



Welcome to the Nicklaus Children’s Hospital Division of Psychology. In order for your child to receive the maximum benefit from his/her treatment plan, consistent attendance and compliance with the recommended treatment is required.

1. All information disclosed within the sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Such exceptions are as follows:
  - a. Where there is reasonable suspicion of child abuse or a reasonable knowledge of elder or dependent adult physical abuse;
  - b. Where there is reasonable suspicion that the patient presents a danger of violence to others;
  - c. Where the patient is likely to harm himself/herself unless protective measures are taken; or
  - d. The court orders the records released.
2. Your child will be given an appointment by the front staff and/or clinician. A session may include direct treatment, consultation, parent education, and documentation time.
3. Patients are expected to arrive to their appointment at least 15 minutes before the scheduled appointment. Please be sure to allow yourself sufficient time to find a parking space. Patients who arrive late are not guaranteed a treatment session on that day.
4. If your child is unable to attend a session, telephone notification is required at least 24 hours prior to the appointment. Three (3) cancellations in a 3-month-period or frequent cancellations (i.e., cancellations which are determined by your child’s clinician to negatively affect his/her progress) may result in
  - a. a reduction in the number of sessions scheduled per month
  - b. discontinuation of treatment from MCH Psychology and a referral in the community
5. Failure to call to cancel at least 24 hours prior to the scheduled appointment will be considered a “no show.” Two (2) no shows (did not call to cancel) within a 3-month period, will result in discharge from the therapy services.
6. Your child may be excused from therapy for extended periods with proper notification from parent or physician for reasons such as illness, hospitalization, vacation, insurance issues. Please note your specific therapy appointment time may not be held for more than two (2) weeks.
7. A parent, guardian, or legally designated person must be present throughout the child’s treatment time.

I have read and understand the guidelines stated above.

Parent/Legal  
Guardians’

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clinician’s

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PROHIBITED ABBREVIATIONS - PLEASE WRITE COMPLETE WORD(S)	Abbreviations to avoid:
U - u - IU	microgram symbol μg
Q.D. - QD - q.d. - qd - Q.O.D. - QOD - q.o.d - qod	Greater than or Less than > or <
MS - MSO <sub>4</sub> MgSO <sub>4</sub>	subcutaneous sc
5.0 mg ( trailing zero ) - .5mg ( lack of leading zero )	

**PSYCHOLOGY  
ATTENDANCE/TREATMENT AGREEMENT  
ENGLISH**