

## INFORMED CONSENT FOR PSYCHIATRIC EVALUATION AND TREATMENT

The Mood Practice  
Operated by RPM Mental Health, LLC

### Welcome

Thank you for choosing The Mood Practice for your psychiatric care. This document provides important information about psychiatric evaluation and treatment services. Please read it carefully and ask any questions before signing.

### Nature of Services

The Mood Practice provides outpatient psychiatric evaluation, diagnosis, consultation, and medication management services through telehealth to individuals located in New York State.

Treatment may include:

- Comprehensive psychiatric evaluation
- Diagnostic assessment
- Medication management
- Review of treatment options
- Coordination of care with other healthcare providers when appropriate
- Referrals to therapy, specialty care, higher levels of care, or additional resources when clinically indicated

No specific diagnosis, treatment recommendation, or outcome can be guaranteed.

### Patient Participation

Successful treatment requires active participation. Patients are encouraged to:

- Attend scheduled appointments
- Provide accurate and complete information
- Notify the provider of medication changes, side effects, and concerns
- Participate in treatment planning and decision-making
- Follow agreed-upon treatment recommendations

### Risks and Benefits of Treatment

Potential benefits of psychiatric treatment may include:

- Reduction of symptoms
- Improved functioning
- Improved quality of life
- Increased understanding of mental health conditions

Potential risks may include:

- Emotional discomfort when discussing personal experiences
- Medication side effects
- Allergic reactions to medications
- Worsening symptoms despite treatment
- Lack of response to treatment
- Unanticipated adverse effects

Treatment alternatives, risks, benefits, and recommendations will be discussed throughout care.

#### Medication Management

Psychiatric medications may be recommended when clinically appropriate.

Patients understand that:

- All medications carry potential risks and side effects
- Medication effectiveness varies among individuals
- Finding the most effective treatment may require adjustments over time
- Regular follow-up appointments may be necessary to monitor safety and effectiveness
- Patients should notify the provider promptly regarding significant side effects or concerns

#### Controlled Substances

Some psychiatric conditions, including ADHD, may be treated with controlled substances when clinically appropriate.

Prescription of controlled substances is determined solely by clinical judgment and is not guaranteed.

Patients understand that:

- Controlled substances may require more frequent follow-up visits
- Prescription monitoring databases may be reviewed as required by law
- Additional documentation, screening, or coordination of care may be required
- Early refills may not be provided
- Lost, stolen, damaged, or misplaced medications may not be replaced

#### Emergency Services

The Mood Practice is not an emergency service.

If you are experiencing:

- Suicidal thoughts
- Homicidal thoughts

- A psychiatric emergency
- A medical emergency

Call 911, go to the nearest emergency room, or contact emergency services immediately.

Electronic messages, email, and patient portal communications are not monitored continuously and should never be used for emergencies.

### Confidentiality

Your health information is protected under applicable federal and New York State laws.

Information may be disclosed without your authorization when required by law, including but not limited to:

- Suspected abuse or neglect
- Serious threat of harm to yourself or others
- Court orders or legal requirements
- Certain public health reporting obligations

Additional details regarding privacy practices are described in the Notice of Privacy Practices.

### Coordination of Care

Optimal psychiatric care often involves communication with other healthcare providers.

Patients are encouraged to identify:

- Primary care provider
- Therapist
- Other treating healthcare professionals

Separate authorization may be requested before communication with other providers occurs, unless otherwise permitted or required by law.

### Voluntary Participation

Participation in treatment is voluntary.

Patients may discontinue treatment at any time. However, discontinuing treatment may affect symptom management, medication continuity, and treatment outcomes.

### Provider's Right to Terminate Treatment

The Mood Practice reserves the right to terminate treatment when clinically appropriate, including but not limited to:

- Repeated missed appointments
- Nonpayment of fees
- Threatening or abusive behavior
- Treatment needs exceeding the scope of outpatient telehealth services
- Failure to participate in treatment recommendations

Reasonable notice and referral resources will be provided when appropriate.

Acknowledgment and Consent

I acknowledge that:

- I have read and understand this Informed Consent for Psychiatric Evaluation and Treatment.
- I have had the opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I voluntarily consent to psychiatric evaluation and treatment services provided by The Mood Practice.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_