

Pediatric Care of Rockville Informed Consent Therapy Patients

Practice Policies

All minor children must be accompanied by a parent/guardian unless they are 16 years of age (or older) and have sought out Mental Health counseling on their own. If you have or share custody of a minor, please provide written proof thereof. We do NOT provide reminder calls about scheduled appointments. It is the patient's responsibility to remember.

Sessions are generally scheduled for 45-50 minutes. Please arrive on time for your appointment. If you are late, that time is lost from your appointment. If the provider is late for a session, we will extend the session if you are willing to do so. Providers try to see patients at their appointment time, but please be aware that emergencies may require extra time and that they may run late on occasion. Please notify us by email, portal or phone if you need to reschedule. 24-hour notice of cancellation allows us to use the time for others. Failure to notify Pediatric Care of Rockville within 24 hours will result in a \$125 fee.

If you miss, cancel or reschedule multiple appointments, we have the right to terminate therapy. If you do not reschedule and attend an appointment within one month of our last session, we will assume that you have decided to discontinue treatment.

You have the right to withdraw from therapy at any time. It is expected that you will let us know of your desire to terminate therapy. We highly recommend that you have a final session with your therapist after you decide to end therapy, so that we can review our work together and collaborate on future plans. If scheduling permits, you are welcome to return to therapy as long as you have been compliant with treatment and office policies, regardless of how much time has lapsed since your last session.

Confidentiality

We are dedicated to maintaining the confidentiality of our patients. Please understand that your child has a right to privacy. They will be less likely to be open and honest if they think that information will be relayed to their parents. However, some state laws specify certain circumstances when psychologists are required to break this confidentiality. It is required by law to inform patients of these limits of confidentiality. We want you to be able to discuss these situations. The following are some of the special disclosure situations which could arise:

- (1) A therapist is required to break confidentiality to the extent needed to protect the patient or a potential victim from a clear threat of danger.
- (2) A therapist is required to notify state authorities if they have reason to believe that a child under the age of 18 has been physically, sexually, or emotionally abused or if they have reason to believe that a vulnerable adult who lacks physical or mental capacity to provide for their own daily needs has been abused, exploited, or neglected.

- (3) A therapist may break confidentiality to the extent needed for treatment, payment, or health care operations. For example, a therapist may consult with colleagues within Pediatric Care of Rockville to provide the best possible care and/or to address emergency situations with outside agencies.
- (4) In the event of lawsuits or criminal court actions, a judge may waive privilege and order a psychologist to provide documents and testify about their work with their patient.

Our guiding principle is to protect the best interest of our patients while delivering the highest quality services. This is done most effectively if you ask questions or raise concerns whenever such matters occur. Permission for us to contact a specific person or agency on your behalf will be granted by signing an Authorization to Release Information Form. Please talk about confidentiality with us, if you have any questions or concerns.

Emergencies

If you experience an emergency between sessions please go to the nearest emergency room and ask to speak to the psychiatrist on call or call 911. The National Suicide Prevention Lifeline is also available 24 hours a day, 7 days a week: 1(800) 273-TALK (1-800-273-8255).

Payments

Therapy services done at Pediatric Care of Rockville are billed to your insurance unless you are notified otherwise. Deductibles, copays, excessive phone calls/consultations and other charges may apply.

I have read and discussed the above information with my therapist and understand what is expected of me as a patient at Pediatric Care of Rockville Psychotherapy Services. I acknowledge that I received HIPAA consent forms as a patient of Pediatric Care of Rockville and these forms also apply to therapy services.

Signature of Parent (If under 18)

Printed Name

Signature of Patient

Printed Name

Signature of Therapist

Date

Date

Date of Birth