

CONSENT TO TREATMENT

The policies and practices of SoCal Wellness are described in the document, "Office Policies and Practices 2019". You have been given a copy of this document for your review. The purpose of this form is:

1. For your consent in writing to receive services at SoCal Wellness
2. If you are consenting on behalf of your child, in writing, for your child to receive services at SoCal Wellness.

I/We understand the following:

- That our decision to seek services is voluntary. I have read the document entitled, "Office Policies and Practices 2019" and understand the policies and procedures detailed in document. I agree and adhere to the policies and procedures detailed in this document and I consent to receive services at SoCal Wellness.
- That I/we have been fully informed about the nature, risks and benefits of treatment and the availability of treatment options.
- That my provider may recommend treatment with psychotropic medication that may include: SSRI/SNRIs, neuroleptics, atypical antipsychotics, mood stabilizers and stimulants.
- That I/we have had the opportunity to have all questions answered to my/our satisfaction.
- That I am legally competent and have the authority to provide consent for treatment.
- That I have the right to withdraw my consent for this treatment at any time.
- That my provider may receive professional consultation with regard to patient care. I consent to have my provider disclose my private information to consultants and colleagues for the purpose of professional consultation.
- That I understand my provider **will not be available on weekends or after 5pm PST Monday through Friday**. In the event of an emergency I agree to call 911 or present to my nearest emergency department.

EMERGENCY CONTACT name _____ phone _____

Please sign below to indicate that you agree with all statements above and that you consent to receive services from:

_____ Lauren Prasek, PMHNP-BC _____ DeomeI Soriano, PMHNP-BC

_____ Dr. Esther Samadi, MD

Signature _____ Date _____