



CAP PC

Child and Adolescent Psychiatry for Primary Care

Primary Care Provider Agreement to Participate

The intent of the CAP PC program is to provide support for PCPs to assist in the management of children and adolescents with mild-moderate mental health problems and to provide linkage/referral support for those patients who are considered beyond the scope of primary care practice. To accomplish this, CAP PC will provide phone service Monday-Fridays 9-5, excluding holidays. In selected cases a CAP PC child psychiatrist will be available to do a face-to-face or telepsychiatric evaluation. To prevent misunderstandings CAP PC wants to make clear that:

1. **CAP PC is not an emergency referral service;** we cannot provide emergency evaluations over the phone or in person. If a PCP calls about a case requiring emergency services a referral will be made to the most appropriate local service.
2. **CAP PC child psychiatrists are not available for ongoing treatment** of referred cases. In situations in which a child needs ongoing child psychiatric care, an appropriate local referral will be made.
3. **Phone support will be provided by 5 CAP PC teams** across the state. Each team consists of a child psychiatrist and a Liaison Coordinator and will cover the phones in rotation one day per week.
4. **When a PCP has a mental health question about a child CAP PC encourages discussion with the caretaker(s) before making a call to CAP PC.** While CAP PC does not require informed consent from the family to call and discuss a case, it is recommended that the PCP inform a caretaker and perhaps the child or adolescent that he/she will be discussing their situation with a child psychiatrist.
5. **When a PCP calls about a case the Liaison Coordinator will be the initial responder.** The Liaison Coordinator is a Master's level child mental health professional or child psychologist. The LC will respond to any questions within their scope of expertise. If a child psychiatrist is the more appropriate person to respond then the call will be forwarded to the covering child psychiatrist who will call back within 2 hours.
6. **Because the phone support is educational in nature, the LC will not request identifying information about the child.** CAP PC wants to maintain HIPAA compliance and does not want identifying information about the child. *Please do not provide information that could violate the child's confidentiality!* In responding to the PCP question about a case the CAP PC team may respond with "In cases such as this...." or similar language. We are not trying to be evasive but do wish to emphasize that we have not evaluated the patient and, as a result, our recommendations must be tempered and are educational in nature.
7. **Face to face (or telepsychiatric) evaluations are consultations.** When a CAP PC child psychiatrist does a face to face evaluation personal identifying information will be required and the child psychiatrist will evaluate the patient. In this situation recommendations can be considered a consultation.
8. **At the completion of a face to face (or telepsychiatric) evaluation a written report will be sent to the referring PCP.** There will be no written communication following phone support contacts.

I have read the above and agree to adhere to the procedures described.

Signature

Name

Name of Practice

City of practice

Date

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