



Our goal at PAMC is to provide you with the best services and we would like to inform you of our therapy attendance policy and expectations for therapy to ensure that you are getting the effective therapeutic treatment that you are seeking. We also want to ensure other patients are not missing out on possible therapy times that they could have received.

Please read through and initial on the line that you have read and understand each statement:

** Please read in full and have this signed and the admission packet completed before you come in for the intake assessment. If not completed at the time of your appointment,, your intake may need to be rescheduled**

Attendance Agreement

I UNDERSTAND that if I arrive 15 minutes late to a 45 minute session, or 10 minutes late to a 30 minute session without prior notification, I may not receive therapy that day. Sessions that begin late will still end at your scheduled appointment time.

I AGREE to call to cancel my appointments at least 24 hours in advance. If I do not call to cancel and do not attend therapy, this will be considered a “no show.”

IF I AM IN QUARANTINE, or otherwise are unable to physically attend but are still able to engage in talk therapy, I will call the office to change the appointment to a telehealth appointment.

I UNDERSTAND that if I have multiple cancellations, instances of tardiness, or missed appointments, it is grounds for discharge from therapy. If I must cancel an appointment due to an illness or emergency, I will contact the office as soon as possible. Family emergencies will be taken into consideration.

I understand that if I have not had a session in 30 days, I have 5 business days to call and schedule my next session, or be discharged from therapy- as infrequent therapy sessions have minimal effectiveness in progress toward treatment goals. IF you already have a session scheduled, this does not apply to you.

If I do not attend at least one therapy session within a 2 month period, it is grounds for discharge from therapy as no therapeutic benefit can be gained from inconsistent/infrequent therapy sessions.

IF I miss three (3) consecutive therapy sessions and do not call, I will be discharged from therapy.

If I cancel my intake appointment within 24 hours of the appointment time, I will be given one more chance. Failure to show up the second time to the intake appointment will result in a discharge from therapy.

Therapy Expectations

__ I understand that therapy is goal directed. Specific treatment goals created by patient, family and therapist in the first session and updated as needed during treatment. Typically, treatment lasts between 8-12 sessions (which may vary depending on level of care).

__ I understand that if a patient's mental health concerns are too severe for the current therapy setting, or are outside of the therapist's scope of practice, the therapist WILL make referrals to other providers so that the patient can receive the best care possible. This is ethical and necessary.

__ I understand that therapy is considered a partnership between the therapist, patient, and family. The therapist's role is to provide a safe space, education, support, and tools to help the patient manage their mental health and express their feelings. It is not the role of the therapist to "fix" the patient/family. The patient/family are the agents of change.

__ I understand that the therapist does not replace, or act, as social support. When in therapy, the patient and therapist are working toward specific goals together with the end goal of a successful discharge. Therapy promotes independence. The ultimate goal of therapy is to help the patient learn to manage their mental health systems on their own/in their natural support system, as opposed to relying on the therapist for stability.

__ I understand that the therapeutic relationship is the strongest factor for growth in the therapy process. If the patient/family does not feel connected or secure in this relationship (which can happen), it is their responsibility to communicate these concerns with the therapist so that the therapist may adjust treatment accordingly. If this does not help, the therapist will help to facilitate a referral or provide resources for other providers that may better suit the patient's needs.

__ I understand that the therapist may terminate therapy if they feel unsafe or threatened by any parties involved. The therapist may also terminate therapy for attendance concerns as discussed previously, stagnation in obtaining goals, and/or not following through with treatment recommendations.

__ I understand that patients and families are expected to practice, review and attempt concepts and techniques discussed in the sessions. This is to help generalize those concepts to the patient's personal life and not just the therapy room.

__ I understand that the patient knows themselves the best. So it is their responsibility to be an honest and active participant in the therapy process.

__ I understand that telehealth appointments require privacy, as it is best practice that therapy must remain confidential to patients and/or guardians.

__ I understand that the therapist and patient cannot engage with one another outside of treatment. They cannot be friends on social media, have dual relationships, or interact outside of the therapy process. This is to protect both the patient and therapist's privacy and safety.

__ I understand that parent coaching and involvement in therapy plays a vital role in pediatric therapy. This will look different for each child, but the expectation is that caregivers are also practicing therapy concepts with patients outside of the therapy room. The therapist may also work with guardians to improve communication, reactivity, and understanding the problem. The therapist may also provide resources for guardians to aid in

their own mental health as many mental health issues can be genetic in nature and will aid the family unit overall, resulting in more success and stability in therapy outcomes.

___I understand that therapy at PAMC is an integrated process where physical and mental health are treated simultaneously. The PAMC team will meet and collaborate on relevant treatment concerns as needed.

Once discharged from therapy (whether successfully or unsuccessfully), you may reenter therapy services if needed after one year, or earlier based on therapist's discretion.

Please sign that you understand and agree to the above policy:

Parent/Guardian Signature

Date

Patient Name

Patient DOB