

**Washington University — Child Psychiatry Clinic for Infants, Children,
Adolescents and Families
Patient Manual**

To Our Patients and Families

Welcome to our clinical practice. Our Child Psychiatry Clinic for Infants, Children, Adolescents and Families is dedicated to advancing the science of mental health in children, providing expert psychiatric care for children, and training the next generations of child psychiatrists and practitioners.

We are committed to providing you with private, convenient and comprehensive care in a teaching environment. We provide evaluation, consultation, diagnosis and treatment for children and families.

The following information explains how our clinic works with the goal of making the process as easy as possible. If you have any questions, call **314-286-1700 (option 3 then 2)** to speak with one of our staff members. Our office hours are 8:00am – 4:30 pm, Monday through Friday.

For more information about our clinic and additional resources please visit our website at childpsychiatry.wustl.edu

Patient Rights

We believe each patient should be treated with respect and assured certain rights. If you feel you have a problem with your child's care, we believe it should be handled fairly and promptly without any effect on your child's treatment in our clinic.

You may question and/or refuse any procedures or services at any time. You have the right to gain information about the process and course of treatment. We encourage you to ask your provider questions concerning the services provided. You always have the right to receive referrals to other professionals outside of the clinic.

Patient Responsibilities

It is your responsibility to inform your physician if your child is not taking or not being given the recommended medications or if you disagree with the suggested treatment plan.

It is also your responsibility to keep regularly scheduled appointments. If you cannot keep a scheduled appointment please contact our office at least 24 hours in advance if at all possible. We cannot emphasize enough the importance of keeping regularly scheduled follow up appointments in order for us to provide the optimal standard of care for your child & continue possible medication therapy.

We are a Teaching Clinic

Our clinic operates differently than your standard medical office. We see patients in a teaching clinic setting; we function as a team with a psychiatry resident or fellow seeing your child along with an attending physician directing patient care at the time of your visit. Our residents and fellows are fully licensed doctors getting advanced training in specialties such as pediatric psychiatry. At your session there may be a period of time, after you have seen the resident or fellow, when you will be waiting before the attending psychiatrist joins the appointment. During that time the resident or fellow is discussing your child's case with the attending. This may result in longer overall appointment times, but your child's care will be enhanced by seeing several doctors in one visit.

Please have any prescription needs, questions or concerns ready for the physician at the time of your appointment. Please bring a current medication list to your appointment for review by your physician.

Please make arrangements to have an alternate care giver available during your child's evaluation so you can talk independently with the physician during a portion of the appointment and/or to be present with any siblings in the waiting room if present at time of appointment.

Direct care will be provided by residents and fellows under the supervision of the attending. If particular concerns arise between visits, please call the clinic to notify the resident or fellow treating your child. Residents and Fellows check messages regularly, but are sometimes at other clinical sites during the week. **We ask that you allow 48 business hours for a return call and 5-7 business days for all refill requests as most of our providers are in clinic 1 day a week. Any form requests or letters may take at least 7-10 business days to complete.** We understand our teaching clinic model is not necessarily well suited for everyone, and we are happy to provide you with other resources available in the community.

Video Taping Therapy Sessions

We use video to enhance the training of our child psychiatry fellows. The videotaping allows for a rich educational experience that incorporates evidence based treatment & are only used for teaching purposes. Videos are not posted on the web or used for any non-educational purposes. These videos are bound by the same confidentiality requirements and protections as your child's medical records. The parent or guardian has the right to refuse the video taping of any session.

Parental Role

Patients, their parents and caretakers are the most important members of our health care team. It is extremely important you understand your child's treatment plan and actively participate in your child's care. By asking questions, following recommendations and sharing problems and concerns with the various team members, you can assure an active role in your child's treatment.

General Information

The Hours of Operation of the Child and Adolescent Department of Psychiatry Clinic are:

- Monday through Friday from 8:00am to 4:30pm.
- Our clinic is closed Saturdays & Sundays, phone calls are received by the answering service.
- The clinic will be closed in observance of the following holidays:
 - New Year's Day
 - Martin Luther King, JR Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day and the Friday after
 - Christmas Eve
 - Christmas Day
 - New Year's Eve

Location/Parking

We are located at the SE corner of Forest Park Avenue & South Newstead. Our Address is 4444 Forest Park Avenue, Suite #2600 Saint Louis, MO. 63108. The entrance is located on the East end of the building facing S. Newstead Ave. You may park in the lot attached to our building located directly in front of the office entrance.

After you enter the building through the main doors, move forward into the waiting area, then immediately move toward your left into the main hallway, where you will look for the elevators on your right hand side. Take the elevator to the 2nd floor & follow the signage to suite 2600.

Calls during office hours:

If you need to speak with your physician or a staff member during office hours please call 314-286-1700. Please let us know immediately if this is an urgent matter so that we may get in touch with the appropriate person. If it is a life threatening emergency please call 911 or proceed to your nearest Emergency Room.

If you are calling about a non-urgent matter we ask that you allow 48 business hours for a return call. Any forms request or letters may take at least 7-10 business days to complete & we ask for 5-7 business days for med refill requests. If you reach the clinic voicemail when leaving a message please include the following:

- Your name and best # to return your call
- Your child's physician's name
- Spell the patient's first and last name
- Please provide the patient's date of birth

- Please provide a short detailed description of what the call is about.
- You may also utilize the Universities new online patient portal 'MyChart' to send messages to the clinic. Please enquire at the front desk if you would like to enroll.

Medication Refills between visits

At the end of this packet, you will find our prescription guidelines. Please have your pharmacy contact our office for any medication refill. Allow 5-7 business days for requests to be processed and sent back to the pharmacy.

Calls After Hours:

If you have an emergent need please call 911 or go to the nearest emergency room.

If you have an urgent matter but do not require immediate care in the emergency room, you may speak with a physician after hours or on the weekend by calling 314-454-6000 and asking to speak with the psychiatrist on call.

If you are calling about a non-urgent matter, please call us at 314-286-1700 and leave a message, and we will return your call during normal business hours. When leaving your message:

- Please provide your physician's name
- Please spell the patient's first and last name
- Please provide the patient's date of birth
- Please provide a short detailed description of what the call is about.

Scheduling Appointments

Our clinic is open Monday through Friday; however, office hours are by appointment only. Each of our attending physicians has one clinic afternoon a week for teaching. Our clinic schedule is on a six month rotation from January-June and July-December.

This is a teaching clinic; therefore your appointment will be scheduled with one of our residents or fellows rotating through our clinic.

After your appointment please stop at the front desk to schedule your next appointment.

If we cannot schedule your appointment as soon as requested, we will put you on our "wait list" so in the event of an opening sooner than your appointment is scheduled for, we will call you and offer you the appointment.

New Appointments

For your first appointment, **please come prepared with a physical copy of your insurance card** and copies of any medical or school records that may assist your provider in your child's care. You will also need to complete the forms and assessments that are included in this packet **prior** to your visit and bring them to your first appointment. In this packet you may also find a letter directing to you **forms needing completion online as well**. If this is necessary for your child's appointment you will find a letter with directions for you to log onto **CHADIS.com**.

Cancellations & No-Shows

Giving as much notice as possible is appreciated if you must cancel an appointment. This allows time to offer the appointment to another client. We cannot emphasize enough the importance of keeping regularly scheduled follow up appointments in order for us to provide the optimal standard of care for your child.

No-showing more than one appointment can lead to dismissal from our clinic.

Custody Paperwork

If there are custody arrangements, please bring a copy of the custody document to your appointment. This document will direct your provider as to whom they may share information with regarding the care of your child. This also applies to Guardianship and Power of Attorney documents as well.

Emergency Treatment

For acute emergencies that occur outside of our clinic please call 911 or go to the nearest emergency room.

For non-emergent issues that arise outside of our normal business hours and need prompt attention, please call our exchange at 314-454-6000 and ask for the Child Psychiatry Fellow on call or proceed to the nearest Emergency Department.

Emergency Admissions

Our physicians do not directly admit to local psychiatric hospitals. In the event your child would need to be hospitalized we would help arrange for an emergency room evaluation to facilitate an admission to a hospital in the community that has an inpatient unit.

During an inpatient admission to one of these hospitals the patient would be followed by one of the physician's that have privileges at that hospital. The patient would not be followed by the physician you see in our department. However, we would make every effort to communicate with this physician to coordinate care.

Your Child's Rights

The patient's confidentiality is a very important policy in the provision of treatment, evaluation, and other medical services.

The doctor-patient relationship is built around trust and confidentiality. Confidentiality means the information discussed will not be shared with anyone without specific permission. Information will not be exchanged with others without the guardian's express written consent. There are, however, some very important exceptions to confidentiality that require disclosure of personal information. For these circumstances, exceptions will be made:

- If clinical opinion indicates there exists a danger of harm to your child or others, steps will be taken to protect all parties.
- If there is disclosure of physical or sexual abuse, the law mandates notification of appropriate authorities.
- If documents are subpoenaed, they will be furnished to the extent and in the manner as required by law.
- Although we honor a minor's right to privacy, written records maybe requested by parents.
- We may contact those who are actively providing medical or mental healthcare in order to coordinate services.
- When insurance coverage is utilized it is considered consent on the insured's part that diagnosis and treatment plans may be discussed by the physician with your insurance company in order to facilitate insurance claim filing or case management with your insurance company.
- In the event there is an outstanding balance for which payment has not been made for an extended period of time, the account may be turned over to a collection agency.

Please note that breaking confidentiality because of issues of abuse/neglect, threat of serious bodily harm to oneself or others, subpoenas, court order and collection of outstanding payment are unusual in our clinic. If it becomes necessary to release information, it will be made in such a way as to protect confidentiality as much as possible. We are committed to maintaining confidentiality and handling your personal information with the highest degree of confidentiality possible.

Medical Records

State and Federal laws, as well as the standards of our profession, require us to keep appropriate treatment records. If you need a copy of your child's medical record, please inform the staff. We will ask that you sign one of our patient health information consent forms.

Our staff is happy to assist you in completing the appropriate release forms.

Our Medical record department has 30 business days to process any medical records requests. You will be charged a nominal fee for copying and handling charges if you wish to obtain them directly. Please note we are unable to share patient health information over email. Alternatively, records may be sent to

another party (such as a school or attorney) with the proper release on file at no charge. For further questions, our medical record department may be reached at 314-273-0453.

Forms and Letters

Please allow one week for us to complete any forms including letters to schools, FMLA paperwork, disability determination paperwork, etc.

Health Insurance and Payment Policy

As a new patient, you may have questions about the cost of our services, insurance coverage and your financial obligations. Some of your questions may be answered here, but if you have other questions, you can direct them to the Washington University Physician's Billing services at 314-273-0500.

If your child's insurance changes, please notify the staff as soon as possible, either at the appointment or feel free to call us with the information ahead of time. For a list of health insurance plans our department participates with please visit our website at:

<http://wuchild.wustl.edu/default.aspx?pg=CenterApptExpect>

Co-payments and out of pocket expenses are to be paid at the time of service. Our insurance department will assist you in identifying what your co-payment and/or out of pocket expenses will be.

If there is a balance on your account, you will receive a statement of fees to be paid by you. You will also get statements whenever an insurance company denies a claim due to plan exclusions, limitations or termination of enrollment. Payments are due upon receipt.

If you need financial assistance, we urge you to discuss your bill with the Financial Counselor's office located in Patient Services on the third floor of the Center for Advanced Medicine, 4921 Parkview Place, St. Louis, MO 63110. You may also contact them by telephone at 314-935-0993.

Weapons Policy

Weapons are prohibited in the Child and Adolescent Psychiatry Clinic. Please notify our front desk staff upon entering the clinic if your job requires you to carry a weapon.

Terminating Physician/Patient Relationship

We want to emphasize the importance of regular follow up appointments in order to provide optimal care for your child. Multiple missed appointments are considered non-compliant behavior which conflicts with our efforts to provide complete and appropriate medical care.

Non-compliant behavior may render us unable to meet the standard of patient care, thus we reserve the right to terminate the physician/patient relationship due to chronic noncompliant, uncooperative and or dangerous behavior.

In some cases, evaluations may take the form of an assessment only, and patients may be expected to obtain regular follow- up psychiatric care elsewhere rather than coming to our clinic for regular care after the initial evaluation. In these cases, we request that you provide contact information for the provider(s) who will provide ongoing care, so that we can easily communicate with treating providers regarding the assessment and any recommendations. We may require this information from you prior to evaluation in our clinic.

Because of potential changes in Washington University faculty duties, there may be some occasions when patients must be referred elsewhere in the event of a reduction in an attending psychiatrist' clinic hours or a change in the clinic's focus. If this occurs, we will provide a few months' notice to give you time to find a new treating psychiatrist.

Consent

The guardian's signature on the next page indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Consent to Assessment and/or Treatment Signature Page

By signing below, I acknowledge that I had the opportunity to ask questions and to discuss the policies, procedures, and treatment/evaluation process as it applies to my situation with our clinician, and have had my questions regarding these answered to my satisfaction.

I also understand that I am encouraged to ask questions throughout the treatment/evaluation process and, in that way, to be a party to my child's treatment decisions. While I expect benefits from my child's treatment, I fully understand and accept that such benefits and desired outcomes cannot be absolutely guaranteed. I understand that I may terminate services at any time without penalty. I have read and understand all of the policies and procedures notes above and agree to abide by its terms during our professional relationship.

Patient's Name (please print)

DOB

Patient(s)/Parent(s)/Legal Guardian(s) Signature

Date

Thank you for your choosing the Washington University Division of Child and Adolescent Psychiatry. Our goal is to assist our patients with prescription refill requests in a safe, efficient, and timely manner. Due to the volume of medication requests, we have created the following guidelines to help us meet that goal and to keep you informed of our office procedures. We appreciate your understanding and cooperation with us.

Prescription Guidelines

Effective March 7, 2022

1. Prescription refills are sent electronically to your preferred pharmacy. Maintaining current pharmacy information is the responsibility of our patients. During your office visit, please confirm with our staff that your correct pharmacy is on file.
2. We require office visits on a regular basis for our patients taking prescription medication. The interval will vary depending on the type of medication prescribed and your own unique health condition. It is our goal to provide enough refills until your next office visit. We recommend you schedule your next visit before leaving the office.
3. It is important to keep your scheduled appointment to ensure that you receive timely refills. Your provider may refuse to refill a medication if they believe it is clinically necessary to evaluate you before doing so. Repeated no-shows or cancellations may result in denial of refills.
4. If you are overdue for a follow-up visit and/or lab work (necessary to monitor the safety or effectiveness of a medication), your provider may authorize enough medication until you are seen in our office and/or obtain testing. It is your responsibility to schedule an appointment before you run out of medication. Please remember that your provider's schedule often fills up several weeks in advance and plan accordingly.
5. We ask that you do not contact our office for refills. Please contact your local pharmacy at least 5 business days before running out of medication. If you use a mail order pharmacy, we recommend you contact them at least 10 days before your medication is due to run out. We prefer to have the pharmacy send a refill request as it ensures your correct medication, dose and quantity is being refilled.
6. Your provider will order generic prescriptions whenever available, unless they believe a brand-name prescription is medically necessary. Each insurance plan outlines a detailed classification for medications that could impact whether a generic or brand-name medication is covered and its cost to you. Contact your insurance plan for details.
7. Some medications require a prior authorization by your insurance. Depending on your insurance, this process may involve several steps by both your pharmacy and our staff. Our staff will work with your pharmacy and insurance carrier as quickly as possible. Neither the pharmacy nor the provider can guarantee that your insurance company will approve a medication. Please check with your pharmacy or your insurance company for updates. The prior authorization process may take up to 2 weeks