



Children First Pediatrics Informed Consent Psychologist: Dr. Blair

Practice Policies

All minor children must be accompanied by a parent/guardian. If you have or share custody of a minor, please provide written proof thereof. We provide reminder texts about scheduled appointments, however please do not solely rely on technology. 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 I am late for a session, we will extend the session if you are willing to do so. I try to see patients at their appointment time, but please be aware that emergencies may require extra time and that I 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 Children's First Pediatrics within 24 hours will result in a \$125 fee.

If you miss, cancel or reschedule multiple appointments, I have the right to terminate our work. If you do not reschedule and attend an appointment within one month of our last session, I will assume that you have decided to discontinue treatment with me and your case will be closed.

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

Confidentiality

I am dedicated to maintaining the confidentiality of my 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 all information will be relayed to their parents. However, some state laws specify certain circumstances when psychologists are required to break this confidentiality. I am required by law to inform my patients of these limits of confidentiality. I want you to be able to discuss these situations with me. The following are some of the special disclosure situations which could arise:

- (1) A psychologist 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 psychologist 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 psychologist may break confidentiality to the extent needed for treatment, payment, or health care operations. For example, a therapist may consult with colleagues within Children First Pediatrics 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.

My guiding principle is to protect the best interest of my patients while delivering the highest quality services. I can do this most effectively if you help me by asking questions or raising concerns whenever such matters occur. Permission for me 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 me, 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 Children First Pediatrics are billed to your insurance unless you are notified otherwise. Deductibles, copays and other charges may apply.

I have read and discussed the above information with my psychologist and understand what is expected of me as a patient at Children First Pediatrics. I acknowledge that I received HIPAA consent forms as a patient of Children First Pediatrics and these forms also apply to therapy services.

Signature of Parent (If patient under 18)

Signature of Psychologist

Signature of Patient

Date