

St. Clair County Community Mental Health Authority

Acknowledgement of Roles in Prescriber Appointments

Name: _____

Case #: _____

This form is to be completed if the individual served and/or their guardian (if applicable) have requested to have someone additional present at a prescriber appointment. All CMH and Contract Agency staff are required to only operate within their scope of practice. All parties are expected to treat each other with dignity and respect. The expectations are outlined below for each person's role in a Psychiatric Evaluation/Medication Review.

Individual Served (or Legal Guardian, if applicable)

- Will share with the prescriber all concerns with their current health and any medications prescribed.
- Will ask questions of the prescriber as they arise.
- Will attend appointments as scheduled or call the office to cancel 24 hours before the appointment is to occur (unless an emergency prevents that much notice).
- Will call the Refill line at 810-966-2594, five (5) days prior to needing a refill. Refills may not be granted if there has been a no show to a scheduled medication review.

**Please Note: The prescriber prefers to communicate with the individual served directly, unless this is hindered by a speech impairment or other reason affecting the ability of the two to communicate.*

Prescriber

- Will review the Patient Status Update form prior to or during the Psychiatric Evaluation/Medication Review.
- Will ask pertinent questions regarding the health of the individual served, including questions regarding daily living, medication use and lifestyle choices.
- Will discuss a course of treatment with the individual served, which could include medications and specific interventions to provide a holistic approach to treatment.

**Please Note: The prescriber's responsibility is to the individual served. The expectation is that the individual will communicate directly with the prescriber if they are able, which empowers them to share their own concerns and that treatment is personalized.*

Case Holder/Clinician/Designee

- Will complete the Patient Status Update prior to the Psychiatric Evaluation/Medication Review. This allows the treatment team (group home staff members, clinicians, MHA, etc.) to share their input with prescriber prior or during the scheduled appointment.
- Will report any side effects or efficacy reported by the individual served on the Patient Status Update form.
- Will only share information at an appointment which they are invited to attend after the individual served has conversed with the prescriber or if invited by the prescriber.

**Please Note: At no time should staff who are not licensed to prescribe medications make recommendations regarding medications. At no time should staff invited to an appointment "pass notes" to the individual during the appointment.*

Any Other Individuals Present at an Appointment

- Will communicate any concerns, medical side effects or efficacy observed or reported to the case holder prior to the appointment date/time.
- Will only share information at an appointment which they are invited to attend after the individual served has conversed with the prescriber or if invited by the prescriber.

**Please Note: The prescriber prefers to communicate with the individual served directly, unless this is hindered by a speech impairment or other reason affecting the ability of the two to communicate.*

Signatures

By signing below, I acknowledge that I understand and will abide by the above.

Individual Served

Date

Guardian (if applicable)

Date

Case Holder

Date

Clinician

Date

Prescriber

Date

Other (indicate relationship/role)

Date