



CONSENT FOR SERVICES

The licensed professionals at Creekside Psychiatric Center, P.A. ("Creekside") provide treatment and assessment services. These services include individual, couples, and family psychotherapy; psychological testing; and medication management.

My signature below indicates that I have read and understand the following:

- My agreement to begin services with Creekside is voluntary, of my own free will, at the request of the court system, or at the request of my attorney, and is free from undue influence or duress on the part of Creekside.
- I may withdraw my consent for services now or at any time.
- Depending on my needs, my services provider may recommend that I begin additional services with another treatment provider (for example, for psychotherapy or medication management) in order to better serve my needs. I understand that I may refuse to engage in any or all services or service recommendations by Creekside now or at any time during my treatment.
- I may ask questions and receive answers about the services that I am receiving at any time.
- Length of each session, anticipated duration of treatment, and the individualized plan for my services will be discussed with my service provider.
- Treatment is expected to improve my symptoms; however, symptoms may briefly worsen prior to improving or may not improve at all. I should discuss potential side effects of my treatment with my treatment provider.
- Services at Creekside are confidential to the fullest extent allowable by law. Legally, my service provider may be required to reveal necessary confidential information if any of the following circumstances exist:
 - We consider you a danger to yourself or someone else.
 - We are appointed by the court to evaluate you.
 - Your service is part of a legal proceeding to evaluate your capacity.
 - You are a minor and we believe that you are a victim of abuse.
 - You are over the age of 65 and we believe that you are a victim of abuse.
 - You have filed a suit and have claimed mental, emotional or physical damage as part of the suit.
 - Your insurance or health care provider is authorized by you to request information from your file.
 - You are involved in a child custody dispute and your record becomes relevant to the court's decision.
 - You are a minor and your parents request information that is appropriate and necessary for them to support or participate in your treatment. We define a minor as anyone under the age of 18 yrs.
- Occasionally, my service provider may find it necessary or helpful to consult with other professionals regarding my services.
- A staff member or trainee may be present during appointments.
- During business hours, Monday - Friday, 9am - 4pm, I may contact the office at 850-476-0977 with questions, concerns or needs. After business hours or on the weekends, an answering service is available to take messages. If there is any emergency that involves the potential for danger or bodily harm, I should go to the nearest emergency room, or if there is the potential for violence, I should call the police.
- I have received information regarding payment for my services.
- I understand that I may request a copy of this consent form to keep.

Name (print):

Responsible Person Signature

Responsible Person Name (if other than client):

Date