

BEHAVIORAL & EMOTIONAL HEALTH POLICY

Our goal at Raybon Pediatrics is to provide our patients with the best comprehensive pediatric care possible. As we are beginning to see and manage many more behavioral health concerns, we believe it important to review some very important policies that we must follow in order to keep our clinic smooth and running on time. We rely on parent and teacher input to evaluate, treat, and manage your child's behavioral health in a smooth, efficient, and productive manner.

To accomplish a fluid program, we have the following requirements in place:

Our ADHD/Behavioral Health care plan must be followed as developed by the physician in conjunction with the family as we follow AAP and DEA guidelines for appropriate follow up. **Initial** _____

All Behavioral Health visits have longer appointment times designated for a proper and thorough evaluation. Because of the complexity of Behavioral Health as it could carry a diagnosis of ADD/ADHD, anxiety, depression, learning disorders, or other such issues, we regret that we cannot couple Behavioral Health visits with well child exams. If you are concerned that your child may have the possible diagnosis of anxiety, depression, panic disorder, learning disorder, autism, developmental delays, or ADHD, we ask that you make a separate appointment with the physician for a thorough initial evaluation. **Initial** _____

Additionally, ***“med checks” will need to occur independently of your child’s annual physical exam*** because of the time needed to assess not only his or her response to medication but also his or her performance in school, at home, and during extracurricular activities. We can provide after school slots; however, since these are often **the most popular appointment times** and tend to book up first, you should schedule your ADHD/Behavioral Health appointment before leaving our office.

Initial _____

If your physician determines that your child may have a Behavioral Health diagnosis such as ADHD, we will then ask you and your child's teacher(s) to complete the Vanderbilt questionnaire and other important surveys to establish a correct diagnosis, all available through CHADIS. These surveys must be completed **48 hours prior** to your child's visit, or we will have to reschedule the appointment as these need to be reviewed to ensure we have appropriate time to address your concerns. Survey completion is required for initiation of medication. **The physicians must review the Vanderbilt follow-up forms from both a parent and (a teacher on an intermittent basis, to be determined at recheck visits).** **Initial** _____

During the initiation phase of treatment, visits will need to occur **monthly** as the medication regimen is fine-tuned for your child. For ADHD, this will include both completed parent and teacher questionnaires at each visit to closely monitor their weight, growth, and blood pressure as well as the effectiveness of their treatment regimen and potential side effects that may be seen at different times of the day, home vs school. Monthly or more frequent visits for other behavioral concerns may be needed depending on the severity of the diagnosis. **Initial** _____

Once the ADD/ADHD symptoms are stable on the medication, the visits can be spaced out and will generally occur every three months with parent and teacher questionnaires again completed for every visit, based on quality of care initiatives. The Vanderbilt questionnaires provide quantitative data about the child's response to medications in several different settings and help the physician with medication management. They also allow both parents and teachers to communicate concerns privately to the physicians. Anxiety and other behavioral visits may have appointments at a different rate of recurrence; the frequency of appointments is at the discretion of the physician. **Initial** _____

Stimulant medications are a **FEDERALLY CONTROLLED** substance requiring the pharmacist to have a "hard copy" written on special paper with an original physician signature (no stamps). Legally, we are **unable to call in** these medications. By law, the state board tracks our prescription numbers for controlled substances and requires us to return unfilled scripts. Therefore, if you lose your prescription or the medication, a **\$10.00 rewrite** fee will apply. I will do 1 rewrite per 12-month period. We cannot refill behavioral medications outside of normal business hours and, we reserve the right to require a follow-up appointment before writing a prescription. **Initial** _____

If you elect not to schedule your appointment prior to leaving the office, only 1 emergency refill per patient and will only extend through any one of the physicians' first available appointment for this concern. Patients who do not schedule an appointment prior to leaving will be worked in according to the physicians' schedule and will not have as many options; should you not accept what is available, we will still not be able to write additional medicine to get through to your appointment. Any medication increase or dosage change **REQUIRES** an office visit for review of progress and of side effects (growth, blood pressure, palpitations, etc.) and will not be subject to this emergency refill. **Initial** _____

No shows will be counted in the Now Show Protocol. However, appointments cancelled less than 2 hours in advance will be considered a no show. This is because behavioral health appointments take more time on the schedule than a well child or acute sick appointment, so a no show puts a large hole in the physicians' schedule where they could have seen other patients needing care. A 2nd No-Show in 12 months will have a **\$25 fee**. **Initial** _____

Thank you for allowing us to participate in the care of your child. We look forward to a smooth and successful journey together!

By signing below, I acknowledge that I have read the entire Behavioral Health policy and was provided a copy. I understand the requirements of the Behavioral Health care plan is developed by the physician in conjunction with my family while following the AAP and DEA guidelines for appropriate follow up. I understand the fees involved for lost prescriptions and cancelled appointments.

Patient Name

Date of Birth

Parent Name (Print)

Today's Date

Parent Signature