



Patient Expectation Agreement Documentation

For the psychiatric provider to offer you the best possible care and to support the therapeutic treatment relationship, it is important to understand your role in treatment. The key to the success of your treatment is your willingness to participate in all aspects. We hope you will partner with us in doing the following. Failure to follow the patient's expectations below may result in discharge from psychiatric care.

Attendance of Appointments: Missing appointments prevents you from receiving high quality treatment. You may be discharged from care if you have three or more late cancellations and/or two or more no shows, or if you fail to follow-up at the appointment frequency determined by your provider. You need to arrive on time for your appointment, allowing enough time for the check-in process so you are ready at the appointment time. If you are late and there is not enough time remaining to provide you with proper care, you may be asked to reschedule. We respect your time, and we will make every effort to stay on schedule. Please understand that clinical emergencies may occasionally delay the start of your appointment. Help us stay on schedule by respecting the time limitations of your appointment.

Behavior: Everyone desires respect. We strive to always treat you with dignity and respect. We, in turn, expect you to treat your provider and all office staff at Kairos Counseling with respect and to not disrupt the care of other patients. Be aware of your speech and behavior to be kind to yourself and others. You will be discharged from services if you behave inappropriately to any staff person or fellow patient.

Cancellations: Please give at least 24- hours' notice when cancelling an appointment. Except in the case of emergency, failure to give at least 24-hour notice or missing your appointment will result in a missed appointment/late cancellation fee. This will be charged to you directly and will not be covered by insurance. We understand that emergencies arise and will occasionally give reasonable exceptions on a case-by-case basis. In cases of severe weather when travel is dangerous and local schools have been closed, if you call prior to your appointment, it will not be considered a late cancellation. In the case of weather-related cancellations, the provider will attempt a virtual appointment if circumstances permit.

Engaged: Participate fully and learn from your treatment plan designed for your benefit. Utilize all resources made available to you. We ask that you be open-minded about the information presented to you and seek a positive attitude.

Following the Treatment Plan: It is very important to follow your provider's treatment recommendations. This not only applies to medication management but also non-medication treatment recommendations, such as regular engagement with therapists, follow-ups with PCP, lifestyle recommendations, dietitians and entering a higher level of care. We encourage patients to set reasonable goals to work toward reaching them.

Honesty: Be willing to be open and share with your providers about your problems and need for treatment.

Medications: Medications take time to reach full effectiveness. Please discuss these expectations with your provider. A change may not be made if the provider states an adequate trial has not taken place.

If you do not feel that your medications are working as intended, please call the office during regular business hours and schedule an earlier appointment to discuss these concerns with your provider. Do not make medication changes on your own; this includes stopping medications, changing the dose of a medication, restarting a discontinued medication, or taking a medication not prescribed to you. Doing so is potentially dangerous. Psychiatric medication prescriptions may only be obtained from your psychiatric provider at Kairos Counseling (for example, do not also seek psychiatric medication recommendations from your primary care provider, unless directed by us). If a refill is needed between appointments, please call during regular business hours and allow at least 7 business days for processing. After hours refill requests will not be honored.

Medication Adjustment Policy: The client acknowledges and agrees that all medication adjustments require an in-person office visit. This policy is in place to ensure a thorough assessment of the client's condition, provide an opportunity to discuss any necessary changes, and offer the appropriate guidance for the client's treatment plan

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Insurance: Insurance benefits have increasingly become more complex. It is ultimately the patient's responsibility or his/her responsible party to understand the benefits. Most Psychiatric services are covered by insurance companies; however, few insurance companies pay for phone (non-Telehealth) sessions. It is in the patient's best interest to make the psychiatric appointment in person or through the virtual portal. If the patient is unable to do so, s/he may be responsible for the entire appointment. Patients may be responsible for other services that insurance does not cover to include, but not limited to writing of letters, completing paperwork for disability, court documents, and security clearances.

Controlled Substances: Your provider retains the right to not prescribe controlled substances based on their professional judgement which includes patients' history, (past drug and alcohol abuse) and clinical contraindications. If a controlled substance is prescribed, a strict controlled substance agreement will be signed and enforced.

Safety: Your provider's priority is maintaining safety. You must share that same priority to maintain a therapeutic treatment relationship. If you feel you are at risk of harming yourself or others, you need to inform your provider and you must go to the nearest emergency room.

You must go directly to the hospital for treatment if you are feeling suicidal or homicidal.

I have read the above patient expectation policy and understand my role in my psychiatric treatment. I understand that failure to follow any of these conditions may result in immediate termination of psychiatric care at Kairos Counseling.

Signature: _____ Date: _____