



Welcome! Thank you for utilizing A & M Psychiatric Services. This document will provide you with information regarding the treatment process and confidentiality.

I treat individuals of all ages for mental health concerns, predominantly focusing on medication management.

### **Medication Management**

Psychiatric evaluation and medication management is a service provided by psychiatrists, nurse practitioners, or psychiatric physician assistants to determine diagnosis and/or to determine the benefits of medication therapy. Psychiatric evaluations generally take between 30-60 minutes. If at that time, medications are prescribed, regular follow up appointments will be scheduled to monitor and assess the effectiveness of treatment. Medication management appointments range from 15-30 minutes. During the course of your appointment, medications, rationales, and side effects will be discussed.

- Please note, if you are prescribed a controlled substance you will be asked to sign a separate Controlled Substance Agreement.
- For medication refills please contact your pharmacy and have them send a refill request.

### **Telehealth**

Tele-medicine is the process of providing behavioral health services from a distance through use of videoconferencing in a safe and secure manner. Evaluations and medication management appointments can be done through telehealth services. Telehealth allows for an interactive audio and video system with real-time Communication. Zoom for healthcare is HIPAA compliant and will be used for any telehealth appointment. You will need to be in the state of Iowa to be seen for your appointment. If you are out of state, please notify A&M Psychiatric Services to reschedule. If you relocate please let us know if we can help you find another provider in your service area.

### **Emergency support**

Emergency Support Services are provided 24 hours a day, 7 days a week by dialing 911. For questions or concerns regarding medications or treatments, please schedule an appointment.

### **Client/Provider Relationship**

You and your provider have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains

strictly professional and involves only the therapeutic aspect. Your provider can best serve your needs by focusing solely on treatment and avoiding any type of social or business relationship. This also extends online, and thus your provider will not accept invitations via social networking sites. Some relationships, such as sexual relationships are strictly prohibited. Gifts are not appropriate, nor is any sort of trade of service for service. Our contact will be limited to professional services. Your provider will avoid dual relationships with current or former clients. However, we also realize that in a rural area, it is possible that you may see your provider outside of the office in other contexts (e.g. the grocery store or at a community event). To respect your confidentiality, your provider will not initiate contact in such a case. Your provider will not acknowledge our therapeutic relationship without written consent.

### **Confidentiality**

The information regarding your care may be shared internally with other staff to ensure effective service delivery.

As licensed professional staff we are mandatory reporters of child abuse and neglect, dependent adult abuse and neglect, and are required by law to make reports of all situations where there is reason to suspect such a condition may exist.

### **Financial Commitment**

Clients are responsible to pay the fees for the services rendered by A & M Psychiatric Services at the time of services. Client are responsible for knowing what their private insurance covers for mental health services. If you have questions regarding your insurance coverage, we encourage you to call your insurance provider for clarification.

### **Minors**

In order to provide therapeutic services to anyone under the age of 18, we must have parental consent. There are exceptions related to substance abuse treatment for minors. The law provides parents of children under the age of 18 years with the right to examine their children's treatment records though there are a few exceptions.

One of them being substance abuse information, which is highly protected by law. You will need a written release for substance abuse information to be disclosed.

Another exception is in the event of child abuse or neglect, or if there is reasonable belief that sharing the information with the parent will otherwise endanger the individual. Please keep in mind that if a patient is a serious danger to themselves or others, there may be need for further intervention (i.e. duty to warn).

### **Discontinuation of Treatment**

At your request, and with a release of information, we will assist with transition of care by talking to the new provider.

You may choose to discontinue treatment at any time. If at any time you wish to do so, please notify your provider. In the event that the provider is no longer able to provide services you will be notified and provided with referrals that you may contact as an alternative.

A & M Psychiatric Services reserves the right to terminate treatment for extenuating circumstances such as noncompliance and/or safety concerns. This will be addressed on a case by case basis.

**Quality of Care**

If you have questions or concerns regarding treatment or quality of care please reach out so we are better able to serve you.

**Consent to treatment**

Having read and understood the above information, I acknowledge that I am seeking outpatient care through A & M Psychiatric Services, and hereby consent to the assessment and treatment, which may include psychiatric evaluation and diagnostics, medication management, brief supportive psychotherapy and psychoeducation.

I have the right to consent to, or refuse, any proposed therapeutic course, subject to applicable provisions of law. I will not be involved in any research or experimental procedure without my knowledge or consent.

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Patient Signature

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Signature Date

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Relationship to Patient if signing as a Parent/Legal Representative (if applicable)

**Special Consent of Children/Minors**

As the parent/legal guardian, I authorize A & M Psychiatric Services to perform the necessary evaluation and treatment. I may have to furnish documentation regarding legal guardianship, particularly in situations where biological parents are divorced, etc.

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Parent/Guardian Signature

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Signature Date