1. Consent to Treatment

Consent to Treatment

Welcome to my practice. This form explains what you can expect from working with me, and the responsibilities we both hold.

Nature of Treatment

- I provide psychiatric evaluation and treatment, which may include therapy, lifestyle recommendations, lab work, and/or medications when appropriate.
- Treatment involves potential benefits, risks, and alternatives. No outcome can be guaranteed.

Your Responsibilities

- Share accurate and complete information about your health, medications, and history.
- Engage in treatment actively and follow safety recommendations.

Risks and Benefits

- Benefits may include symptom relief, greater clarity, and improved functioning.
- Risks may include emotional discomfort, side effects of medication, or limited response to treatment.

Emergencies

- I do not provide 24/7 crisis coverage.
- If you are ever in immediate danger, call 911 or go to the nearest emergency room. You may also call the National Suicide Prevention Lifeline at 988.

Confidentiality

- Your information is confidential, except in situations where safety is at risk (harm to self/others, child/elder abuse, or court order).
- See HIPAA Notice of Privacy Practices for full details.

By signing, you consent to psychiatric evaluation and treatment.

Signature: _____ Date: _____

2. Supplement & Lifestyle Medicine Consent

Consent for Integrative & Lifestyle Recommendations

My approach may include discussion of nutrition, supplements, exercise, sleep, stress management, and other lifestyle practices. These recommendations are intended to **support** your care, not replace standard medical treatment.

What You Should Know

- Supplements are regulated differently than prescription medications and may vary in quality.
- Supplements and herbs may cause side effects or interact with medications.
- Lifestyle changes (such as diet or exercise) may influence medical conditions and should be monitored.

Your Responsibilities

- Inform me of all medications and supplements you are currently taking.
- Consult with your primary care provider before making significant health changes.

By signing, you acknowledge understanding these risks and consent to integrative and lifestyle recommendations as part of your care.

Signature: _____ Date: _____

3. Telehealth Consent

Consent for Telehealth Services

Telehealth means using video or phone for your appointments.

What You Should Know

- Benefits: convenience, access, continuity of care.
- Risks: technical failures, privacy concerns, limits to my ability to observe nonverbal cues.
- You must be located in a state where I am licensed to practice at the time of the visit.

Confidentiality

- Sessions are not recorded.
- I use HIPAA-compliant platforms to protect your information.

Emergencies

- Telehealth is not appropriate for emergencies. If urgent concerns arise, call 911 or go to the nearest ER.

By signing, you consent to receiving psychiatric care via telehealth.

Signature: _____ Date: _____

4. Psychedelic Integration Disclaimer

Psychedelic Integration Services

I provide support for individuals who are reflecting on past psychedelic experiences or preparing for future ones.

Important Clarifications

- I do **not** provide, prescribe, or supply psychedelic substances.
- I do **not** encourage illegal activity.
- My role is to help you process experiences, draw meaning, and translate insights into daily life.

Risks

- Exploring psychedelic experiences may bring up difficult emotions.
- Integration work is not a substitute for psychiatric stabilization if you are in acute crisis.

By signing, you acknowledge that integration services are supportive and non-prescriptive in nature.

Signature: _____ Date: _____

5. Scope of Practice: Psychiatry vs. Coaching

Scope of Practice

I offer services in two pathways:

- **Psychiatry (IBHM):** medical evaluation, diagnosis, treatment, and prescribing.
- **Coaching (Private Practice):** non-medical support focused on performance, relationships, and personal growth.

Key Differences

- Coaching does not include diagnosis, prescribing, or management of medical conditions.
- Psychiatry includes medical interventions but may have less time for coaching-style work.

By signing, you acknowledge understanding of these differences and consent to services in the pathway you've selected.

Signature: _____ Date: _____