



Child Name: \_\_\_\_\_

Parent Names: \_\_\_\_\_

\_\_\_\_\_

## PHP / IOP GUARDIAN RESPONSIBILITY AND CODE OF CONDUCT

Pine Meadow Counseling, Inc. is committed to helping your child realize their innate health and potential for well being. We want this experience to be as beneficial as possible to you and your child. PHP / IOP is an interactive experience where you and your child will work with others in similar situations. PMC can not guarantee how each person may or may not benefit since everyone comes to group with their own unique thinking. We believe and teach how we are all living in the experience of our thinking.

Below are some items essential for you to understand in order for your child to enroll in PHP / IOP. Please take time to review this document and ask any questions you may have. Your initials on each item indicates you understand there are no implied guarantees being made by PMC or any of its staff and are consenting for your family to enroll in the PMC PHP / IOP.

**Initial here:** \_\_\_\_\_ I understand I am ultimately responsible to pay for my child's participation in the PMC PHP/IOP. PMC will bill my insurance as a courtesy. Any portion not covered by insurance (i.e., co-pay, co-insurance, deductible, etc.) will be my responsibility. My expected costs for PHP/IOP are as follows: \_\_\_\_\_

**Initial here:** \_\_\_\_\_ I understand by using insurance, enrollment to PHP/IOP is at the discretion of my insurance company care manager. PMC will make every effort to convey the medical need for your child to attend. PMC can only relay information you and your child provide as evidence of need for continued stay. Your insurance will approve a limited number of visits initially and reviews each length of stay regularly. It is your right as the parent and the policy holder to communicate concerns with the insurance company.

**Initial here:** \_\_\_\_\_ It is my responsibility to sign my child in and out of every PHP/IOP session attended. Dropping them off is not permitted at any time.

**Initial here:** \_\_\_\_\_ I understand that in order for my child to receive the maximum benefit from IOP, it is imperative for him/her to attend every session. PHP/IOP sessions are scheduled as follows: \_\_\_\_\_

**Initial here:** \_\_\_\_\_ I understand that my role as the parent is to attend the PHP/IOP Parent Group, in order to better understand what my child is learning, but more importantly to show my child that I am as dedicated to this process as he/she is. PHP/IOP Parent Group is scheduled on \_\_\_\_\_ night from \_\_\_\_\_ pm until \_\_\_\_\_ pm.

**Initial here:** \_\_\_\_\_ I understand the importance of confidentiality and, like my child, will respect the confidentiality of others at all times.

Child Name: \_\_\_\_\_

**Initial here:** \_\_\_\_\_ It is my responsibility to ensure my child attends all doctor and/or psychiatric appointments.

**Initial here:** \_\_\_\_\_ I understand there is a zero tolerance policy regarding drugs and alcohol, including tobacco. Should my child arrive to PHP/IOP intoxicated, I will be called to pick him/her up from group.

**Initial here:** \_\_\_\_\_ I understand that a drug screen may be required upon admission, or any time during my child's enrollment in PHP/IOP. It is my responsibility to ensure the testing is done and results are delivered to PMC. I will pay the cost of all drug testing or bill my own insurance for reimbursement.

**Initial here:** \_\_\_\_\_ I understand that while in PHP/IOP, my child will not have access to his/her personal cell phone and/or electronics. All items will be collected at the beginning of group, and returned at the end. Should my child not follow this rule, he/she will not be permitted to bring any electronics into the building.

**Initial here:** \_\_\_\_\_ I understand that upon discharge from PHP/IOP, my child will be referred back to their established outpatient therapist or to PMC Outpatient for individual and/or family therapy as part of the after care process.

**Initial here:** \_\_\_\_\_ I understand that my family will participate in family sessions with an PHP/IOP staff member. These sessions will help deepen, guide and support families healing together. The cost for these sessions will be \$ \_\_\_\_\_ per session.

Please provide us weekly status updates as your child goes through the PHP/IOP. You should let us know if for instance; there has been any recent change in medication, friends, school absences, school grades, family living, medical complaints (upset stomach, headaches, dizziness), recent loss/death, bullying, anger outbursts, isolation, cutting, threats to self or someone else, run away, drinking or use of drugs, trouble concentrating, crying spells, stress about school. Any information is confidential and will help our counselors make the subject matter of each group unique and current.

We teach children how it is that their thinking is creating their own unique perception of the world they live in and how that perception can't always be trusted when they are in an insecure mind set. If your child has an experience in group they are not familiar with or react strongly to, this is an opportunity for us to teach them. Removing your child from PHP/IOP when they feel bad without processing the experience is preventing them from seeing a different possibility. Most children will tell parents how bored they are, or how much they hate PHP/IOP. This is often due to them being challenged to grow, learning a new skill and changing old habits of thought. Please notify us of any questions or concerns your child may have regarding group or their group experience. We are here to help and want this to be a transformational experience for your family.