancel their appointments, medication requests (e.g., refills, dose adjustments) are at the discretion of the physician.

❖ **Individual Therapy Appointments**

- Late Policy: For patients who arrive within 20 minutes of their scheduled time, their appointment will be completed within the originally scheduled time (60 minutes). The provider may not be able to address all patient issues during this abbreviated appointment, and a second appointment may be necessary.
- No Show Policy: If a patient no shows more than 3 appointments within 6 months, the patient will be discharged from the clinic. The patient may re-establish care (new patient appointment is required) with the clinic after 6 months from the date of discharge.
- Cancellation Policy: Patients should provide more than 24 hours notice of the need to cancel and reschedule an appointment. If a patient cancels and reschedules more than 3 appointments within 6 months, the patient will be discharged from the clinic. The patient may re-establish care (new patient appointment is required) with the clinic after 6 months from the date of discharge.
- Telemedicine Appointments: For telemedicine appointments, the patient should be logged into the appointment at their appointment time. If the provider does not join the appointment within 10-15 minutes, please contact the front desk at 501-526-8201. The late and no show policies stated above also apply to telemedicine appointments.

For some patients in the WMHP, your provider may recommend medication for the treatment of Substance Use Disorders (SUD). If this is recommended, please review the following information:

PHASES OF BUPRENORPHINE TREATMENT

PHASE 1:

All patients begin the treatment in Phase I. Patients in Phase 1 of treatment will participate in weekly individual appointments with a physician, weekly group sessions, and weekly drug screens. You will learn to apply recovery principles and relapse prevention skills to your everyday life.

In order to advance to Phase 2, the following must be met:

- Attend all scheduled appointments, including individual and group sessions
- Absent of all alcohol/illegal or non-prescribed substances for 6 consecutive weeks, as evidenced by negative urine drug screens.

PHASE 2:

Patients in Phase 2 of treatment will participate in individual and group sessions every 2 weeks. Drug screens will also be every 2 weeks.

In order to advance to Phase 3, the following must be met:

- Attend all scheduled appointments, including individual and group sessions
- Absent of all alcohol/illegal or non-prescribed drugs for 2 months, as evidenced by 4 consecutive urine drug screens
- Stability of home environment and social relationships

PHASE 3:

Patients in Phase 3 of treatment will participate in individual and group sessions every 4 weeks. Drug screens will also be every 4 weeks.

Certain conditions may occur, and the treatment team will move a patient down a phase or phases. Such conditions include, but are not limited to, the following:

- Missing scheduled appointments, including individual and group sessions
- Use of any alcohol/illegal or non-prescribed drugs, as evidenced by 2 positive urine drug screens in any phase.
- Instability of home environment and social relationships

BUPRENORPHINE

The treatment plan for some patients may include BUPRENORPHINE (SUBUTEX/SUBOXONE). Your physician will order both the induction and withdrawal of BUPRENORPHINE. You should not discuss your dosage with other patients. You will stabilize on a dose tailored to your own needs; therefore, what is effective for you may not be effective for another.

BUPRENORPHINE is a narcotic drug, which can be harmful if taken without medical supervision. The goal of BUPRENORPHINE treatment is your total rehabilitation and the duration of treatment can continue until your goal is met. Periodic consideration will be given concerning complete withdrawal from BUPRENORPHINE. **Eventual withdrawal from all drugs is your treatment goal.** All over-the-counter and prescription medications and/or herbal remedies you take must be discussed with your treatment counselor or physician. You should avoid all benzodiazepines, sedative hypnotics, tranquilizers and narcotics.

Below is a list of drugs that increase the level of BUPRENORPHINE in your body:

Efavinenz	St. John's Wort
Neviapine	Troglitazone
Barbiturates	Rifabutin
Carbarmazepine	Delaviridine
Glucocortocoids	Indinavir
Modafinil	Nelfinavir
Phenobarbital	Phenytion
Rofampin	Ritonavir

Medications and foods that decrease the level of BUPRENORPHINE in your body:

Delaviridine	Cimetidine	Indinavir	Clarithromycin
Mibefradil	Voriconazole	Ritonavir	Nelfinavir
Ditiazem	Amiodaronr	Erythromycin	Aprepitant
Fluconazole	Chloramphenicol	Fluvovxamine	Gestodene
Verapamil	Imatinib	Itraconazole	Ketoconazole
Mifepristone	Nefzodone	Norfloxacin	Norfluoxetine
	Diethyl-Dithiocarbarnate		

FOODS TO AVOID:

Grapefruit Juice
Star Fruit

No individual under the age of 18 may receive BUPRENORPHINE. Patients receiving BUPRENORPHINE will adhere to the same “Phases of BUPRENORPHINE System” that is outlined above.

MEDICALLY SUPERVISED WITHDRAWAL (MSW)

The goal of the WMHP is that you will be maintained on BUPRENORPHINE for the shortest time possible. Your individual needs, treatment goals, medical status, and prior history are utilized in determining when MSW should be implemented; therefore, the following factors will be examined:

- Motivation and sincere efforts in attaining and maintaining recovery
- Drug use and abuse
- Employment and educational issues
- Social and family issues
- Compliance with treatment
- Criminal justice/legal issues
- Follow up and aftercare resources
- Outside support resources
- Time in treatment
- Prior attempts at MSW

Treatment Compliance:

You always have the right to begin MSW. If you accomplish your treatment plan goals and elect to begin an MSW, the treatment team will assist you. The treatment team can recommend that you participate in extended or additional treatment when determined by the team that you are not prepared for withdrawal at that time. You may be asked to sign a form stating that you understand MSW is against the medical advice of the treatment team.

Voluntary MSW:

If you have successfully completed treatment for a period of 3 to 6 months, including meeting all treatment responsibilities, you may request and begin a voluntary MSW, even against medical advice. To ensure safety, the MSW schedule is determined by the physician. The physician in conjunction with your wishes determines the length and dosage decrease.

Overdose precautions:

Drug overdose is an emergency medical situation in which a person has received or used more drugs than their body can handle. It is life threatening. Life-threatening reactions can include:

- Nausea and vomiting
- Respiratory depression or respiratory arrest (difficulty breathing, stop breathing)
- Cardiac depression (slow or irregular heartbeat)
- Hypotension (low blood pressure)
- Death

It is very important in all phases of your treatment to be very honest regarding amounts, types, and frequencies of alcohol or current drugs used. If you feel that your dose is not effectively controlling withdrawal or craving, you should notify your physician.

NOTE: Should you overdose or experience symptoms as the ones listed above, you should seek emergency assistance immediately by calling 9-1-1 or going to the nearest emergency room.

Instructions for Use

 **NARCAN[®]** (naloxone HCl)
NASAL SPRAY 4 mg

NARCAN[®] Nasal Spray is used to treat someone who has overdosed on opioids. It can be used by anyone to reverse the effects of the overdose until medical help arrives.

Giving NARCAN[®] Nasal Spray to a person because of a non-opioid overdose is unlikely to cause more harm. For a list of serious warnings, precautions and contraindications, refer to the product monograph.

Important:

- While NARCAN[®] Nasal Spray can be administered by a non-health care professional, it is not intended to be a substitute for professional medical care. **Always seek emergency medical assistance (call 911), or ask someone to call for you, in the event of a suspected opioid overdose. If you encounter problems on how to administer NARCAN[®] Nasal Spray or any other problem, the 911 operator will guide you.**
- Do not test the NARCAN[®] Nasal Spray device. Keep NARCAN[®] Nasal Spray in its packaging until it is needed.
- NARCAN[®] Nasal Spray is for use in the nose only.
- Each NARCAN[®] Nasal Spray device contains only 1 dose and cannot be reused.
- You may need to help the person who received NARCAN[®] Nasal Spray. They may have a reaction (i.e. becoming aggressive, shaking and/or vomiting). Special attention should be given to newborns (less than four weeks old) and pregnant women, as some of these reactions can be life-threatening.

Always read the label and follow directions for use.

See reverse side for instructions



 emergent
biosolutions



For more information on NARCAN[®] Nasal Spray, visit narcannasalspray.ca or consult the product monograph.

Reference: 1. NARCAN[®] Nasal Spray Product Monograph. March 24, 2017.

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Instructions for Use

 **NARCAN[®]** (naloxone HCl)
NASAL SPRAY 4 mg

Step 1: Identify Opioid Overdose & Call for Emergency Medical Help



Check for signs of an opioid overdose:

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest.
- Breathing is very slow, irregular or has stopped.
- Centre part of their eye is very small, like a pinpoint.

Call 911 or ask someone to call for you.

Lay the person on their back.

Step 2: Give NARCAN[®] Nasal Spray



Remove device from packaging. **Do not test the device.** There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.



Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into one nostril.

Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.



Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

Step 3: Evaluate and support



Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

Note: Each NARCAN[®] Nasal Spray device contains only one dose; use a new device for each additional dose.

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For a list of serious warnings, precautions and contraindications, refer to the product monograph.