

**Community Choice Pediatrics Therapy Team**  
**Informed Consent and Practice Procedures**

Welcome! This document outlines the important details about the psychotherapy services offered at Community Choice Pediatrics. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered.

**Purpose of Treatment**

Psychotherapy services are provided to support a child or adolescent's emotional, behavioral, social, and developmental needs. Treatment may include assessment, individual therapy, parent consultation, and coordination of care as clinically appropriate.

**Services Offered**

Our program may utilize a variety of therapies based on each therapist's own skill sets and knowledge. They will review their skill set with you individually.

We do not offer medication management, court-ordered evaluations, custody recommendations, or assessment of ADHD or ASD. We do coordinate care, with parent/guardian's consent, with the child's PCP and provide appropriate referrals for outside services.

**Nature of Therapy**

Therapy may involve talking, play-based interventions, expressive activities, skills-building, and evidence-based strategies tailored to your child's age and needs. Progress varies for each child, and outcomes cannot be guaranteed. Therapy may bring up uncomfortable emotions at times as part of the healing and growth process.

**Evaluation, Treatment Plans, Graduation**

- The first few sessions will involve evaluation of your child's needs by using clinical assessments, observations and caregiver reports. This evaluation typically lasts 2-3 sessions.
- We will schedule a parent only session (or patient and parent session geared towards adolescents) to discuss if the therapist is the right fit and review a treatment plan. We review treatment plans approximately every 90 days.

- If the therapist and/or the family determine the therapist is not the best fit, or if your child's needs are outside our scope of practice, we will refer you to another therapist either in our practice or in the community.
- The goal of therapy is to graduate. Once goals have been met or if additional needs are identified, your therapist will discuss graduation as part of the treatment planning process.

### **Parent/Guardian Involvement**

Parents/caregivers play an important role in pediatric therapy. Treatment may include parent sessions, check-ins, psychoeducation, and recommendations to support progress at home and school. The level of parent/caregiver involvement will be discussed collaboratively and adjusted as clinically appropriate.

In two household families, it is the referring parent's responsibility to provide updates on their child's participation in therapy to the other parent. The therapist will appropriately collaborate with both parents on their child's treatment and progress as necessary.

At every appointment, the parent/guardian will be asked to complete a Parent/Caregiver information sheet that provides necessary information regarding their child's current functioning. It is up to the parent/guardian the amount of content shared on these sheets. These are not part of the child's medical record.

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### **Confidentiality**

Information shared in therapy is confidential and will not be released without written consent, except as required or permitted by law. Exceptions to confidentiality include, but are not limited to:

- Risk of harm to self or others
- Suspected abuse or neglect of a child, elderly person, or vulnerable adult
- Court orders or legal requirements

Parents/guardians will be provided with general updates regarding treatment goals, progress, and recommendations. Specific session content may remain private to support the therapeutic relationship, especially for adolescents, unless safety concerns arise.

### **Limits of Confidentiality with Minors**

While parents/guardians have legal rights to their child's records, therapists use clinical judgment to balance parental involvement with the child's need for privacy. Information will

be shared with parents when it is clinically relevant to progress and goals, safety-related, or legally required.

### **Risks and Benefits**

Therapy may require a significant investment of time, money, and energy. Therapy can be a helpful and effective way to address emotional and behavioral difficulties.

**Potential benefits** include improved emotional regulation, coping skills, communication, behavior, and overall functioning.

**Potential risks** include temporary emotional discomfort, frustration, or increased awareness of difficult feelings.

### **Coordination of Care**

With written consent from the parent/guardian, the therapist may collaborate with schools, psychiatrists, or other providers to support treatment goals.

### **Financial Responsibilities**

Our goal is to support the safety, continuity, and quality of care for every patient. We understand that financial situations can change, and we are committed to working with families whenever possible to avoid interruptions in care.

### **Payment Expectations**

- Payment is expected at the time services are provided unless other arrangements have been made.
- Insurance balances, copays, deductibles, and self-pay charges are the responsibility of the patient or responsible party.
- If you have questions about any of the above, please contact your insurance company directly.
- We request a credit card to be kept on file for ease of payments, but it is not required for services.

### **If a Balance Becomes Past Due**

- A balance is considered *past due* when payment has not been received within the timeframe outlined in your financial agreement.
- If this happens, our billing team will reach out to discuss the balance and available options.
- A past-due balance does not automatically mean services will stop.

## **We Will Work With You**

When a balance is past due, we can often offer:

- Payment of the balance in full
- A payment plan
- A good-faith payment with a plan to resolve the remaining balance

Once a payment or plan is in place, your account is considered actively being worked toward.

## **How Scheduling May Be Affected**

- If a past-due balance is not addressed and no payment plan is arranged, scheduling of future appointments may be temporarily paused for up to 30 days. If a plan is not established within 30 days, your child may go back on our waiting list, or be moved to inactive status.
- This pause is meant to encourage communication and resolution — not to end care.
- Scheduling resumes as soon as a payment is made or a plan is established in a timely manner.

## **Your Child's Safety and Care Come First**

- Clinical safety is always our priority.
- Financial policies are applied thoughtfully and with attention to each patient's clinical needs.
- If ongoing services cannot continue due to unresolved financial concerns, we will help with appropriate referrals and transition planning to support continuity of care.

## **Questions about Billing/Financial Responsibility**

If you are experiencing financial difficulty or have questions about your balance, please contact our billing team as soon as possible. Early communication helps us work together and avoid interruptions in care.

## **Additional Fees**

### Legal Matters:

- You are responsible for the therapist's professional time if legal matters require your therapist's participation, even if they are subpoenaed.
- Fees for legal preparation and attendance at proceedings is \$500.00 per hour.

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## **Attendance and Participation**

Regular attendance and engagement support effective treatment. Missed appointments, late arrivals, and cancellations are subject to the practice's attendance and fee policies.

### **No Shows:**

If you no-show your initial appointment, (miss the appointment with no communication), and do not respond to our attempts to contact you, your child may be returned to our waiting list.

Please remember to cancel or reschedule 48 hours before your appointment.

Giving less than 48 hours' notice will be considered a **No Show**.

After 1 no show, there is a potential for a \$50 late fee charged for subsequent no shows. (Charges may differ depending on patient's insurance status).

1. The first No Show: Text Reminder sent to parent/caregiver
2. The second No Show: Text Reminder sent to parent/caregiver
3. The third No Show: The patient will be reviewed by the practice and could potentially be discharged from the program.

**Late Arrivals:** If you are late for a session, you may lose some of that session time. There is a 15 minute grace period for appointments. Repeated late arrivals may lead to review of your child's case or potential discharge.

**Meeting Times:** The standard meeting time for psychotherapy is 45-60 minutes. If you feel this time needs to be changed for any reason, please communicate this with your therapist. Clients may have shorter sessions based on their therapeutic needs.

**Follow up appointments:** We will reach out to schedule three times. If no effort is made by the parent/guardian to call back or schedule, your child will be moved to our inactive list. If

parent/guardian's wish to resume services, their case will be reviewed and they may be added back to our waiting list and updated appropriately or provided community referrals.

### **Telehealth**

We offer telehealth services for our initial intake session, parent/guardian only session, and occasionally sessions with adolescents. Your therapist and our scheduler will explore telehealth options with you if you are interested.

For inclement weather, your session may be switched to a telehealth session. You will receive a text with an update and instructions prior to your appointment time. No Shows for telehealth appointments are subject to the same fees as in person appointments.

Parents/Guardians may request a telehealth session if an in-person session is not possible due to unplanned circumstances. Parents/Guardians would need to reach out to our scheduler at least 2 hours prior to the scheduled session time to request a switch in session type. If this request becomes a pattern, further discussion with your therapist can occur to explore ongoing needs of your family.

For telehealth, we require a private space for the parent/guardian and/or patient, and for everyone to be fully dressed.

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### **Emergency and Crisis Care**

Therapy sessions are not intended to serve as emergency or crisis services. In case of urgent safety concerns, parents/guardians should contact emergency services (911 or 988), local crisis lines, or proceed to the nearest emergency room or Rediscover Youth Urgent Care.

### **Social Media**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy.

### **Food and Drinks**

Your therapist will not provide your child with any food or drink items while in session, (a cup of water could be the exception), however, they are welcome to bring any drinks or

snacks with them into session as approved by the therapist and as long as it does not distract from the content of the session.

**\*\*Let your therapist know of any food allergies!\*\***

### **Your Rights**

- You have the right to participate actively in your child's treatment and make informed decisions about your care.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate therapy at any time.
- You have the right to seek a second opinion.
- You have the right to access a summary of your treatment records, with some exceptions. Please let your therapist know if you would like to discuss.

### **Contacting your Therapist**

- You may message your therapist through the portal; responses are within 24-48 hours. Do not message in a crisis; contact 911 or 988. The CCP RN line is available for any medical questions.
- Your therapist is unable to email with families or answer phone calls throughout the day.
- You can contact our scheduler and request a call back from the therapist or request a parent/caregiver-only session to be scheduled.
- If you require immediate help, call 911 or call 988.

### **Our Responsibilities**

- We are committed to providing you with competent and ethical therapy care.
- We will respect your privacy and confidentiality.
- We will discuss the limitations of our expertise and refer you to another provider if necessary.

**Consent to Treatment**

By signing below, I acknowledge that I am the legal parent/guardian of the above-named minor and have the authority to consent to treatment. I have read and understand the information above, had the opportunity to ask questions, and voluntarily consent to my child's participation in therapy services.

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_