

SULLIVAN, NOLAN AND ASSOCIATES, PC

MEMO OF UNDERSTANDING

Thank you for choosing our practice for your care. We appreciate the trust and confidence you have placed in us. Our goal is to provide you with complete and personal care. In order for this goal to be possible, it is important that we each commit to fulfilling certain responsibilities.

PSYCHOLOGIST RESPONSIBILITIES:

- Listen to you as to your care matters, and encourage a culture of open, full, and frank communication.
- Provide counsel and information regarding the different treatment plans for chronic conditions or prevention programs.
- Provide flexible and expanded office hours, schedule appointments within a reasonable time, and see Patients as closely as reasonably possible to schedule appointment time.
- Provide resources to telephone local emergency contact 24 hours per day, 7 days per week.
- Use a team approach to health care by providing access to other clinicians and health care institutions when and where appropriate.
- Coordinate and integrate care provided by my practice team and other clinicians and health care institutions effectively to avoid duplication, delay, and error.
- Provide information, recommendations, and advice regarding preventative care, maintaining wellness, self-management, direction, and counseling.
- Maintain clinical information in a format that allows for ready search, retrieval, and information transfer while protecting privacy and confidentiality, including participating in the development and maintenance of standardized electronic health records and patient registries.

PATIENT/PARENT/CAREGIVER/LEAGAL GUARDIAN RESPONSIBILITIES:

- Communicate openly, fully, frankly, and proactively with Psychologist and staff.
- Discuss doubts about procedures or processes whenever they arise.
- Be an active participant in the development with Psychologist of action plans and treatment plans for Patient's acute or chronic condition, and follow agreed-upon treatment plans.
- Provide Psychologist with feedback regarding Patient's treatment plans.
- Appear on time for appointments at Psychologist's office, and timely submit materials and information as requested by Psychologist.
- Schedule and attend follow up appointments at intervals suggested by Psychologist.
- Involve yourself in Psychologist's and other health care professionals' recommendations with respect to maintenance or improvement of Patient's health and wellness.
- Participate in action planning and goal setting with respect to maintenance or improvement of Patient's health and wellness.
- Participate in developing and maintaining a comprehensive health record by authorizing delivery and circulation of clinical information to and from clinicians and health care institutions.
- Notify us as soon as you know that you will be unable to keep a scheduled session.
- Patient can opt out at any time with no repercussions.

Please take the time to carefully read this Memo of Understanding.

Kindly sign your name in the appropriate place below.

Patient/Adult's Signature: _____ **Today's Date:** _____

Psychologist's Signature: _____ **Today's Date:** _____