

Meadows Psychiatry LLC Consent for Psychiatric Treatment

Please review and electronically consent to the following terms and conditions in this consent form, in order to receive professional psychiatric services from Dr. Richard Wu, D.O. of Meadows Psychiatry LLC.

1) Consent to Evaluate/Treat: I voluntarily consent to participate in a comprehensive psychiatric evaluation and/or treatment. At the end of the comprehensive psychiatric evaluation, Dr. Wu and I will mutually decide if I will continue treatment with Dr. Wu. I acknowledge that following the evaluation and/or treatment, information will be provided to me concerning each of the following areas:

- a) The benefits of the proposed treatment;
- b) Alternative treatment modes and services;
- c) The manner in which treatment will be administered;
- d) Expected side effects from the treatment and/or risks of side effects from medications (when applicable); and
- e) Probable consequences of not receiving treatment.

You understand that the evaluation or treatment will be conducted by a psychiatrist. Treatment will be conducted within the boundaries of Maryland law.

2) Risks, Benefits, and Alternatives to Evaluation/Treatment: I understand that Dr. Wu may evaluate and treat you through a variety of methods, such as psychiatric interviews, psychiatric/psychological assessments or testing, psychotherapy, medication management, and that these methods may vary in length and frequency. I also understand that it will be beneficial to Dr. Wu, as well as the referring professional (if applicable), to understand the nature and cause of any difficulties affecting my daily functioning so that Dr. Wu can offer appropriate recommendations and treatments. Uses of my evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning.

I understand that possible benefits to psychiatric treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations. Possible risks include adverse interactions with prescribed medications, which could cause discomfort, injury, or death. The alternatives to treatment with medication management only include: psychotherapy, treatment by a general medical doctor, and self-help, such as through education or lifestyle changes.

If I am seeing Dr. Wu for medication management only, and not for psychotherapy:

- a) I will contact my psychotherapist first for any emergency or crisis, unless it may be medication-related.
- b) I will inform Dr. Wu that I am considering stopping psychotherapy, or have actually stopped psychotherapy with my psychotherapist.

Risks and benefits of psychotherapy: Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

3) Confidentiality, Harm, and Inquiry: Information from Dr. Wu's evaluation and/or treatment is contained in a confidential medical record. I hereby consent to disclosure for use by Dr. Richard Wu, D.O. of Meadows Psychiatry LLC for the purpose of continuity of my care. I acknowledge that your information will be kept confidential with the following exceptions: a) If I am deemed to present a danger to myself or others;

b) If concerns about possible abuse or neglect arise; or

c) If a court order is issued to obtain records.

d) If I initiate a malpractice lawsuit, or a billing dispute with a financial institution

e) If my insurance company (if applicable) requests to review your case

f) If I pay by credit card, "Meadows Psychiatry LLC" will appear on your credit card statement

g) If I do not pay your bill, my balance due statement (including diagnostic and procedural codes) may be sent to a collection agency or other responsible party

h) Between Dr. Wu and his administrative staff, or colleagues with whom Dr. Wu consults professionally with

4) Right to Withdrawal Consent: I understand that I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to Dr. Wu.

If there is a potential of any physical danger to myself or others, I will call 911 immediately or go to the closest emergency room.

Please note that Dr. Wu does not have admitting privileges, nor is Dr. Wu affiliated with or on staff at any hospital. Should Dr. Wu deem more intensive services are needed than he can provide, Dr. Wu will do my best to ensure safety and obtain the appropriate level of care, but Dr. Wu cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the Dr. Wu's profession require such. I am entitled to receive a copy of these records unless Dr. Wu believes that seeing them would be emotionally damaging. If this is

the case, Dr. Wu will be able to provide the records to an appropriate mental health professional of your choice or to prepare an appropriate summary of my health information instead. If I request an appropriate summary of my health information, it will be given to me usually within 30 days of my written request and will incur a \$50 charge. Because patient records are professional documents, they can be misinterpreted and can be upsetting. If I wish to see the records, it is best to review them with Dr. Wu so that we can discuss their content.

Dr. Wu does not fill out any forms/paperwork related to short-term disability, long-term disability, worker's compensation, child custody/visitation evaluations, legal issues, and court ordered evaluations.

Dr. Wu does not participate in court testimonies, depositions, administrative hearings, board reviews.

For the avoidance of doubt, Dr. Wu does not perform court ordered evaluations or child custody/visitation evaluations.

I confirm that I have reviewed and electronically consented to Meadows Psychiatry LLC's HIPAA privacy practices that are posted as a PDF file in my patient portal.

I have read and understand the above informed consent. I have had an opportunity to ask questions about this information. I consent to the comprehensive psychiatric evaluation and/or treatment. I also attest that I have the right to consent for treatment and I have not been deemed incapable of giving such consent by any court. I understand that I have the right to ask questions of Dr. Wu about the above information at any time.

Name

Date

Signature