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Contra Costa Behavioral Health

ADMINISTRATION 1340 Arnold Drive, Suite 200 Martinez, California 94553

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Client Name:	MRN	l:
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Welcome to Contra Costa County Mental Health Services! We are committed to the well-being of your child/adolescent and to providing them with the best quality of care.

Importance of Attending Appointments:

Attending appointments regularly will help your child/adolescent get the most benefit from treatment. We ask that you make every effort to have them attend all scheduled appointments.

If your child/adolescent is unable to attend an appointment, please cancel the appointment *as soon as possible, preferably at least 24 hours in advance.* If you are not able to provide 24 hours' advance notice, *we still ask that you cancel as soon as possible.* This will allow our providers to schedule someone else into that appointment time.

We are obligated to review the records of clients whom we have lost contact with to determine whether they should be discharged from care.

Child/Adolescent Psychiatry Appointment Attendance Requirement:

A Parent or caregiver, or an authorized designee, must accompany a child/adolescent to all psychiatrist appointments. Clients under 18 meeting with a psychiatrist must be accompanied by a parent or caregiver, or have a letter stating that the parent or caregiver consents to having another adult accompany their child/adolescent to appointments. If the child/adolescent is not accompanied by a parent, caregiver or an authorized adult, the appointment will be canceled and rescheduled.

Appointment Reminders:

If you made a clinic-based appointment more than 48 hours in advance, in most cases you will receive an automated reminder call or text (depending on the option you selected) to help you remember your appointment.

MHA-006 Rev 07-2022 Client Acknowledgement of MH Attendance Guidelines – Child/Adolescent

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Difficulties attending appoin	tments:				
appointments (such as transport	es it difficult for your child/adolesc cation), please let us know. We ca hild/adolescent can come to their	an help you find any			
low to cancel an appointme	nt:				
ou may cancel your child's/ado	lescent's appointment in any of th	e following ways:			
Call your clinic, answers, please leave a c	, at cancellation message on the voice	If no one mail system.			
child's/adolescent's medic MyChart. Apps are availa	If you have a MyChart account and have online access to your child's/adolescent's medical record, you may notify your provider through MyChart. Apps are available on the Apple Store or Google Play Store, and it can be accessed on the web at https://mycclink.cchealth.org.				
Respond to the instructio	• Respond to the instructions in the automated appointment reminder you receive.				
We are eager to partner with their well-being!	n you and your child/adolesce	nt to work toward			
Please sign this form to acknowle	edge that a staff member has:				
 answered any questions 	alth Attendance Guidelines to you, you had, and s document for your records.				
Client/Legal Representative Signature	Client/Legal Representative Printed Name	Date			
County Staff Signature	County Staff Printed Name	Date			
For Clinic Use Only					