

Treatment Agreement for Minors

Name of client: _____

Dr. Jill Zechowy provides outpatient counseling and/or medication management for improvement of mental health. This will occur at Dr. Jill Zechowy's office at 725 College Avenue in Santa Rosa, CA.

Treatment by the above means is likely to improve the client's symptoms, but there are no guarantees. With counseling there are often times in which a client may feel worse before they feel better, or develop a worsening of symptoms at a later date. How each client will do can not be predicted. It is important for you, the client, to let Dr. Zechowy know if you are feeling worse. The client and Dr. Zechowy will work together to decide if medications might be helpful. You, the client, can refuse medications or counseling at any time.

Clients are required to have a separate primary care physician. Often physical illness can cause or contribute to psychological problems. In addition, psychiatric medications can have side effects that can affect your physical health. As our goal is your optimal wellness, it is important to care for the health of both your mind and body.

Emergencies: If immediate stabilization or treatment is needed call 911, Sonoma County Emergency Services at 707 565-4970, or go to the nearest hospital.

Contacting Dr. Zechowy: Dr. Zechowy's office phone, 707 515-6673, is the best way to contact her. Voicemail is checked twice on weekdays and once a day on weekends and holidays. When leaving a voicemail, if you expect a call back, leave a confidential or private number for a return phone call or voice message. Voicemail messages will be returned as soon as possible. When Dr. Zechowy is out of town she will provide contact information for a covering psychotherapist. During these times, questions or problems regarding medications can be covered by your primary care physician.

Fees: Dr. Jill Zechowy does not accept insurance but will provide information so that you can seek partial reimbursement from your health insurance provider. The initial session fee is \$150. Counseling only appointments are \$150. Counseling with medication management is \$160. Twenty minute medication-only visits are \$90. Payment is due at each appointment and is by cash or checks only. Returned checks will result in a \$30 fee.

Cancellations and Rescheduling Appointments: When an appointment is made, Dr. Zechowy reserves that time for you. If you cannot attend the appointment you must cancel or reschedule at least 24 hours prior. Failure to do so will result in a \$75 missed appointment fee. Exceptions for illness may be made at Dr. Zechowy's discretion. If three appointments are missed then we will discuss the possibility of termination of therapy.

Medication Refills: It is Dr. Zechowy's practice to prescribe enough medication at each appointment to last until your next appointment. If you run out of medications it is likely that you were expected to follow up. Please monitor your quantity of medication left so that you do not run out. When you have five days of medications left call your pharmacy to ask for a refill and call Dr. Zechowy's office to schedule an appointment. The refill turnaround time is 72 hours. Refills make take longer on weekends and holidays. Do not wait until you are out or nearly out of medications to request a refill.

Confidentiality: Your confidentiality and privacy are of the utmost importance. Any information about you will be shared only with your expressed written consent. The only exceptions to this are when the following legal limitations apply:

- 1) When the patient communicates threat of bodily injury to self or another,
- 2) When the patient communicates that he/she is the victim of abuse by another,
- 3) When there is reasonable suspicion of child abuse or abuse to a dependent adult has or will occur,
- 4) When information is required by law or ordered by court,
- 5) At times, I receive professional consultation. At these times neither your name nor any identifying information is revealed.

I have read, understood, and agree to abide by the terms of the treatment contract outlined above.

Signature of client (under 18): _____

Date: _____

Signature of parent or legal guardian: _____

Date: _____