



Office Policies and Consent to Treatment

Welcome to The Whittier Pavilion Outpatient Clinic. This document outlines our office policies and procedures; authorizes us to begin evaluation and treatment; and establishes the financial agreement between you and The Whittier Pavilion Outpatient Clinic. Please read this information carefully. If you have any questions, please discuss them with our office staff or your clinician.

Legal Consent to Treatment

All adult individuals consent to their own treatment. If an individual has a guardian or legal representative who is authorized to make health care decisions, The Whittier Pavilion Outpatient Clinic will request copies of guardianship/legal representative paperwork and request that the patient's Guardian/Legal Representative sign all consents.

Emergency Procedures

The Clinic's telephone lines are staffed during regular business hours 8am- 4pm by office staff. If a need arises to contact your therapist between sessions, please call The Whittier Pavilion Outpatient Clinic at (978) 556-6230 and your call will be returned as soon as possible. If you have an urgent matter, be sure to inform the office staff or the clinician on call of the urgent nature of your call so that your call will be handled at once. The Whittier Pavilion Outpatient Clinic has 24 hour telephone coverage. When the Clinic is closed an on call clinician can be reached at (978) 228-0901 for non life-threatening emergencies. If a psychiatric emergency is life-threatening, please go to your nearest emergency room or dial 911.

Appointments

Initial evaluations will take a minimum of 45 minutes depending on the nature of the assessment. Individual therapy sessions are usually 45 to 50 minutes though longer or shorter sessions may be prearranged with your provider. Medication management sessions take anywhere from 10 to 30 minutes unless otherwise arranged with the prescriber. You are expected to arrive to each appointment on time; your therapist will not extend sessions to make up for lost time when you are late. Your therapist or

prescriber will, likewise, make every effort to attend each appointment on time. Appointments with our prescribers run differently than therapy sessions with our therapists and there is frequently some waiting time involved. Please be patient. There are also situations in which therapy sessions must be delayed, such as in emergency session-extensions. In such situations your therapist will attempt to extend your appointment or provide other arrangements to make up for lost appointment time.

Cancellations:

Scheduling an appointment involves reservation of time specifically for you. A **minimum of twenty four hours notice is required** for rescheduling or cancellation of an appointment. Your cooperation is essential so that we can provide maximum service to all clients. If you fail to communicate with our office about missed sessions for three consecutive sessions or you are inconsistent with your attendance, your clinician may initiate termination of your services here. They would then refer you to another agency for continued care with your permission. If we are unable to reach you, you will be notified by certified mail that your case will be closed. Should you decide to reengage in treatment please contact our office to discuss options.

Medication appointments and refills:

Medication refills for patients being prescribed medication **will not be approved** without diligent scheduling of, and attendance of medication and therapy follow-up appointments. We also require a minimum of **72 hours** prior notice for prescription refills.

Video Recording:

For the safety of our clients and our staff we have video camera surveillance in non patient care area. Video recordings may not be shared with persons outside the facility, for any purpose other than for incident review or to comply with a request from authorities, our corporate legal counsel, or in response to a subpoena, without additional consent. All video recordings shall be destroyed pursuant to facility policy unless the facility has a business need to retain video recordings.

I have read and understand each of the above policies and I understand and agree to follow and abide by them. I understand that I may revoke my consent, by submitting revocation in writing to The Whittier Pavilion Outpatient Clinic, which will be made effective upon receipt. I understand that my signature below acknowledges that I have received a copy of these policies and the HIPAA Notice of Privacy Practices. By signing below I also understand that I consent to allow The Whittier Pavilion Outpatient Clinic to provide me with mental health treatment and services.

For office use only, please do not write
in this box.

Video Recording: I have been informed that video recording may be taken in patient care areas and non-private areas of the facility and I recognize that I may request the cessation of video recording in patient care areas at anytime. Video recordings may not be shared with persons outside the facility, for any purpose other than for incident review or to comply with a request from authorities, corporate legal counsel, or in response to a subpoena, without my additional consent. All video recordings shall be destroyed pursuant to facility policy unless the facility has a business need to retain the video recordings.

Signature of Patient

Date/Time

Signature of Guardian (if applicable)

Date/Time