

Tiffany Griffiths, Psy.D. & Associates, Inc.

Consent for Treatment of a Child

Name of child client (13 years of age or younger): _____

This is to certify that I give Jenifer Brilla, CRNP at Tiffany Griffiths, Psy.D. & Associates, Inc. permission to evaluate my child for medication management purposes. In addition, I understand that:

- Dr. Richard Osuntokun, who is Jenifer's collaborating psychiatrist, is supervising Jenifer and is ultimately responsible for her patients' care. In the event that Dr. Osuntokun is not available Dr. Paul Termini is her back-up supervisor.
- My child's case may be discussed at peer consultation meetings and as needed with other licensed colleagues for consultation purposes. In these cases, identifying information will not be used so as to protect my child's privacy.
- While being treated by Jenifer Brilla, CRNP I agree to have my child seen regularly in outpatient psychotherapy until therapy is successfully completed or not indicated.
- My child's case may be discussed with my psychotherapist and primary care physician in order to coordinate care. My child will be treated with respect and honesty during the evaluation process and while in treatment.
- While my child is expected to benefit from treatment there are no guarantees.
- Given the individual variability and tolerance for medication there are risks associated with taking medication and my child may temporarily feel worse while in treatment. I agree to discuss any serious side effects my child is having with Jenifer Brilla, CRNP.
- In the event I need to reach Jenifer Brilla, CRNP prior to my next scheduled appointment (i.e., need a refill, need to reschedule, need to discuss side-effects) I will use the secure messaging feature in my patient portal account to leave a specific message. If I do not have a computer to access my patient portal account, I will contact the main office line and speak to or leave a message for the office support staff. Support staff will respond to emails/phone calls within 24 hours Monday through Friday.
- For all emergencies during my child's treatment I should call 911 or go to the nearest emergency room.
- I have the right to terminate services for my child at any time that I should desire without fault.
- Since my child is going to be treated with medication there may be significant and even fatal risks associated with abruptly discontinuing medication without the direction of a medical professional.
- There can be serious and even fatal side effects when using other prescribed medications or illegal substances while taking psychotropic medication. I agree to fully inform Jenifer Brilla, CRNP of any and all prescribed and/or illegal/illicit medications and substances that my child takes while under her care
- My child must be seen regularly while being prescribed medication and in order to have prescriptions refilled I agree to attend those regularly scheduled appointments with my child. Prescriptions will not be refilled unless your child is seen.
- In the event of a rare emergency or sudden and serious illness I agree to reschedule my child's appointment within one week so my child can be seen and further evaluated.

- If I no show, cancel late for an appointment (less than 24 hours), or arrive more than 10 minutes late for an appointment and cannot be accommodated I will be charged \$50 for the session.
- If I continue to no show, late cancel, or arrive too late to be seen (> 10 minutes) my child will no longer be prescribed medication and we will be referred to an outside agency.
- Payment for services is my responsibility and if I become delinquent with payments Tiffany Griffiths, Psy.D. & Associates, Inc. has the right to terminate services with an appropriate referral.
- Tiffany Griffiths, Psy.D. & Associates, Inc. also reserves the right to use appropriate agencies to collect delinquent payments after 90 days and I will be responsible for any fees incurred for returned checks and/or the fees of such agencies.
- While under most circumstances all communication between the client and the therapist is confidential, Pennsylvania State Law mandates the reporting of actual or suspected child or elder abuse to the appropriate agency.
- It has also been upheld that if an individual intends to take harmful or dangerous action against another, it is the clinician's duty to warn the person or the family of the person who is likely to suffer the results of harmful behavior.
- Similar actions are taken with clients who may have had suicidal thoughts and desires. It is Jenifer Brilla's responsibility in adhering to these laws. Every reasonable effort will be made to appropriately resolve these issues in such a way that is legal and ethical as well as with the patient's best interests in mind.

I have had the chance to discuss all of these issues and have had my questions answered. Therefore, I agree to play an active role in this treatment as needed and I give permission to begin this treatment as shown by my signature below.

_____ /_____/_____
 Signature of parent/guardian Date

* _____ /_____/_____
 Signature of parent/guardian Date

*Please note that if the child's parents are separated or divorced we require the signature of both parents if there is joint legal custody.