Patient Agreement and Consent for Behavioral Health Treatment

Thank you for choosing Arlington Pediatric Associates to provide your Behavioral Health Treatment. In order for us to provide high quality patienty care, we ask that those receiving Behavioral Health treatment to agree to the following terms and sign below:

* Behavioral health sessions are by appointment only
* Only 2 future appointments may be scheduled at a time
* Same day appointments are not typically scheduled
* It is important to arrive on time for your appointment. If you arrive more than 15 minutes late, the duration of your session may be decreased and/or you may be asked to reschedule.
* A 24-hour notice is required for all canceled appointments. Failure to cancel your appointment within a 24-hour notice is subject to a $30 fee.
* Behavioral Health appointments can not be scheduled or modified online. All changes or cancellations must be made in person or via telephone.
* It is the patient’s responsibility to keep track of appointment date and time.
* All appointments are billed separately, if you have questions about a bill you receive, please contact your insurance company regarding your behavioral health coverage.
* Arlington Pediatric Associates does not provide emergency psychiatric services. If you or your child is in crisis, please call 911 or visit your nearest emergency department.

Thank you,

Arlington Pediatric Associates

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(18+)

Parents Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral Health Specialist signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_