

Iris Reproductive Psychiatric Clinic Informed Consent

Patient Name _____ DOB _____ Date _____

1. I will be given a clear description from my mental health provider regarding the problems, diagnosis, personal strengths/limitations and treatment interventions proposed.
2. I will be given a clear recommendation for the types of treatment recommended, such as individual counseling/therapy, group counseling/therapy, family/couples counseling/therapy, addictions counseling, psychological testing, partial hospitalization, day treatment and medications.
3. I voluntarily agree to undergo mental health treatment and understand that I may end treatment at any time. I understand that my mental health provider may want to discuss this with me, but that I reserve the right to stop treatment. Furthermore, I understand that my mental health provider may make diagnostic and treatment recommendations with which I do not agree (e.g. modality of treatment, duration of treatment, frequency of visits, etc.).
4. I understand that my mental health provider cannot guarantee results (e.g., less depressed, improved marital satisfaction, etc.) of mental health services. However, there will be clearly stated reasons, goals, and objectives for continuing/discontinuing mental health treatment. This will be discussed with my mental health provider.
5. I understand that there may be some risks in participating in mental health services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged or confronted on a particular issue.
6. I am aware that I can discuss any risk, expected or unforeseen vs. benefits with my mental health provider at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed. Specific information regarding available research and standards of practice for treatment during pregnancy and postpartum will be gone over with your treatment plan.
7. I understand that Iris Reproductive Psychiatric Clinic does not provide emergency services. If an emergency arises I am directed to seek the nearest emergency room, call 911 or if established, initiate emergency/safety plan developed by myself and my provider.
8. I understand that this “Informed Consent/Limits of Confidentiality Form” is not intended to be “all inclusive” of aspects of my mental health treatment. It is only intended to provide some useful information before deciding to engage in mental health treatment.
9. Iris Reproductive Psychiatric Clinic and Iris Reproductive Mental Health Clinic support the educational enrichment of their profession. I understand students from various universities

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and professional colleges may spend time in the practice. Prior to a student being involved directly with my care, I will be asked for your verbal approval. I understand these students have signed a HIPPA confidentiality agreement and are held to the same professional discretion as fully licensed personal. If I am uncomfortable with this, I can respectfully decline their involvement.

10. I understand there is an inherent risk associated with being pregnant and there are risks associated with mental health issues in pregnancy and postpartum. There is evidence to say there are also risks with both the treatment and lack of treatment of these issues during pregnancy and postpartum.

11. I understand women in childbearing years have unique circumstances when considering medication treatment for mental health issues. Standard clinical guidelines and recommendations are used to provide evidenced based care. Available literature is ever formulating and adding the depth and breadth of our knowledge and this will also be discussed to formulate a treatment plan tailored to your needs. I am encouraged to ask questions and seek information from various resources.

Limits of Confidentiality

1. The information that you share with your Mental Health Provider is considered to be confidential. In most cases, information cannot be released to another party without your written consent. However, in certain circumstances, information can be shared legally without your permission. These circumstances include: 1. Suicide: if you are assessed to be a danger to yourself; cannot guarantee your physical safety against the intention of suicide; and/or have immediate suicidal plans, this information is not considered to be “confidential”. Actions may be taken to ensure your safety.

2. Homicide: if you are assessed to be a danger to others; cannot guarantee their safety; and have immediate, specific plans to cause fatal injury/harm to another person, this information is not considered to be “confidential”. Actions may be taken to protect the safety of others. The police may be notified of your intentions as well as the intended victim.

3. Court order/subpoena: Your Mental Health Provider(s) can be required to relinquish a copy of your written Mental Health Record to the appropriate Courts. Mental Health Providers can also be subpoenaed to testify in court without your consent.

4. Child abuse/neglect: Minnesota Law requires your Mental Health Provider to report to the appropriate authorities (i.e. Child Protective Services) any suspicion or evidence of child abuse or neglect. This law also applies to past incidents of abuse or neglect.

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Mental Health confidential information may also be used in a number of ways within Iris Reproductive Mental Health Clinic and Iris Reproductive Psychiatric Clinic without your specific written permission for coordinating services and delivering quality care. You may be informed if this is the case. These may include:

1. Consultations and case conference with other providers at Iris Reproductive Mental Health Clinic.
2. In supervisory meetings with student interns at Iris Reproductive Mental Health Clinic and Iris Reproductive Psychiatry. Please note that the providers at Iris Reproductive Mental Health Clinic are invested in furthering the education of therapists and nurses. There may be students involved with your care, we will specifically ask your permission at each visit and you are invited to respectfully decline.
3. For billing purposes: a diagnosis is given to your insurer for reimbursement purposes, including medicare, medical assistance and commercial insurance.

Signature: _____ Date: _____