



## GUIDE TO CLINICAL SERVICES

As part of your evaluation with Dr. Jose Vito (Jose Vito, M.D., PLLC), this "Guide to Clinical Services" explains to the patient, parent and/or guardian certain aspects of the treatment.

### A. Appointments

Dr. Jose Vito's goal is to see everyone on time. Because of this, he asks you to arrive on time in order for the session to begin on time and end on time. The time length will be agreed upon prior to the appointment. If you are late for the appointment, the session will still need to end on time as scheduled.

### B. Contact Information

Please see **EMAIL AND TEXT CONSENT AGREEMENT** regarding FEES AND POLICIES outlining when and how email/text should be utilized to maintain your privacy as well your acknowledgement and your consent to its use.

### C. Emergencies

In emergencies, you should call 911 or go to your nearest emergency. Please take Dr. Jose Vito's contact information, all of your prescription bottles, and any other healthcare provider's contact information with you. Once you arrive the emergency room, you may contact Dr. Jose Vito or have the provider evaluating you contact him.

### D. Fees

At the time of the consultation, the fee schedule will be established. Any increase in fee will be discussed with each patient prior to implementation. Payment for services is due at the time treatment is rendered or as agreed upon. At this time Jose Vito, M.D., PLLC accepts cash, checks and/or electronic payment via Zelle.

A 24-hour notice (one business day) is required for the cancellation of a scheduled appointment without charge (ex. by Friday for Monday appointments). A missed appointments and late cancellations, even in the case of emergency, will result in a full fee charge.

### E. Medication Consent

Patients under medication treatment should be seen by Dr. Jose Vito monthly or as agreed upon. It is strongly recommended that any prescriptions be given in person during your scheduled sessions. If this is not possible, please contact Dr. Jose Vito **at least 7 days prior** to when the medication needs to be refilled to ensure timely delivery. Patients who have not been seen in **over 90 days** cannot obtain medication refills from Dr. Jose Vito without scheduling a follow-up appointment.

\_\_\_\_ I have also been informed of the risks and possible side effects and what actions to take should any side effects appear. I also understand that, although the most common side effects have been explained to me, there may be other side effects, and I agree to inform Dr. Jose Vito if there are any unexpected change in my condition.

\_\_\_\_ **(If the Patient is a Minor)** I understand that I may not be compelled to give his medication to my child, and that I may decide to stop it at any time. However, I recognize that if I stop the medication, my child may experience side effects and, therefore I should consult Dr. Jose Vito before making such a decision.

\_\_\_\_ **(If the Patient is a Minor)** I authorize Dr. Jose Vito to prescribe the medication to my child as he deems advisable and I agree to inform Dr. Jose Vito if there are any unexpected change in my child's condition



**F. Family Role in Treatment (If the Patient is a Minor)**

Dr. Jose Vito believes that family involvement in treatment is extremely important to the success of treatment. Because of this, we are asking that all caregivers be involved as much as they can. Caregivers should be available for appointments with and without their child.

**G. School's Role in Treatment (If the Patient is a Minor)**

Children spent a great deal of time at school. Because of this, it is important to obtain perspectives about children from teachers, counselors, and school administrators. After obtaining permission, we generally like to coordinate with a school as much as possible, which includes sharing information. If there is any sensitive information that you do not wish for Dr. Jose Vito to share with the school, please let him know.

**H. Designated Guardian (If the Patient is a Minor)**

As part of the treatment with Dr. Jose Vito through the Jose Vito, M.D., PLLC, Dr. Jose Vito wants to discuss the parent/legal guardian role with your child's treatment. It is extremely important that all parents and guardians are involved in treatment for their child. This includes attending appointments with and without your child as well as being available for telephone calls. With this in mind, we would however like to have one guardian who will sign all consents (including medication consents) and be the main contact person for Dr. Jose Vito regarding your child. At any time, there is any disagreement with this designation, please contact Dr. Jose Vito in order to discuss options.

**AGREEMENT AND ACKNOWLEDGEMENT**

That I/we have had the opportunity to have all questions answered to my/our satisfaction. That this consent is given voluntarily. That I am legally competent and have the authority to provide consent for treatment.

That I have the right to withdraw my consent for this treatment at any time. That withdrawing consent for this treatment will not prejudice my continued treatment relationship.

I have read and understand the "Guide to Clinical Services" for Jose Vito MD, Jose Vito, M.D., PLLC

I have reviewed a copy of Notice of Privacy Practice (NPP). (Separate Form)

Print Patient's Name	Date of Birth
Signature of Patient	Date Signed

If the patient is a minor or is unable to sign, and a parent or legal guardian or accompanying adult is signing on behalf of the patient, please complete the following information:

(Designated) Parent or Legal Guardian Print Name	Relationship to Patient
Signature of Parent or Legal Guardian	Date Signed