

Oklahoma Health Care Authority
Conditions of Treatment Participation
Inpatient Psychiatric Programs for Children

Programs that provide Inpatient acute or residential psychiatric services to children under contract with the Oklahoma Health Care Authority must provide a program of "Active Treatment". "Active Treatment" includes the participation of the patient's family or guardian in the following ways while the patient remains in the care of the treatment program.

1. Upon admission to an inpatient psychiatric program the patient's family or guardian will review the organization's written policy regarding patient's rights, behavior management of patients, patient grievance procedures, and access to the Office of Client Advocacy.
2. The child's family or guardian will communicate with treatment team members to provide available information necessary for the patient assessment and treatment. This information includes, but may not be limited to the patient's past and current physical, medical, developmental, social, emotional, academic and behavioral status.
3. The patient's family or guardian will communicate on a regular basis with treatment team members, and as indicated by team recommendations for the child's continued treatment needs. This will allow the child's family or guardian to participate in the planning of their child's treatment and discharge needs.
4. The patient's family or guardian understands that the purpose of treatment within an acute or residential psychiatric program is to stabilize disabling symptoms that pose an immediate threat to the life of the child and or others. It is within the rights of the child to receive treatment in the least restrictive setting and return to their community as soon as he or she is able.
5. The patient's family must participate in family sessions on a regular basis. The family must participate in at least one family session per week for the patient receiving treatment in an acute or a residential psychiatric program. The family understands that the treatment team member responsible for coordinating their regular family sessions will document the family or guardian's efforts to attend and the record of their attendance.

I certify that I have read or that I have had these statements read to me. I understand the conditions of participation stated herein. The personnel of the admitting facility have provided me the opportunity to have questions concerning these conditions answered. My signature below indicates that I agree to participate in treatment as stated in these conditions and as they apply to the patient whose name is _____ . I understand that my failure to meet these conditions through attendance and or participation could have an effect on the continued treatment of the patient and result in discharge from the present inpatient treatment.

Date

Signature and Relationship to Patient

Date

Signature of Witness