



ADI Health Patient Care Guide

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Welcome to ADI Health. We are here to serve you as partners in your path to health & wellness, and expect you (and your family) to be actively involved with your treatment plan.

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The Path to Health & Wellness

We encourage our patients to keep a healthy lifestyle, to maintain good nutrition, to exercise regularly, get enough sleep, stay actively involved with their treatment plans, and use other holistic ways to stay healthy.

Too often people think that their *only* job is to do “just what the doctor orders.” While it is very important that you follow your doctor’s instructions, and take your medicine correctly, it’s also important for you to take an active role in dealing with your condition. By being actively involved in your treatment and communicating with your provider, you are more likely to stay on top of your illness.

Know that you are not alone

Be aware that other people share your condition. Their experience and insights may help you understand your condition.

Educate yourself about your condition

Learn what may cause it, what may trigger new symptoms, and what you should do if symptoms worsen. Learn what you can do to help manage your condition.

Build a partnership

Talk to your health & wellness providers and make sure you understand your options and why you are being recommended a specific treatment plan and /or medicine.

Keep a health diary

Record information about your daily mood, events happening in your life, food you eat, sleep patterns, and medications you are taking.

For patients who are prescribed medication:

Educate yourself & actively communicate your healthcare provider(s)

Learn about the specific drug(s) you are taking, the condition(s) they are intended to treat, and the expected effects. Educate yourself on what may happen if you stop taking your medicine(s) and how any supplements might affect the efficacy of the medication. And, always keep a list of medicines you are taking with you.

Don't be afraid to talk to your doctor or pharmacist re: your concerns or questions

If you find that a medicine is difficult to take or may be causing unpleasant side effects, tell your doctor right away. There may be another way to treat your condition or symptoms.

Learn about sources of information

Where can you learn about your medicines, your condition, and about the experience of others with your condition? First, talk to your doctor or pharmacist. Also, the Internet is a great source for information, but be careful to use only Web sites that can be trusted, such as the site for your health plan or sites for national health organizations or medical professional organizations. For example, WebMD.com has a lot of health information. For specific illnesses, such as for mental wellness, try the Mental Wellness Web site:

www.mentalwellness.com

Practice Policies

Confidentiality

Your personal health information is protected under the HIPAA act. We are committed to protecting and preserving any information about your care including appointment, clinical, and billing information. We do not release any information without your written consent with the exception of the following:

- If we believe you may be in danger of harming yourself or another person
- If there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- If a court order is received.
- If required for insurance billing purposes, when you have given permission to bill that insurance for services.
- When an emergency situation requires sharing of information.
- Other situations required by law.

Telephone Calls and Emergency/Urgent Services

Our office can be reached during regular business hours (Monday through Thursday 8 a.m. to 6 p.m, and Friday 10 a.m. to 3 p.m.). Typically, non-urgent calls will be returned within two business days. If you are having a mental health crisis after 5 pm or on weekends, you may call Dr. Sharma's answering service at 847-794-8371. This number is for serious mental health issues (suicide or homicide) or severe medication reactions only. If you call this number for non-emergency issues, you will be charged for a phone consultation (\$25 at minimum). The fees for phone consultation are listed below.

In the case of emergency, call 911 or go to the nearest emergency department.

Appointments

- Visits at ADI Health are made by appointment only (no walk-in hours).
- **If an appointment is missed without 48 hours notification you will be charged a \$150 late cancellation fee to compensate your provider's time. Fees for missed or late cancelled appointments are not reimbursable by insurance companies.**
- Appointments are the responsibility of the patient. Our automated appointment reminder service is a courtesy, please do not rely on it alone.
- Arriving more than ten minutes after your scheduled appointment may be treated as a missed appointment and will be subject to the late cancellation fee (\$150). Having the full time allotted is necessary for your provider to give you adequate care. In the event that your provider is more than ten minutes late to see you, please know that they will make up the time with you to ensure the length of your appointment is not decreased.
- If you would like to opt-out or change your appointment reminders, you may update the front desk staff at any time.
- Prescription refills for controlled substances are available only during your scheduled appointment.
- If missed appointments become a regular occurrence, we will assume you are not ready for treatment, and will terminate services with you.
- We cannot perform evaluations for legal issues and do not make it our practice to provide legal testimony.
- If your phone number, address, or insurance has changed please update the front office staff before your appointment. You can also call our front office to update your insurance information and ensure your provider(s) are in network with your new insurance company. Their phone number is 847-577-7705.

Accepted Insurance Carriers and Prior Authorization

ADI Health **only** accepts the following insurance providers and PPO plans (all other patients will be considered self-pay):

- BCBS Illinois
- Aetna
- Cigna

It is your responsibility to inform the front office with the correct and most current information and pertinent details to ensure timely reimbursement for rendered services. If not, you will be required to pay out of pocket for all denied fees / services and will be required to file directly with your insurance provider. In addition, please check with your insurance company to make sure that your insurance carrier does not have a separate behavioral health carrier that is not on this list and / or if they require prior authorization for your visits. **You are ultimately responsible for the balance on your account and for any professional services rendered.**

Health Insurance Portability & Accountability Act (HIPAA)

Our practice, including our physical offices, electronic records, and communications are HIPAA compliant. With this policy you have been given opportunity to review and keep a copy of our HIPAA Privacy Notice (Notice is posted in the waiting room at every office). Acknowledging receipt of this notice indicates you have received, read, understood, and had the opportunity to ask us any questions about this policy. Signing also provides consent for ADI Health to use and disclose your protected health information for the purposes of treatment, payment, continuity of care, and health care operations.

Rates

Psychiatric Evaluation, Consultation, Medication Management

Service	Billed to Insurance	Self Pay / Out of Pocket
Initial Evaluation (2 Visits)	\$350 per visit	\$350 per visit
40 Minute Medication Management / Therapy Session	\$350 per visit	\$225 per visit
30 Minute Medication Management / Therapy Session	\$330 - \$350 per visit	\$225 per visit
40 - 60 Minute Emergency Visit	\$350 per visit	\$350 per visit

Therapy & Psychological Evaluation

Service	Billed to Insurance	Self Pay / Out of Pocket
Initial Evaluation	\$250	\$250
60 Minutes - Individual and/or Family	\$225 per visit	\$195 per visit
50 Minutes - Individual and/or Family	\$225 per visit	\$165 per visit
40 Minutes - Individual and/or Family	\$195 per visit	\$135 per visit
30 Minutes - Individual and/or Family	\$175 per visit	\$125 per visit
Group Therapy / Yoga	\$50 per visit	\$25 per visit

ADHD Assessment / Psychological Testing

Service / Fee	Billed to Insurance	Self Pay / Out of Pocket
Test Materials		\$250
Psychological Evaluation / ADHD Assessment (3-5 Office Visits - Includes face-to-face testing, interpretation of results, report writing, and one feedback session)	~\$1,050 - \$2,500	~\$1,050 - \$1,650

Other Services

Service		Self Pay / Out of Pocket
IEP Representation / School Advocacy		\$200 per hour
Parent Coaching		\$200 per hour
Records Review		\$75 per 15 minutes
Case Management		\$75 per 15 minutes
Letter Writing / Document Preparation		\$75 per 15 minutes
Expedited Letter Writing / Document Preparation		\$150 per 15 minutes
Legal Document Review / Consultation		\$350 per hour
Deposition / Court Appearance		\$500 per hour
Travel		\$350 per hour

Electronic Use Policy

ADI Health utilizes an Electronic Health Record (EHR) and third-party billing software, which meet compliance with HIPAA regulations. Additionally, diagnostic measures, appointment information, and account information are made available through our secure patient portal system. We may send electronic statements, appointment reminders, and payment receipts directly to your personal email. If you would like to opt out of e-statements, please email us with the subject "E- statement Opt-Out" at support@adi.health and a paper statement will be mailed to you.

E-Prescribe & Medication History Policy

Medication history is very important in helping healthcare providers treat your symptoms and/or illness properly and in avoiding potentially dangerous drug interactions. As a part of your electronic health record, to reduce errors and enhance patient safety, ADI Health transmits prescriptions electronically, as permitted, to the pharmacy that you delegate as your primary pharmacy provider. In the process, ADI Health may obtain history of all patient medication history from your pharmacy, other

healthcare providers, and/or third-party pharmacy benefit payors for treatment purposes. The collected information is stored in the practice electronic medical record system (EHR/EMR) and becomes part of your personal medical record.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make drug history information available, and your drug history might not include drugs purchased without using your health insurance. Over-the-counter drugs, supplements, or herbal remedies that patients take on their own may not be included. If you would like to opt out of the ePrescribe program, please email us with the subject "ePrescribe Opt-out," at info@adi.health

Mutual Respect Policy

It is the expectation of ADI Health that all individuals seeking treatment, providers, and staff regard one another with respect. This includes being respectful of one another's time and communicating appropriately. ADI Health does not tolerate aggressive, intimidating, abusive, or controlling behavior. If you have concerns about your treatment by providers or staff, please inform our office manager to ensure your concerns are addressed. ADI Health reserves the right to suspend treatment and provide external referrals to anyone who exhibits threatening, intimidating, abusive, or otherwise inappropriate behavior toward staff, providers, or others.

Grievance Procedures

If you have a complaint or concern about your treatment, we encourage you to discuss this with your provider so they can resolve the issue. ADI Health also has a grievance procedure. Grievance forms are available upon request at the front desk and are reviewed by our office manager and clinic owners. In the event this is not satisfactory, you may also speak to your insurance company or contact the board of your provider.

Termination of Treatment

Unless previously discussed with your provider, if you do not schedule an appointment for a period of 60 days and make no arrangement with your provider in writing, you will no longer be considered in active treatment. If you no show or late cancel for two consecutive appointments, or for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment. Your provider may terminate with you for nonadherence to treatment, failure to schedule and attend appointments, behavior that is in any way abusive to your provider or staff of this office, the development of a conflict of interest, misuse or abuse of medication, or otherwise at the discretion of your provider. If your treatment is terminated for any reason and you wish to re-engage in treatment at ADI Health, we will discuss your options at that time which may include referral to an outside agency.

Acknowledgment of Practice Policies & Consent for Treatment

- I hereby consent ADI Health and its providers & staff to use or disclose, for the purpose of carrying out treatment, all information contained in my patient record, which is in accordance with HIPPA policies and regulations.
- I acknowledge the receipt of ADI Health's Notice of Privacy Practices. This understand that this document provides detailed information about how the practice may use and disclose my confidential information for the purpose of treatment within the organization, and only to approved parties, which is in accordance with HIPPA policies and regulations.
- I understand that ADI Health has reserved the right to modify its privacy practices that are described in the notice, and that upon making this change, I will be informed of these changes. I also understand that a copy of any revised notices will be provided to me and /or be made available upon my request.
- I authorize the office to verify my appointments via the contact information below (via email, text, phone) and contact me for billing purposes.
- I have received, read, understood, and agreed to the practice policies as outlined in the Practice Policy Statement. I freely and voluntarily consent to treatment provided by ADI Health. I understand I have the right to terminate my participation at any time.
- To facilitate my treatment, I hereby consent ADI Health and its providers & staff to obtain my patient medication history from my pharmacy, my health plans, and my other healthcare providers.
- I understand that beginning services with ADI Health is not a guarantee that I will receive medication management services.
- I understand that threatening, intimidating, abusive, aggressive, and controlling behavior will result in termination of my treatment at ADI Health. I agree not to bring weapons on premises.

- I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desired to do so (to my physician, clinical, or staff member). I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my information. Written revocation of consent must be sent to the ADI Health at the address above or at info@adi.health, with the subject "Revocation of Consent."

Delinquent Payment & Credit Card Authorization

- I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account and for any professional services rendered. If I do not provide the correct and most current insurance information, I understand that I will be required to pay out of pocket for these fees and file my own claim for reimbursement directly with my insurance provider.
- I understand that if I have a copayment, it is due at time of appointment. **Failure to pay at time of appointment will result in a \$10 surcharge, I will be required to add an active credit card to my account, and in doing so, approve ADI to charge my card for any payments that are due at the time of my appointment and/or are delinquent.**
- I understand that payment terms on all invoices are due within 15 days of the invoice date. **All late payments may incur a \$10 surcharge per month, plus a fee of 1.5% per month, and I will be required to add an active credit card to your account.** In doing so, I authorize ADI Health to auto charge your account for any current/ future past due balance.
- **When any open invoice has aged 45 days from invoice date, my account may be sent to a collection agency, and understand that my actions may result in an interruption of service (including denied prescriptions/refills) until I have resolved my delinquent balance with ADI Health and that I will be responsible for paying the \$200 collections fee.**

- When any open invoice on an account has aged 60 days from invoiced date, this may result in termination of my treatment at ADI Health, and that my actions may result in an interruption of services (including denied prescriptions / refills). At this point, I am responsible for finding another provider and release ADI Health of any liability and /or responsibility for my treatment.

No Shows & Late Cancellation Fees (48 hours' notice required)

- I understand that if I do not show up for an appointment, or am over 20 minutes late, I will be charged a \$150 no-show fee. I understand that this amount is due the day of my missed appointment, and that fees for missed or late cancelled appointments are not reimbursable by insurance companies.
- If an appointment is missed without 48 hours (2 business days) notice, I will be charged a \$150 late cancellation fee to compensate my provider's time. I understand that this amount is due the day of my missed appointment, and that fees for missed or late cancelled appointments are not reimbursable by insurance companies.
- I understand that arriving more than ten minutes after my scheduled appointment may be treated as a missed appointment and will be subject to the \$150 late cancellation fee.
- If I miss an appointment, I am responsible for re-scheduling my appointment and understand that my prescription requests may be denied until I am next seen by the doctor.
- I understand that prescription refills for controlled substances are available only during your scheduled appointment.
- I understand that after two no shows and /or late cancellations, the third one will be changed as a full session.
- I understand that if missed appointments become a regular occurrence, ADI will assume you are not ready for treatment, and will terminate services with you. At this point, I am responsible for finding another provider and release ADI Health of any liability and /or responsibility of my treatment.

Medication Policy

- If I miss an appointment, I am responsible for re-scheduling my appointment and understand that my prescription requests may be denied and/or modified in quantity until I am next seen by the doctor.
- I understand that prescription refills for controlled substances (Adderall, Vyvanse, Focalin, etc.) are available only during my scheduled appointment and will not be refilled if lost.
- I understand that medications **will not** be refilled if I do not comply with the doctors' orders, and potentially, if my account is delinquent.
- I understand that I am responsible for my medications and the office may require up to 5 business days to refill my prescription.

Off Hours Consultation Fee

- If I require an off-hours consultation that runs over 15 minutes, I will be charged \$75 for each 15-minute interim and understand that these fees may not be reimbursable by insurance companies. Life threatening emergencies are considered an exception to this policy

Letters, Forms & Medical Records Fees

- I acknowledge that ADI may charge the following fee(s) for letters, forms, and/or medical records and understand that the office requires 5-7 business days to fulfill my request. I also understand that I am responsible for providing ADI with all necessary information and/or consents in order to facilitate the timely completion of my request and/or pick-up of my document(s).

Service	Billed to Insurance	Self Pay / Out of Pocket
Letter Writing / Document Preparation		\$75 per 15 minutes
Expedited Letter Writing / Document Preparation		\$150 per 15 minutes
Medical Records - page 0 to 25		\$0.86 per page
Medical Records - page 26 to 50		\$0.86 per page
Medical Records - page 51 and above		\$0.86 per page

I have read, understand, and agree to abide by ADI Pediatric Behavioral Health's Practice Policies and provide my consent for treatment.

Signature: _____ **Date:** _____

Print Name: _____

Notice of Privacy Practices

Effective Date: April 14, 2003; Updated 2019

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand that medical information about you and your health is personal. We are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of your legal duties and privacy practices. We are required to follow the terms of this notice that is currently in effect.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in the office and a copy available to you upon request.

How We May Use or Disclose Your Health Information

- **For Treatment.** Includes those activities related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. An Authorization for Release of Information must be signed by the patient to authorize this.
- **For Payment.** Relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by insurance company so they can determine if they should pay the claim.
- **For Health Care Operations.** Includes a number of areas including transcription services, accounting services, legal services, and quality assurance and peer review activities.
- **As Required By Law.** We will disclose health information to the appropriate individual as required by federal, state or local law.

- **For Health Oversight Activities.** We may use and disclose PHI as required by law for health oversight activities. This information may be used and released for audits, investigations, license issues, and other health oversight activities including, but not limited to hospital peer review, managed care peer review, or Medicare peer review.
- **Lawsuits and Disputes.** We will disclose information for judicial and administrative proceedings in response to a court order or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.
- **For Law Enforcement.** We disclose PHI for law enforcement purposes to law enforcement officials.
- **Related to Decedents.** The office uses and discloses PHI as required to a coroner or medical examiner and funeral directors as required by law. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's protected health information.
- **To Advert a Serious Threat to Health or Safety.** We use and disclose PHI to public health and other authorities as required by law to overt a serious threat to health or safety.
- **For Specialized Government Functions.** We use and disclose PHI for military and veteran activities, national security and intelligence activities and other activities as required by law.
- **In Emergency Situations.** We use and disclose PHI as appropriate to provide treatment in emergency situations. In the case of a patient who receives direct treatment in an emergency situation, the practice will provide the Notice of Privacy Practices to the patient at their follow up visit.

How We May Not Use or Disclose Your Health Information

Except as described in this notice, we will not use or disclose your PHI without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Rights with Respect to Your Health Information

The office tracks all disclosures of a patient's protected health information that occur for other than the purposes of treatment, payment and health care operations that are not made to the individual or to a person involved in the patient's care, that are not made as a result of patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

The office responds to all requests for an accounting of disclosures within 60 days of receipt of the request. If we intend to provide the accounting for disclosures and cannot do so within 60 days, we will inform the requestor of such and provide a reason for the delay and the date the request is expected to be fulfilled. Only one 30-day extension is permitted.

Individual Rights

- You have a right to receive a copy of the privacy practices.
- You have the right to inspect your health record.
- You have the right to receive a copy of your protected health information.
- You have the right to request an amendment to your health record by submitting a written request stating the reason for the requested amendment.
- You have the right to obtain a report of disclosures of your health information that were made and not related to treatment, payment or routine health care operations by submitting a written request.
- Request a communications of your health information by alternative

means or to an alternative location by submitting a written request.

- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken, by submitting a written request.
- Request a restriction on certain uses and disclosures of your information by submitting a written request. We do not agree to any restrictions in the use or disclosure of protected health information.

This office reviews all request in a timely fashion and acts on a request for access generally within 30 days. Each request will be accepted or denied and the requestor notified in writing. If a request is denied, the requestor is informed if the denial is “reviewable” or not. The requestor has the right to have any denial reviewed by a licensed health care professional who is designated by the practice as a reviewing official and who did not participate in the original decision to deny. The practice informs the requestor the decision of the reviewing official and adheres to the decision.

The office never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

We charge a reasonable fee based on actual costs of fulfilling your request. We will determine the charge for providing the requested records and inform you of the amount. When payment is received the records will be provided. Illinois law prohibits charges that exceed the following: \$20 handling fee of 75 cents each for pages 1-25, 50 cents each for pages 26-50, and 25 cents each for pages 51 to end. We limit charges for records to the amounts allowed under Illinois law.

Requests for the inspection and copying for records must be sent to the practice in writing. It should be marked “Attention: Privacy Officer.”

If we deny your request, in the whole or in part, we will provide you with a written denial in a timely fashion. We allow a requestor to submit a written statement disagreeing with the denial of all or part of the initial request. The statement must include the basis of the disagreement. The practice limits the length of a statement of disagreement to one page.

The practice accepts requests to amend the PHI maintained by the practice. The requests must be in writing and should be marked: "Attention: Privacy Officer."

Authorizations

The office obtains a written authorization from a patient or patient's representative for the use or disclosure of protected health information for other on treatment, payment, or health care operations; however, we will not get an authorization for the use or disclosure of protected health information specifically allowed under the Privacy Rule in the absence of an authorization. The office will provide a patient upon request a copy of any authorization initiated by our office (as opposed to request by the patient) and signed by the patient.

The office does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim or provision of health care solely for purpose of creating protected health information for disclosure to a third party (e.g., pre-employment, school or life insurance physicals).

In Illinois, a specific written authorization is required to disclose or release of mental health treatment, alcoholism treatment, drug abuse treatment or HIV / Acquired Immune Deficiency Syndrome (AIDS) Information.

The office allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of the practice's privacy officer; however, in any case the practice will be able to use or disclose the protected health information to the extent practice has taken action in the reliance on the authorization.

For Privacy
Complaints:

P.O. Box 8050
U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services

Your Child & Medication

One in ten of America's children has an emotional disturbance such as attention deficit hyperactivity disorder, depression or anxiety, which can cause unhappiness for the child and problems at home, at play, and/or at school. Many of these children will be taken by their parents to their family physician or pediatrician, or in many cases, a specialist in child mental health. The child will be carefully evaluated and may begin some type of therapy. There are many treatment options available. Choosing the right treatment for your child is very important. Each child is different. At times, psychotherapies, behavioral strategies, and family support may be very effective. In some cases, medications are needed to help the child become more able to cope with everyday activities.

If you are planning to have a doctor see your child, you should share a record of any of your child's medical problems, any other medications your child is taking, including over-the-counter medications or vitamin and herbal supplements, and any allergic reactions your child has suffered. If a medication is prescribed for your child, there are certain questions you should ask. It will be helpful to take notes as it is easy to forget what the doctor says.

- What is the name of the medication and how will it help my child? Is the medicine available in both brand name and generic versions, and is it all right to use the less expensive (generic) medication? What is the name of the generic version? Is it all right to switch among brands or between brand-name and generic forms?
- What is the proper dosage for my child? Is the dose likely to change as he/she grows?
- What if my child has a problem with the pill or capsule? Is it available in a chewable tablet or liquid form?
- How many times a day must the medication be given? Should it be taken with meals, or on an empty stomach? Should the school give the medication during the day?
- How long must my child take this medication? If it is discontinued, should it be done all at once or slowly?

- Will my child be monitored while on this medication and, if so, by whom?
- Should my child have any laboratory tests before taking this medication? Will it be necessary to have blood levels checked or have other laboratory tests during the time my child is taking this medication?
- Are there possible side effects? If I notice a side effect – such as unusual sleepiness, agitation, fatigue, and hand tremors – should I notify the doctor at once?
- What is my child misses a dose? Split it up?
- How well established and accepted is the use of this medication in children and adolescents?

You may think of other questions. Don't be afraid to ask. When you have the prescription filled, be sure the pharmacist gives you a flyer describing the medication, how it should be taken and any possible side effects of the medication. The label will give the name of the pharmacy, its telephone number, the name of the medication, the dosage, and when it should be taken. It will also tell you how many times the medication can be refilled.

If you want to learn more about your child's medication, you will find helpful books at your public library, or the reference librarian can show you how to look up the medication in the *Physicians' Desk Reference (PDR)*. While a great deal of information about mental disorders and their treatment in children is available on the Internet, care is required in distinguishing fact from opinion.

What Does "Off-label" Mean?

Based on clinical experience and medication knowledge, a physician may prescribe to young children a medication that has been approved by the US Food and Drug Administration (FDA) for use in adults or older children. This use of medication is called "off-label." Most medications prescribed for child mental disorders, including many of the newer medications that are proving helpful, are prescribed off-label because only a few of them have been systematically studied for safety and efficacy in children. Medications that have not undergone such testing are dispensed with the

statement that “safety and efficacy have not been established in pediatric patients.” The FDA has been urging that products be appropriately studied in children and has offered incentives to drug manufacturers to carry out such testing. The National Institutes of Health and the FDA are examining the issue of medication research in children and are developing new research approaches.

Medication & Safety

- Be sure the doctor knows all medications – including over-the-counter medications and herbal and vitamin supplements – that your child is taking.
- Read the label before opening the bottle. Make sure you are giving the proper dosage. If the medication is liquid, use a special measure – a cup, a teaspoon, a medicine dropper, or a syringe. Often a measure comes with the medicine. If not, ask your pharmacist which measure is most suitable to use with the medication your child is taking.
- Always use child-resistant caps and store all medications in a safe place.
- Never decide to increase or decrease the dosage or stop the medication without consulting a doctor.
- Don’t give medication prescribed for one child to another child, even if it appears to be the same problem.
- Keep a chart and mark it each time the child takes the medication. It is easy to forget.

Resources

A Guide to Children's Medications. American Academy of Pediatrics. Website: <http://www.aap.org/family/medications.htm>

Facts for Families, a series of fact sheets that include information on medications for children, health insurance, how to seek help, etc. American Academy of Child and Adolescent Psychiatry. Website: <http://www.aacap.org/publications/factafam/index.htm>

How to Give Medicine to Children. FDA. Website: http://www.fda.gov/fdac/features/196_kid.htm

For Anti-Depressant Warnings for Children: <http://www.parentmedguide.com>

For More Information on NIMH:

Office of Communications and Public

Liaison 301-443-4513

<http://www.nimh.nih.gov>

Suicide Awareness Voices of Education™ (save)

In crisis? Call National Hotline

Network 1-800-SUICIDE

“Our mission is to educate about suicide prevention and speak for suicide survivors” 7317 Cahill Rd., Suite 207

Minneapolis, MN 55439

952.946.7998

1.888.511 (SAVE)

www.save.org

Danger / Signs of Suicide

- Talking about suicide
- Statements about hopelessness, helplessness, or worthlessness
- Preoccupation with death
- Suddenly happier, calmer
- Loss of interest in things one cares about
- Unusual visiting or calling people one cares about
- Making arrangements; settings one’s affairs in order
- Giving things away
- A suicidal person urgently needs to see a doctor or psychiatrist

Symptoms of Major Depression

Not all people with depression will have all these symptoms, or have them to the same degree. If a person has four or more of these symptoms, if nothing can make them go away, and if they last more than two weeks, a doctor or psychiatrist should be consulted.

- Persistent sad or “empty” mood
- Feeling of hopelessness, helplessness, guilt, pessimism or worthlessness
- Substance abuse
- Fatigue or loss of interest in ordinary activities, including sex
- Disturbances in eating and sleeping patterns

- Irritability, increased crying; anxiety and panic attacks
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide; suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment

To learn more about depression and suicide prevention, visit the SAVE website at www.save.org or call 1-888-511-SAVE