



## Informed Consent

### Client Participation/Rights

Treatment will only be effective if the client is engaged and actively involved. It is important to ask questions about treatment if you are unclear about any aspect of treatment goals or plans. You have the right to terminate treatment at any time. Please provide notification if you are considering discontinuing treatment.

### Medication Management

- All medication has potential to cause side effects as well as interact with other prescription/over-the-counter medications or herbal remedies. However, there is no way of predicting all the potential side effects a medication may have on a specific individual. Please be advised that medications used in psychiatry are often prescribed “off-label”. This means that such medication may be used to treat/manage symptoms other than those for which it was originally approved by the FDA. This will be discussed during treatment planning. Potential risks, benefits, and alternatives will be discussed prior to setting a treatment plan. It is important to update all providers about changes in your medications including prescription, herbal, and over-the-counter medications.
- I will be given a clear description from my mental health provider regarding the problems, diagnosis, personal strengths/limitations, and treatment interventions proposed.
- I will be given a clear recommendation for types of treatment recommended, such as individual counseling/therapy, group counseling/therapy, family/couples counseling/therapy, addictions counseling, and/or psychiatric services.
- I voluntarily agree to undergo mental health treatment and understand that I may end treatment at any time.
- I understand that my mental health provider may want to discuss this with me, but that I reserve the right to stop treatment. Furthermore, I understand that my mental health provider may make diagnostic and treatment recommendations with which I do not agree (e.g. modality of treatment, duration of treatment, frequency of visits, etc.)
- I understand that my mental health provider cannot guarantee results (e.g., less depressed, improved marital satisfaction, etc.) of mental health services. However, there will be clearly stated reasons, goals, and objectives for continuing/discontinuing mental health treatment. This will be discussed with my mental health provider.
- I understand that there may be some risks in participating in mental health services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged or confronted on a particular issue; or being inconvenienced due to costs/fees of counseling. I am aware that I can discuss any unforeseen risks vs. benefits with my mental health provider at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed.
- I understand that I have the right to an interpreter (sign or language) if necessary.
- I understand that this “Informed Consent Form” is not intended to be “all inclusive” of aspects of my mental health treatment. It is only intended to provide some useful information before deciding to engage in mental health treatment.



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### Confidentiality

Information related to your seeking and receiving services will remain confidential. Information will not be disclosed without your written consent. There are a few exceptions:

- When there is reason to believe you may be in danger of harming either yourself or another person.
- When there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- When a court order is received.
- When 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.

### Confidentiality and Treatment of Children and Adolescents

Those individuals **under** the age of 14, and who are not emancipated, are required by law to have parent/guardian consent for treatment. Treatment records may be reviewed by the parent/guardian. Southwest Family Physicians operates under the belief that privacy of patients is of utmost importance and will be maintained, except in those instances listed above and for any necessary communication with parent/guardian for treatment planning. Oregon law allows clients 14 years and older to consent to their own mental health treatment by a nurse practitioner, but requires the nurse practitioner to involve the parents prior to the ending of treatment (except in rare instances).

### Emergency Contact Information

In the case of emergency, call 911 or go to the nearest emergency department. In the event of a crisis in which you need assistance before I am able to return you call may also contact:

- Multnomah County Crisis Line: 503.988.4888
- Clackamas County Crisis Line: 503.655.8401
- Clark County Crisis Line: 503.696.9560
- Washington County Crisis Line: 503.291.9111
- Marion County Crisis Line: 503.585.4949
- Poison Control: 503.494.8968 or 800.452.7165
- Alcohol and Drug Help Line: 503.244.1312 or 800.923.HELP
- Portland Women's Crisis Line (Domestic Violence): 503.235.5533
- Rape Crisis Center: 503.640.5311
- Cascadia Urgent Walk-In Clinic at 2415 SE 43rd Ave 7 AM—10:30 PM

If you are hospitalized, please attempt to call Southwest Family Physicians within 12 hours, or have the hospital call, so we can coordinate your care.



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### Office Policy

- Rates are billed per your insurance coverage. If I have a binding contract with your insurance company, your co-pay serves as your responsibility for payment to our office. This payment is due at check-in prior to any visit. If I do not have a binding contract with your insurance company, I am considered an “Out of Network” provider. Based on your specific insurance plan, your fiscal responsibility for each visit may be more than that of an “In Network” provider. Please see the billing office for questions regarding rates per sessions and contact your insurance provider directly for all other inquiries.
- If you are more than 10 minutes into your allotted time period, you may be considered late to an appointment, and you run the risk of being charged a “No Show” fee and not be able to be seen at your scheduled date/time.
- There are no fees charged for appointments canceled outside of 24 hours.
- Scheduling can be done through the front desk at 503.620.5556.
- If you balance due exceeds \$500, you will be scheduled only through the business office. Appointments may be suspended until account balances return to less than \$500 and/or payment arrangements are made with the billing office. This will be determined on a case-by-case basis.
- Should you not schedule an appointment for a period of 45 days, and make no arrangement in writing, you may no longer be considered in active treatment. If you “No Show” or “Late Cancel” for two consecutive appointments, “No Show”/ “Late Cancel” for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment.
- If you have three or more “No Shows” in a 12-month period, you will be discharged as a behavioral health patient.

I have reviewed this “Informed Consent to Treatment” information with my behavioral health provider.

I have been given the opportunity to ask questions about this information. A copy of this information is available upon request. By signing this, I indicate my understanding of this information.

Sincerely,  
Kara Wilcox, PA-C

I acknowledge that I have received and reviewed a copy of this document and am aware of its contents.

Printed Name	Signature	Date

Patient’s name if different than above	Relation to patient