

Practice Policies

Welcome to Harmony Psychiatric, LLC. Please read the following information regarding your rights and responsibilities as a patient at Harmony. Harmony Psychiatric is a holistic psychiatric practice dedicated to addressing the underlying neurobiological processes involved in psychiatric disorders, by restoring balance to endocannabinoid function. Harmony Psychiatric relies on the latest scientific findings to provide safer and more effective care than can be provided with traditional pharmaceutical psychiatric approaches.

Harmony offers comprehensive psychiatric evaluations and holistic treatment options for psychiatric disorders. We specialize in the non-pharmacological treatment of PTSD (Post Traumatic Stress Disorder) both with Cannabis and without. Harmony is not a part of the Medical Cannabis Program and is not involved in the production, handling, processing, distribution or sale of Cannabis.

Treatment: Initial visits include a thorough review of paperwork followed by careful evaluation and assessment. All required paperwork must be completed prior to scheduling appointments. We will provide referrals to the New Mexico Medical Cannabis Program if appropriate. Conditions other than PTSD require outside documentation of qualifying disorder. Patients not meeting the strict criteria for Medical Cannabis will not be referred to the Medical Cannabis Program but will be provided with other holistic treatment options designed to support endocannabinoid function. Harmony provides a first line alternative to pharmaceuticals that can be effective in treating a variety of illnesses.

Fee Schedule: Initial evaluation and assessment is \$250. Yearly visits for renewal are \$150. Fees must be paid in full at the time of your appointment, prior to being seen.

Cancellation/Missed Appointments: If unable to make it to your appointment please cancel at least 24 hours prior to appointment time. Repeated missed appointments may result in discharge from the clinic.

Confidentiality: All information disclosed within sessions and the records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

Emergencies: If there is an emergency during which your provider becomes concerned that you are an immediate danger to yourself or others the clinic and its designees will do whatever they can, within the limits of the law, to keep you safe and to ensure that you receive the proper medical care. For this purpose we may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records:

Because Harmony Psychiatric does not accept any insurance, we will never release any of your records to any health insurance company.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that if you are involved in legal proceedings, neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your provider at Harmony Psychiatric to testify in court or at any other proceeding.

Consultation: Bryan Krumm, CNP consults regularly with other medical professionals regarding clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

Research: Bryan Krumm, CNP is actively involved in research of Medical Cannabis and records obtained may be used for research purposes; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

Records and Your Right to Review Them: Both the law and the standards of the medical profession require that this clinic keep appropriate treatment records. As a client, you have the right to review or receive a copy of your records at any time and all patients seeking referral to the New Mexico Medical Cannabis Program will be supplied copies of their records at time of service. Harmony Psychiatric LLC will release information to any agency/person you specify unless releasing such information might be harmful in any way.

Telephone & Emergency Procedures: You can contact Harmony Psychiatric LLC at (505)265-4835. Messages will be returned as soon as possible during regular business hours. Harmony Psychiatric LLC does not offer after hours availability. If an emergency situation arises please call 911.

Termination: Any threatening or aggressive behavior will result in immediate termination from clinic. You have the right to terminate treatment at any time. In doing so, you acknowledge unsupervised medication administration can be dangerous and even life threatening.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 3 pages) I understand them and agree to comply with them:

Client name (print): _____

Date: ____/____/____

Signature: _____

The Harmony Assessment of PTSD

Have you ever directly experienced a severe trauma(s)?

Have you ever witnessed, in person, a severe trauma(s) as it occurred to someone else?

Have you ever learned that a severe trauma(s) occurred to a close family member or friend?

Have you worked in jobs or been in situations where you experienced repeated or extreme exposure to aversive details of severe trauma(s) experienced by someone else?

If you answered yes to any of the questions above, please describe the what happened.

Do you experience recurring intrusive thoughts about the trauma(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you experience dreams/nightmares about the trauma(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you experience hallucinations about the trauma(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you experience flashbacks, almost like you are reliving the trauma(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you experience intense distress when things remind you of the event(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you try to avoid thoughts, feelings, or talking about the event(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you try to avoid people, places, or activities that may trigger memories of the event(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a hard time remembering important aspects of the event(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have persistent and exaggerated negative beliefs about yourself, others, or the world?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have ongoing, distorted thoughts about the cause or consequences of the event(s)?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a persistent negative emotional state?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Have you had less interest or participation in significant activities?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you feel detached or estranged from others?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a persistent inability to experience positive emotions?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have ongoing irritability or anger?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have reckless or self-destructive behavior?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you experience hypervigilance? (double checking doors and windows or constantly monitoring for safety)

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you get startled easily?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a hard time concentrating?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a hard time sleeping?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Do you have a hard time getting your mind to shut off?

0 = never, 1 = 1 to 2 times a week, 2 = 3 to 4 times a week, 3 = 5 or more times a week

Have these symptoms lasted more than 1 month?

Yes No

Do these disturbances cause significant difficulty in your ability to function?

Yes No