

Woburn Pediatric Psychological Services

7 Alfred Street, Suite 300B

Woburn, MA 01801

781-569-6022

BEHAVIORAL HEALTH CLIENT RESPONSIBILITIES

As a client of Woburn Pediatric Psychological Services, you accept responsibility for your treatment here. This includes the following:

CANCELLATIONS AND MISSED APPOINTMENTS

If you are unable to attend an appointment, please call to cancel as soon as possible or at least 24 hours in advance. This will allow us to make this time slot available for another client. If you need to cancel an appointment, please try to reschedule a new appointment at that time. Clients with missed appointments or appointments cancelled with less than 24 hours' notice will be charged a fee of \$50.

If you cancel or miss 3 appointments within a 30-day period, we would have to discuss your participation in treatment prior to scheduling further appointments. There may be occasions on which you arrive late for your appointment; you will be seen for the duration of your scheduled time.

MEDICATION REFILLS

If you are prescribed medication and expect to run out, you **MUST** alert Woburn Pediatric Psychological Services at least 5 days in advance. Otherwise, we cannot guarantee that you will receive your medication in a timely manner. If you have not been seen by a psychiatrist within a six month period, you will need to schedule an appointment in order to have your medication refilled.

EMERGENCY COVERAGE

In the event of an emergency, please call 911 or go to the nearest Emergency Room.

VOICEMAIL MESSAGES

Voicemail messages will be retrieved and calls returned during regular business hours within 24 hours on weekdays.

INSURANCE AND PERSONAL DATA

Please inform us of any changes or potential changes in your insurance status or coverage as soon as possible. This will assist us in getting approval for treatment in a timely fashion. Similarly, if you change your address or phone number, please make sure that our staff has the most up-to-date information. Your health insurance may not pay for the item(s) or service(s) that you or your child(ren) will be receiving today and/or at future visits to the practice. Health insurers do not necessarily pay for all of your health care cost, they only pay for covered items and services according to your specific plan. Therefore, please note, depending on your plan design, you may be responsible for co-payments, co-insurance, and deductibles. Any co-payments are due at the time of service.

The fact that insurance may not pay for a particular item or service does not mean that you should not receive it if your doctor recommends it. The purpose of this section is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you may have to pay for them yourself. By signing the Woburn Pediatric Psychological Services consent to treat form, your signature indicates that you have read the above information and understand that you may be responsible for charges not covered by your child's health care plan, and accept financial responsibility for medical services not covered by your insurance plan. This waiver will remain in effect until treatment is terminated.

PARTICIPATION IN TREATMENT

As a client of Woburn Pediatric Psychological Services, we expect that you will participate fully in your treatment. This includes working with your therapist or psychiatrist to identify goals and objectives that you wish to meet. If you are in any way dissatisfied with your treatment, you may discuss this with your provider or the clinical director.

It is our goal to provide you with professional and appropriate behavioral health services. We can only do this if you agree to become an active partner in this relationship.