

**TREATMENT AGREEMENT AND PATIENT RESPONSIBILITIES
ADULT 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 treatment as well. All treatment here is voluntary. We will do our best to establish a cooperative working relationship with you and allay any concerns you may have. We will not coerce you to take medication or misrepresent reasons for treatment. The secretary will review a fee schedule that is based on your method of payment.

2) **Please keep all scheduled appointments:** In order for you to receive the most benefit from treatment at our office, it is important that you contribute your best effort. It is your responsibility to show up on time for your appointment. Our experience has shown that patients who work with us in a conscientious and consistent manner achieve better and faster results. Your physician will discuss with you a recommended schedule of follow-up appointments after the first meeting.

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 client who may be waiting for services. Please note that there will be fees for missed appointments, late cancellations (less than 48 hours 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 2 (two) appointment without proper notice. Our billing secretary will review fee schedule for late cancellations, missed appointments, and showing up late for appointments.

4) **Confidentiality:** To build a trusting relationship between the clinician and client, confidentiality is important. To develop this relationship we ask that certain information given by you to the physician in private remains confidential. There are exceptions to confidentiality including appropriately intervening if you report life threatening or dangerous behavior such as suicidal/homicidal ideation, intent, or plan, to ensure the safety of all involved.

5) **Your medical record:** 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 patients. Information, however, may be shared with your primary/referring physician, other treating health professional (therapists), or various parties (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.

6) **Emergency Coverage:** Coverage is provided 24 hours/day, 7 days/week for serious medication related problems (severe side effects) or extreme emergencies requiring physician guidance (suicidal ideation/attempt). 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 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 yourself at a local emergency room. Crisis services can be reached at 834-3131 (Erie County) or 285-3515 (Niagara County).

7) **Medication:** If medication is prescribed to you it is your responsibility to safely store and secure the medication out of reach of children in the family. You are also responsible for taking the medication as prescribed by the treating psychiatrist. You 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 between the medications being taken. You 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 your responsibility to obtain all necessary baseline and monitoring labwork/tests as ordered by the physician. It is your job to make sure there is an adequate supply of medication and that you do 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 PATIENT. A COPY OF THIS FORM HAS BEEN PROVIDED TO ME.

Patient signature

Date

Physician signature

Date