

Behavioral Health Associates of Western New York

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TREATMENT AGREEMENT AND PATIENT/PARENT/GUARDIAN RESPONSIBILITIES - CHILD/ADOLESCENT FORM

1) Services: Behavioral Health Associates of Western New York provides diagnostic psychiatric evaluations, medication assessments, and medication management of psychiatric illnesses and serious behavioral disturbances. Supportive and other therapies may be a part of your child’s treatment as well. There may be times when the psychiatrist will want to meet with your child alone, but most meetings will take place with the parent/guardian present to ensure that treatment is progressing satisfactorily. All treatment here is voluntary. We realize that many children are resistant to the idea of taking medication. We will do our best to establish a cooperative working relationship with your child and allay any concerns he/she may have. We will not coerce your child to take medication, misrepresent reasons for treatment, or direct that you give a child medication without his/her knowledge. The secretary will review a fee schedule that is based on your method of payment.

2) Please keep all scheduled appointments: In order for your child to receive the most benefit from treatment at our office, it is important that you contribute your best effort and be present at sessions with your child. Our experience has shown that parents who work with us in a conscientious and consistent manner achieve better and faster results. It is your responsibility to ensure your child is on time for their appointment.

3) Call our office if you cannot keep your appointment: Notify us at least **48 hours** in advance if you plan to not attend so that we may schedule another family who may be waiting for services. Please note that there will be fees for missed appointments, late cancellations (less than 48 hour notice given by client), and showing up late for appointments. Please be aware that our office will discontinue offering future appointments to you if you should miss a total of two (2) appointments without prior notice. My billing secretary will review fee schedules for late cancellations, missed appointments, and showing up late for appointments.

4) Please attend appointments with your child: Your physician can only have an accurate assessment of your child’s functioning when you are present to report on what he/she has been doing at home or at school. Your physician may either meet with you and your child together or separately as agreed upon between the participants. Your physician will discuss with you a recommended schedule of follow-up appointments after the first meeting.

5) Confidentiality: To build a trusting relationship between the clinician and child, confidentiality is important. To develop this relationship we ask that certain information given by your child to the physician in private remains confidential. There are exceptions to confidentiality including reporting any suspicions of child abuse to child protective services, and appropriately intervening if your child reports life threatening or dangerous behavior such as suicidal/homicidal ideation, intent, or plan, to ensure the safety of all involved.

6) Your child’s medical report: Notes will be taken during all sessions. These notes are the property of Behavioral Health Associates of Western New York. Copies are not typically given to parents/guardians. Information, however, may be shared with your child’s primary/referring physician, other treating health professional (therapists), or various parties (school, court, etc.) under special circumstances with your written permission. Some insurance carriers will at times audit charts to ensure quality of care. Please be advised that you may have a carrier that performs such chart reviews.

7) Emergency Coverage: Coverage is provided 24 hours/day, 7days/week for serious medication related problems (severe side effects) or extreme emergencies requiring physician guidance (child is voicing suicidal thoughts). If you call the doctor after office hours and your telephone Caller ID does not accept “Private or Blocked Calls,” the doctor may not be able to return your phone call. The doctor may be calling from home or from a cell phone and WILL NOT allow the number to be displayed. Please unblock your Called ID prior to calling the doctor. Routine medication refills or non-urgent questions should be relayed through the office secretary during normal working hours. After hours emergencies will be handled by Dr. Cooke or a qualified covering physician through the answering service by calling (716) 748-7474. Please allow at least 30 minutes for a response. If you feel that your emergency is life threatening and/or imminent, do not hesitate to call 911 or to seek medical attention for your child at a local emergency room. Crisis Services can be reached at 834-3131 (Erie Co.) or 285-3515 (Niagara Co.).

8) Medication: If medication is prescribed to your child it is your responsibility to safely store and secure the medication out of reach of the patient and other children in the family. The parent(s)/guardian(s) are also responsible for dispensing the medication as prescribed by the treating psychiatrist and to ensure that your child actually swallows/takes the medication. Parent(s)/guardian(s) should watch for side-effects and alert the treating psychiatrist as soon as possible if there is a problem with the medication. It is important to inform the treating psychiatrist if other medication is prescribed by other physicians or if over-the counter medications are used to make sure there are no drug interactions. Parent(s)/guardian(s) should not change the dosage of medication, the time medication is taken, or discontinue the medication unless discussed with the treating psychiatrist first. It is the parent(s)/guardian(s) responsibility to obtain all necessary baseline and monitoring labwork/tests as ordered by the physician. It is the parent(s)/guardian(s) job to make sure there is an adequate supply of medication and that their child does not run out. Prescription refills must be called in a minimum of one week before the medication runs out. Please note that controlled substances (i.e. Klonopin, Adderall, Ritalin, etc.) cannot be called in and must be picked up or mailed.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS A PARENT/PATIENT. A COPY OF THIS FORM HAS BEEN PROVIDED TO ME.

Parent/Guardian signature

Date

Physician signature

Date

Patient Signature (if 16 years or older)

Date