PHOENIX POINTE
PSYCHIATRY

Phoenix Pointe Psychiatry Consent for Treatment

Patients must provide voluntary consent for mental health treatment. Your signature (or that of your legal guardian) indicates consent to receive mental health services from Phoenix Pointe Psychiatry.

I voluntarily consent to mental health treatment provided by Phoenix Pointe Psychiatry and its providers and staff, who are licensed or supervised clinicians acting within their scope of practice. Treatment may include, but is not limited to, assessment, screening, consultation, recommendations, psychotherapy, holistic services, psychiatric evaluation, medication management, medication administration or infusion, and Spravato/ketamine treatment, as clinically appropriate.

I understand that mental health treatment involves potential risks and benefits, as well as alternatives, including the option to decline treatment. I have had the opportunity to ask questions and receive information regarding these risks, benefits, and alternatives. I understand that no specific results or outcomes are guaranteed.

I understand that certain providers at Phoenix Pointe Psychiatry practice under physician supervision, physician collaboration, or clinical supervision, as required by Arizona law. Physician assistants may be supervised by or collaborate with an offsite licensed physician (MD/DO), and certain behavioral health therapists practice under the supervision of a qualified, independently licensed clinical supervisor. I understand that supervising professionals may be involved in consultation, treatment planning, and clinical oversight of my care. I may request the name and contact information of my provider's supervising professional, if applicable, by contacting Phoenix Pointe Psychiatry at (480) 378-6323 or via Email at info@phoenixpointepsychiatry.com. By signing, I acknowledge that I have been informed of these supervision arrangements and consent to receiving care under these conditions.

I understand and consent to communication and coordination of care between providers at Phoenix Pointe Psychiatry, including psychiatric medication providers, therapists, clinical supervisors, and other authorized clinical staff involved in my treatment. I acknowledge that my providers may share relevant information regarding my diagnoses, medications, symptoms, treatment plans, progress, and other clinical concerns to ensure safe, effective, and coordinated care.I understand that all communication will be conducted in accordance with HIPAA and applicable privacy laws, and information will only be shared as permitted by law and as necessary for my treatment.

I understand that I have the right to request information about alternative treatment options and may withdraw my consent for treatment at any time by providing written notice, understanding that this may impact my ability to receive services.

I understand that Phoenix Pointe Psychiatry does not provide emergency services. In the event of a medical or psychiatric emergency, I agree to call 911 or go to the nearest emergency room.

I acknowledge that I have received mental health crisis resources, including information on contacting the 988 Suicide & Crisis Lifeline, and understand that Phoenix Pointe Psychiatry does not provide crisis or emergency services.

I understand that services may be provided in person or via telehealth, and that I may be required to complete a separate telehealth consent form.

If I am signing as a legal guardian, I certify that I have the legal authority to consent to treatment on behalf of the patient.

I acknowledge that I have read and understand the above information, have had the opportunity to ask questions, and voluntarily consent to receive mental health treatment from Phoenix Pointe Psychiatry.