Open Arm
Mental Health

NORTHWEST OPEN ARM MENTAL HEALTH

PSYCHIATRIC TREATMENT INFORMED CONSENT FORM

Patient Information

Patient Full Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Primary Care Provider (if applicable): _____ Date of Consent: _____

Treating Clinician: Patrick Masiasia, APRN, CNP, PMHNP-BC (or other clinician: _____)

1. Purpose and Nature of Psychiatric Treatment

I understand that Northwest Open Arm Mental Health provides outpatient psychiatric and mental health services to adults aged 18 and older experiencing emotional, behavioral, and psychiatric conditions. Services may include comprehensive psychiatric evaluations, ongoing medication management, psychiatric therapy (for example, cognitive behavioral therapy, dialectical behavior therapy, and motivational interviewing), medication-assisted treatment, patient education, information on community resources, assessment and treatment of ADHD, depression, anxiety, bipolar and related disorders, trauma-related conditions, OCD, psychotic disorders, substance use disorders, and borderline personality disorder, and telehealth services when clinically appropriate. Medication-assisted treatment and some other services may require a separate consent. The purpose of treatment is to improve mental health, reduce psychiatric symptoms, promote stability, and improve daily functioning and quality of life.

2. Psychiatric Evaluation and Diagnostic Assessment

I understand that my psychiatric evaluation may involve discussion of current symptoms, review of medical and psychiatric history, assessment of family/social/developmental history, review of medications, mental status examination, substance use assessment when appropriate, screening for depression, anxiety, ADHD, bipolar disorder and other conditions, and assessment of suicide risk or risk of harm to others when indicated. An accurate diagnosis may require additional assessments, records, laboratory testing, or referrals.

3. Medication Management and Treatment

I understand that psychiatric medications may be recommended as part of my treatment plan. Medication treatment may include antidepressants, anti-anxiety medications, mood stabilizers, antipsychotics, stimulant or non-stimulant ADHD medications, sleep medications, and other clinically appropriate medications. I understand that benefits and risks vary, some medications may take several weeks for full effect, side effects may occur, some require laboratory monitoring, I should take medications exactly as prescribed, and I should not discontinue or change doses without consulting my prescriber except for urgent safety concerns.

4. Potential Benefits of Treatment

Potential benefits may include reduction in depression, anxiety and other symptoms; improved mood stability and emotional regulation; improved concentration and attention; better sleep and daily functioning; improved relationships; improved ability to manage stress; and improved overall mental health and quality of life. Treatment outcomes cannot be guaranteed.

5. Potential Risks and Side Effects

Psychiatric treatment may involve medication side effects and adverse reactions, temporary worsening of symptoms during adjustments, allergic reactions or interactions, changes in appetite/sleep/weight/energy, dizziness, nausea, headaches, emotional or behavioral changes, and rare but serious medication-related complications. I agree to notify my provider about concerning symptoms or adverse reactions.

6. Specific Medication Warnings

My provider will explain the warnings for any medication prescribed to me. In particular, I understand that:

- Antidepressant medications carry a boxed warning about increased suicidal thoughts and behavior in children, adolescents, and young adults (through age 24), especially early in treatment or after dose changes. I should contact my provider or call or text 988 right away if I notice new or worsening suicidal thoughts, agitation, or unusual changes in mood or behavior.
- Some medications can affect pregnancy or breastfeeding. I will tell my provider if I am pregnant, planning to become pregnant, or breastfeeding, and before I start or stop any contraception.
- Alcohol, cannabis, and other substances can interact with psychiatric medications. I will tell my provider about all medications, supplements, and substances I use.

7. Alternative Treatment Options

Alternative options may include individual psychotherapy, CBT, behavioral interventions, lifestyle modifications and stress management, support groups and community resources, non-medication approaches, and other clinically appropriate treatments. I may discuss available alternatives with my provider.

8. Patient Rights and Responsibilities

I have the right to receive respectful and confidential care, participate in treatment decisions, ask questions, receive information about medications, request access to my records as permitted by law, decline recommended treatment, withdraw consent subject to legal and safety requirements, and express concerns. I agree to provide accurate information, inform my provider about medications and supplements, attend appointments, follow the treatment plan or discuss concerns, report worsening symptoms or side effects, communicate contact changes, and treat staff respectfully.

9. Confidentiality and HIPAA Privacy

Northwest Open Arm Mental Health protects health information in accordance with HIPAA and applicable privacy laws. Information is maintained confidentially and disclosed only as permitted or required by law. Exceptions may include serious and imminent threats to safety, suspected abuse or neglect when reporting is required, valid court orders, and other disclosures permitted or required by law. I may receive a separate Notice of Privacy Practices.

10. Telehealth Services

Psychiatric services may be provided through secure telehealth when appropriate. Telehealth involves electronic audio and video systems, technical interruptions may occur, it may not be appropriate for every condition, my provider may recommend an in-person evaluation when necessary, and I should participate from a private location. A separate Telehealth Consent Form is required before telehealth visits.

11. Emergency and Crisis Management

Northwest Open Arm Mental Health provides scheduled outpatient services and is not an emergency response facility. If I experience a psychiatric or medical emergency, I agree to call 911 or go to the nearest emergency department, call or text 988 for mental health crisis support when appropriate, inform my provider about significant safety concerns when possible, and follow emergency safety recommendations. Messages and routine requests may not be monitored continuously and should not be used for emergencies.

12. Consent to Psychiatric Treatment

I acknowledge that I have received information about the nature and purpose of psychiatric treatment, understand the potential benefits, risks and limitations, have had the opportunity to ask questions, understand that medication treatment is individualized and outcomes cannot be guaranteed, understand that I may decline specific treatments or withdraw consent, and understand that separate consent may be required for certain medications or services. By signing below, I voluntarily consent to psychiatric evaluation and treatment through Northwest Open Arm Mental Health.

Patient Acknowledgment and Signature

Patient Full Name: _____ Date: _____ Time: _____

Patient Signature: _____

Legal Representative (only if the patient has a court-appointed guardian or conservator)

Name: _____ Relationship / authority: _____

Signature: _____ Date: _____

Healthcare Provider Acknowledgment

Provider Name: _____ Credentials: _____

Provider Signature: _____ Date: _____

This form supplements but does not replace medication-specific consent forms, the telehealth consent, the HIPAA Notice of Privacy Practices acknowledgment, or other legally required documents.