



Healthy Minds Mental Health Treatment Informed Consent

Mental Health treatment can feel different depending on how our personalities go together and the kinds of problems you want to work on. Mental Health treatment is not like visiting your doctor. Just talking to your Healthy Minds provider and taking your medication will not make you feel better or fix your problems. For treatment to work, you have to start doing things differently in your life, and we will talk about the changes you can make in your life.

While you came to treatment to feel better, you will probably have to talk about the bad things in your life, which can lead to uncomfortable feelings. You should definitely feel comfortable with your Healthy Minds provider, but discomfort in treatment does not always mean you should change Healthy Minds provider. Making meaningful changes in your life can involve doing things you do not want to do. Some changes will be easy and quick, but it can often be slow and frustrating, and you will need to keep trying. While there are no guarantees, treatment can improve relationships, resolve problems, increase self-esteem, and ease family conflicts.

In our first meeting, we will talk about why you are starting treatment now, what you are hoping to get out of treatment, the type of Healthy Minds provider that will work best for you, and any third parties involved in your treatment. We will help you make goals for treatment and identify options and the risks involved. Treatment sessions are anywhere from 20 - 50 minutes. Only the front desk can officially schedule appointments. While stopping treatment should not be done casually, you can decide to stop at any time. If you wish to stop treatment at any time, we suggest that you have one more session to review our work together and any concerns you have.

Consent to Treatment

By signing this form, you voluntarily agree for you or a patient in your custody to receive mental health assessment and treatment, and you authorize Healthy Minds to provide such necessary care. You fully understand and accept that Healthy Minds cannot guarantee treatment will be beneficial due to factors beyond our control. If treatment is for a patient in your custody, you understand that the Healthy Minds provider may request that you examine your personal attitudes and behaviors in the interest of bettering the patient's welfare. You agree to participate in the planning of this care, and you understand that regular attendance will produce the maximum possible benefits. Unless you or the patient in your custody are enrolled in Fee-For-Service Medicaid, you understand that you are responsible for payment of treatment at the time of service.

You understand that if this appointment is specifically for psychological testing, it will be different than most meetings with doctors because the provider is not treating a mental illness. The provider will conduct a psychological evaluation to help plan the course of my treatment. The provider will do an interview and possibly recommend additional psychological testing, and once they have the results, they will write a report and schedule a feedback session with me. You understand that you may request a copy of the report but that the provider is not required to give you a full and complete copy of the report if they believe it is not in your best interest. The report may not be written for you as a patient, as it contains technical and sensitive information.





Acknowledged Consent

Healthy Minds is a multidisciplinary group composed of psychiatrists, psychologists, marriage and family therapist, licensed clinical social workers, and other mental health providers. In order to provide the best possible care, the details of your treatment will be shared among our providers. You may contact any of our personnel at any time regarding treatment.

I understand that Healthy Minds is a training site for various specialties and that I may be seen by an intern, resident, or fellow trainee. I understand that the trainees are supervised at all times by licensed professionals.

_____Initial

I consent that documents containing my clinical information or that of the patient in my care may be transmitted via email, which may not be entirely secure. _____Initial

I understand that information regarding my appointment, or that of the minor in my care, may be left on a voicemail of the phone numbers that I provide, or that I sign a release of information for. _____Initial

I acknowledge that I have received a copy of the Notice of Privacy Practices and have had an opportunity to ask any questions about the terms and information contained therein. _____Initial

If I do not show up for my appointment, or I fail to cancel an appointment by calling ahead at least 24 hours in advance, I agree to pay 50% of the appointment fee. _____Initial

If patient is a minor and the biological parents are separated or divorced, who has legal custody of the patient? If legal custody is shared, if the other parent has legal custody, or if you do not know the legal status, you must discuss this with your Healthy Minds provider at the beginning of the appointment to make sure no one's legal rights are violated. Mother _____ Father _____ I don't know _____ Not Applicable _____ Third Party _____

Are there court documents dictating legal or financial responsibility for the patient's healthcare? If yes, you must discuss this with your Healthy Minds provider and bring them to your next appointment.

Yes _____ No _____ I don't know _____ Not Applicable _____

My signature indicates that I have read, understood, and agree to the information on all pages of this document. (If you have an attorney, please consider consulting with your attorney before signing this form.)

Patient's Printed Name

Patient's Signature

Date

Legal Guardian's Printed Name

Legal Guardian's Signature

Date

