

Medication Contract

Community Child Guidance Clinic provides quality psychiatric care to patients who are actively involved in other forms of treatment within the one of the agency's programs.

- The psychiatrists' normal business hours are limited. It is the patient's and guardian's responsibility to attend all medication appointments.
- All issues related to the patient's medication will be addressed during the medication follow-up appointments. This includes:
 - prescription refills
 - Lab results and orders
 - School and camp forms
- Parents/Guardians should plan ahead and bring the forms to scheduled appointments. Paperwork that is left at Community Child Guidance Clinic for the psychiatrists outside the scheduled appointments cannot be addressed on an urgent bases and will be attended to only as the psychiatrist's time allows.
- Prescriptions and prescription refills will not be managed over the phone or called in on a routine basis. Prescription refills will not be addressed on an emergency basis or outside the physician's normal business hours.
- Patients will not run out of medication if it is taken as directed and scheduled follow-up appointments are attended. The patient and/or guardian is responsible for calling immediately to address missed appointments.
- If the patient and/or guardian need to talk to the physician outside of the scheduled appointments. Routine calls to should be placed during normal business hours and will be responded to as soon as possible during their scheduled day.
- CCGC staff can reach the psychiatrist for emergencies involving safety issues or serious medication side effects, except if the psychiatrist is away on vacation. If the psychiatrist is away, urgent calls from the patient or guardian will be transferred to the primary Clinician who will assist them and refer them to an emergency room if necessary, to address medical or medication emergencies.
- The psychiatrist can only assume the responsibility for patients who participate in their treatment.

Psychiatry and Medication Contract

As Parent/Guardian of _____ DOB: _____,

We understand that our participation in the treatment of our child is necessary if medication is to be prescribed for our child in a safe and effective manner.

We understand our ongoing involvement in the treatment process is important and a mandatory component of our child's eligibility to receive medication at this clinic.

We agree to attend all scheduled appointments and to comply with the prescribing physician's requests for medical exams, laboratories, rating scales, testing and/or other needed information in a timely fashion.

We understand that our failure to cooperate with medication treatment, comply with medication appointments, or physician requests would result in our child's inability to receive medication services at the Community Child Guidance Clinic. If the patient or guardian fails to respond to the psychiatrist's or CGCS staff's efforts to contact them regarding their treatment, this is viewed as termination of the treatment relationship. The patient or guardian will be notified if this becomes an issue.

We understand that the patient and/or guardian has the responsibility to notify the psychiatrist of the patient's status or of any safety concerns.

All psychiatry services will be submitted to your insurance provider. We do not guarantee coverage by your insurance for these services. You are responsible for all costs not covered by your insurance group. If you have a change in insurance carriers, you are responsible for notifying the insurance billing department.

In signing this contract, I/we understand the above contract and agree to participate in the medication treatment of our child as outlined above.

I authorize the release of any medical information necessary to process claims pertaining to the treatment of my child. Additionally, I authorize payment of medical benefits to the Community Child Guidance Clinic for services described on insurance claim forms.

Parent/Guardian Signature

Date

CCGC Staff Person

Date