

TREATMENT CONTRACT

With

Seth W. Pois, M.D., PSC

Child, Adolescent and Family Psychiatrist

There are several important components to any treatment relationship, particularly if it is to be one that is helpful, productive and rewarding. A clear understanding of what is expected, ongoing communication during the process, and treatment compliance (including counseling and medication recommendations) is essential. It is also important for anyone in treatment to feel informed, included and that you are an active participant in the process, particularly if medications are utilized. This treatment contract represents not only your acknowledgment of committing to the above, but also an opportunity for me to give you an overview of my treatment approach and philosophy.

As a child and adolescent psychiatrist, I provide diagnostic evaluations, individual and family psychotherapy, outpatient and inpatient care, psychopharmacologic management, liaison with other involved professionals and recommendations for treatment including referrals as indicated. I also provide supervision to therapists in both the inpatient and outpatient setting.

Confidentiality and Informed Consent

In general, information disclosed/communicated during the course of treatment contact is both confidential and protected by law. There are however, a few important exceptions, including: 1) when you or the legal guardian of a minor has signed an appropriate consent for release of information, 2) if a judge issues a specific order requiring testimony (this may occur in a child custody or adoption proceeding, or in a lawsuit where mental condition is felt to be an issue), 3) statute-mandated reporting of any suspected child or elder abuse, and 4) when there is a reported or perceived threat to harm self or others; potential harm to others also requires by law that steps are taken to notify the potential victim, as well as police.

The overall message is that I have a clear moral, ethical and legal responsibility to prevent people from being harmed when, to the best of my professional judgment, such danger exist.

I may occasionally consult with a colleague about my services with you, and this individual is bound by the same laws regarding confidentiality. I am required to keep appropriate records for clinical purposes to use for written summaries as needed also. If you utilize third party reimbursement I will need to provide the insurer with a clinical diagnosis and occasionally a treatment plan or summary. If you utilize Medicaid, it is implied that a supervising physician will review and have access to record.

Children and adolescents are entitled to confidentiality regarding the specific content of their therapy/treatment contact – this represents an important component in the development of trust and a treatment alliance. It is also important for parents to receive general information on how the treatment is proceeding, and what concurrent parental issues need to be addressed. The

Confidentiality and Informed Consent (con't)

above described exceptions to confidentiality apply to children and adolescents as well.

It is important for both a child/adolescent and their parents to feel informed about the treatment process at every level—this includes therapy/treatment recommendations, diagnostic issues, education, medication issues, treatment goals and expectations as well as prognosis. Part of this process includes discussion about alternative approaches, risks/benefits/side-effects of medications, developing an understanding that a desired treatment outcome is not guaranteed, and having an opportunity to ask questions and demonstrate an understanding of what consent is being given for. This supports positive communication, teamwork, improved treatment focus, and minimizes confusion and treatment disruption.

Treatment

My approach to psychiatric treatment involves considering the multifactorial nature of any psychic or behavioral distress. In other words, there rarely is one “reason” that explains mental, emotional and behavioral struggle. Given this, treatment frequently involves the use of several different interventions, including possibly individual and family therapy, group therapy, parenting work, support groups, pharmacotherapy, community resource involvement, and academic modification. Focus on family, social, personal, and occupational functioning is essential as well.

The use of medication alone never represents a “solution” for dysfunction; it can however be useful in conjunction with the above-described interventions. All medications have risks as well as benefits, and although it is not possible to review every potential side effect, it is important to have both initial and ongoing dialogue about medication response and concerns. All individuals utilizing medication require office follow-up to facilitate direct communication and monitoring. Calls requesting medication refills must be made during office hours; refills cannot be given at night, over the weekend or on a holiday due to the unavailability of patient records. Periodic lab work may be needed/indicated with the use of certain medications as well.

Your commitment to the treatment process is an essential part of this contract and involves:

- 1) Attending scheduled appointments consistently
- 2) Notifying the office in a timely fashion if you unavoidably must cancel an appointment
- 3) Communicating with your therapist/Psychiatrist regarding:
 - any suicidal/homicidal threats or gestures
 - evidence of hallucinations or change in thought process
 - aggressive or self-abusive behavior
 - substance abuse issues
 - concerning risk-taking behavior (driving fast, promiscuity, for example)
 - concern about abuse
 - treatment non-compliance or misuse of medication

- school suspensions, legal difficulties, runaway behavior
- a major decline in home, school, occupational or personal functioning
- 4) Communicating about billing and insurance information, and make necessary payments on your account as indicated.
- 5) Monitoring and/or utilizing medication as prescribed, and contacting me with questions or concerns about medication side effects or reactions.
- 6) Actively participating in the treatment-reviewing recommendations, completing assignments as given, applying new skills or insights, openly discussing the “positive” and “negative” aspects of treatment.

Attendance at scheduled appointments is extremely important not only for successful treatment, but also in terms of consideration of others who may have the desire to schedule evaluations/follow-up; because of this, appointments canceled less than 24 hours before the scheduled time will be charged half the regular fee. Appointments missed with no notification will be charged the full fee. After two canceled appointments, discussion about this pattern will be a part of the next therapy session; a pattern of missed appointments (without notification) will result in a review of these treatment contract expectations, and termination secondary to treatment non-compliance. I will, however, provide you with information pertaining to other treatment options/referrals, and in the interim, should you experience a crisis, will be available to offer emergency care. (This does not include routine medication refills).

Doctor/Patient Contact

Another important aspect of any treatment relationship is your ability to make contact with your psychiatrist, either in the form of scheduling initial or follow-up appointments, or through phone contact if the need arises. I am available to see appointments on a scheduled basis, and currently have offices in Louisville, Shepherdsville and Jeffersonville, Indiana. My office is available to receive phone calls 24 hours a day, seven days a week; routine messages may be left on the office answering machine. There is also an emergency number available on the machine, should a crisis situation arise. There may be occasions when I am not personally available – a covering psychiatrist would be available to address emergency concerns in this instance. My office phone number is **(502) 425-5422**.

My request is that you carefully read through this information, ask questions if you have them, and if you so desire, acknowledge your understanding and commitment to the treatment contract by signing the following page. You may then keep these first three pages for future reference.

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I have read over the first three pages of this treatment contract, have had an opportunity to ask questions, understand the issues discussed, and accept the guidelines and expectations that were presented.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of minor when appropriate	_____ Date
_____ Witness	_____ Date