

**CLIENT ACKNOWLEDGEMENT  
OF PARTICIPATION IN TREATMENT PLAN**

(Signature Page)

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

I, the undersigned, have participated in planning the treatment for myself/my child  
(those children under 16 years of age)

Electronic copies of this Client Acknowledgement of Participation in Treatment Plan or any amendments hereto shall be binding upon the parties, and electronic reproduction of signatures appearing herein or on any reproduction shall be deemed to be original signatures.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
Date

☐ Unwilling      ☐ Unable to participate in planning treatment due to:

\_\_\_\_\_

\_\_\_\_\_  
Date

☐ Participated but unwilling to sign due to:

\_\_\_\_\_

\_\_\_\_\_  
Date

☐ **Verbal Consent** participated by phone, but not physically present to sign:

Print name of BBH Witness who received the verbal consent

\_\_\_\_\_

\_\_\_\_\_  
Date

## CONSENT/REFUSAL FOR MEDICATION(S)

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I acknowledge that the possible benefits and side effects or risks of taking:

\_\_\_\_\_  
(Brand Name/Generic)

\_\_\_\_\_  
(Brand Name/Generic)

\_\_\_\_\_  
(Brand Name/Generic)

\_\_\_\_\_  
(Brand Name/Generic)

have been explained to me by: \_\_\_\_\_

These risks include any black box warning or major side effects including:

- Antipsychotic (Elevation of prolactin, EPS, TD, NMS, metabolic and cardiac effects, and suicidal ideations)
- Mood Stabilizers (Stevens-Johnson Syndrome, seizures, adverse effects on liver/blood/kidney/pancreatic function)
- Antidepressants SSRIs & TCAs (suicidal ideations, GI side effects, seizures)
- Sedatives or Benzodiazepines (addiction potential, drowsiness, driving precautions, memory loss)
- Stimulants (cardiac arrhythmias, GI side effects, headaches, seizures. Serotonin Syndrome)
- Risk of Priapism
- Potential for a severe interaction with illegal drug use or alcohol
- I understand the importance of avoiding pregnancy while taking the medication(s) and agree to contact the psychiatrist/nurse practitioner immediately should I become pregnant (applies to female patients only.)

I understand the reason (diagnosis) for my child/ward taking this medication and I understand what may happen if my child/ward does not take this medication, i have discussed possible alternative treatments. I have received educational information about this medication. I understand these explanations and agree to have my child/ward take the medication as directed.

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescriber's Signature and Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Consent/Refusal by:  
Client or Legal Guardian's name

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

# Nurse Practitioner Service Agreement

As a part of your holistic treatment plan, when working with a nurse practitioner, you may engage with 2 types of billable services. The 2 main services that a Nurse Practitioner (NP) can provide and bill for are:

## 1.) **Medication Management**

Service Expectations for Medication Management include:

- Medical evaluation
- Medication monitoring routinely and as needed
- Client education pertaining to the medication to support the individual in making an informed decision for its use.
- The service provider must make a good faith attempt to coordinate care with the individual's primary medical provider

## 2.) **Time Based Psychotherapy Services**

Service Expectations for Time Based Psychotherapy include:

- Interactive therapy involving any current symptom complaints or psychosocial stressors.
- Examples of time based psychotherapy: patients working collaboratively with their NP to improve organizational skills to cope with ADHD, patients working on sleep hygiene measures to reduce anxiety & improve sleep quality, processing of feelings surrounding a recent or past traumatic experience, working on strategies to ground when stressed or triggered, discussing family dynamics, working on ways to communicate effectively with ones partner, friends, or family, non medicinal strategies for coping with nightmares, mindfulness work, creative imagery or safe place visualization.
- Examples of patients who do not need time based therapy services: patients who are stable, have no active psychiatric complaints, no active stressors, and are just coming in for medication maintenance refills.

When you come to see an NP at BBH you will always be billed for a Medication Management code as that is a crucial part of an NP's clinical training and expertise. Depending on the situation, your NP may or may not bill for a time based psychotherapy service. It depends on what is discussed in the session and for how long. Some NPs have more expertise and continuing education to provide therapy services than others. Those that do, will spend time on this service in most any session unless it is deemed that there is no need for therapy (such as in the example listed above). Other NPs may spend more time doing med management only. It totally depends on their areas of training/specialty.

*Please be advised that unless you tell us in advance that you want no therapy from your NP, you may be billed for medication management and psychotherapy if an NP sees both services as medically necessary and they possess the expertise to offer both services to you.*

If you ask for no therapy services to be provided, you will need to put this in writing and bring it to your NP for further discussion. All services rendered are ultimately up to the NP, not billing or front scheduling staff so we ask that you reserve these conversations for your scheduled session.

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I acknowledge receipt and understanding of all information listed above and consent to receive the above services with my Nurse Practitioner, should they be assessed to be medically beneficial to me during the course of my treatment:

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Patient Signature

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Date

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Witness Signature