

**PSYCHIATRY SERVICES PATIENT CONTRACT**

All patients receiving psychiatric services are required to comply with the following terms:

1. The Student Health Center (SHC) hours of operation are as follows: MWF 8am-5pm, TTH 9am-6pm, closed Saturday and Sunday. Services are provided during normal office hours only. Psychiatric services are limited. Emergency psychiatric services are not offered at the Student Health Center. The patient should call 911 for an emergency.
2. The patient understands that he or she are eligible for treatment at the SHC only while enrolled at the university and for one semester after he or she is last enrolled. At the end of this period, the patient will no longer be eligible for services. It is the responsibility of the patient to arrange for his or her healthcare after eligibility for services expires.
3. The patient understands that the SHC will charge \$35 for the initial evaluation for psychiatric services and \$20 for each follow-up psychiatric appointment.
4. The patient understands that psychiatry resident physicians and primary care physicians that have experience in managing mental health disorders are providing the psychiatric services. If the severity or complexity of the disorder being treated is judged beyond the scope of practice, the physicians will refer the patient to other mental health providers.
5. It is expected that the patient will arrive on time for all appointments. If the patient cannot keep an appointment, he or she will notify the SHC at (512) 245-2167 at least 48 hours in advance so that the appointment can be cancelled or rescheduled. Failure to keep follow-up appointments may be grounds for terminating psychiatric services or denying prescription refills.
6. Effective healthcare requires that both physician and patient work together to achieve the goals of the therapeutic plan. The SHC may terminate psychiatric services if the patient repeatedly fails to follow the physician's recommendations.
7. The patient must take medications as prescribed and must not change or discontinue medications without consulting the prescribing physician. Patients may not share medication with others.
8. Prescription refills are available only during normal office hours. Patients must allow at least 48 hours (2 business days) for the SHC to process prescription refill requests. Patients must request refills in a timely manner before holiday breaks such as Christmas and Spring Break.
9. Many medications used to treat mental health disorders, including those for Attention Deficit Hyperactivity Disorder (ADHD), require close monitoring and adjustment. Physicians writing prescriptions for ADHD patients will see patients at least every 4 months. Prescriptions for medications such as Ritalin or Adderall require special prescription forms that expire 7 days after the date the prescription was written. Such prescriptions cannot be called in to a pharmacy, and if lost or stolen, may not be refilled.
10. If a patient has no insurance and cannot afford medication, he or she may be eligible for a Patient Prescription Assistance Program. The SHC can assist students that qualify for such programs. This service is provided as a courtesy to patients. The SHC is not obligated to provide this service and is not responsible for any delays, errors, or costs incurred.
11. Patients may call and leave messages for physicians at (512) 245-2161. Unless the message is urgent, the SHC will forward it to the appropriate physician for a response within 48 hours (2 business days). Patients may not use email for communicating with physicians regarding mental healthcare unless the physician and patient have signed an agreement for the use of secure email.
12. Effective communication, regular follow-up appointments, and adhering to treatment recommendations are important in achieving success in healthcare. The terms in this patient contract establish a framework for success. Failure to consistently follow the terms set in the patient contract may lead to termination of psychiatric services.

By signing this patient contract, you are agreeing to the terms of the contract. You are acknowledging that you have had an opportunity to ask questions and that you are responsible for all charges incurred while using the psychiatric service. You are also authorizing the release of medical information to other healthcare providers involved in your treatment as deemed appropriate.

PATIENT SIGNATURE: \_\_\_\_\_ ID/DOB: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_