

Informed Consent Statement

Thank you for choosing Meadowlark Psychiatric Services. We want you to know what to expect as you participate in treatment at this facility. We offer both medication management and counseling for the treatment of psychiatric and psychological disturbances. In addition we offer psychological testing if your clinician feels that it is necessary. If you see a provider that can prescribe medications, he/she may see fit to prescribe one to you for the treatment of your symptoms. This is something that you and your provider will discuss and decide together. For treatment to be effective, medications must be taken as prescribed. With any medication, there are always risks of side effects that you and your provider will discuss. Results cannot be guaranteed for everyone, however with patients in continued care, excellent results are often achieved.

If you choose counseling or if one of the providers in our office refers you to counseling, you will meet with one of our therapists. Most likely, your therapy will involve discussion of personal issues. At times these may feel somewhat uncomfortable to discuss. Counseling relationships take time to develop just like any other relationship. Often it is important to see your therapist several times before you make a decision about whether or not it is a good fit. Therapy or counseling is not helpful to everyone but frequently, if given a chance can be extremely beneficial.

All of your treatment at Meadowlark Psychiatric Services is kept confidential. No information will be released without your written consent unless your clinician feels you are a danger to yourself or others. Releasing information to any agency or individual will require a signed release of information. Please ask for a HIPAA brochure if you have further questions about our privacy policy. We want you to feel comfortable and satisfied with your care. If you have questions or concerns do not hesitate to ask any of our staff.

I have read, understand and agree with the above informed consent statement. I have discussed any issues with staff that have been raised by this document.

Signature (client, parent or guardian as needed)

Date