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## Informed Consent for Psychiatric Evaluation and Medication Management Services

Please review:

- [Patient Rights & Responsibilities](#)
- [Notice of Privacy Practices](#)
- [Practice Policies](#)
- [Consent for Telehealth Services](#)

I agree that I have read the above-related policies, and a copy has been made available.

Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC is a private practice specializing in psychiatry. We provide person-centered care through telehealth services for evaluation and medication management. By signing below, you consent to treatment involving the use of electronic communications. You acknowledge that while telehealth can be used to provide improved access to care, as with any medical procedure, there are potential risks, and no results can be guaranteed or assured. These risks include but are not limited to, technical problems with information transmission or equipment failures that could result in lost information or delays in treatment.

Guidelines for acceptance for treatment are the same for everyone without regard to race, color, creed, national origin, age, gender, gender identity, disability, sexual orientation, and/or prior treatment history.

It is the policy of Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC to provide reasonable accommodations to patients with disabilities to ensure their access and opportunity to the same quality and care as other patients without disabilities.

The following information has been reviewed with me:



- What services does Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC offer using telehealth
- Education around the telehealth experience, including risks versus benefits
- I can discuss any questions I have about my treatment with my provider
- That I have the right to stop participating in treatment at any time
- That working with a nurse practitioner in PA requires collaboration under a psychiatrist. Through the course of the psychiatrist's duties, the psychiatrist may access my records for case review and feedback to my provider. The psychiatrist does not treat patients at Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC.
- If you are dissatisfied with services, you can communicate directly with the provider, in addition to any regulatory or insurance-related patient grievance processes.
- I may be asked to complete a confidential HIV screening and have been provided information about HIV screening. I may opt out of this screening.

**I hereby give voluntary consent to Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC, and appropriate authorized staff to assess, diagnose, admit me into the program, and provide necessary treatment, which may include medication management for my behavioral health symptoms. I understand that any specific medication management plan will be discussed directly between me and my provider, including risks, benefits, contraindications, warnings, and rationale for use. I understand I may decline to consent for a specific medication, but I agree that should this be the case, I will discuss it with my provider. I understand this consent can be revoked at any time.**

By signing below, I also agree that I am physically located in your state of residence during my scheduled telemedicine consultation.

*Telehealth should not be used for emergency medical conditions. In the event of a medical emergency, please dial 988 or 911.*

I understand that to provide the highest quality of care, Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC may obtain and share my health information, including prescription history, from available data sources, including local prescription monitoring programs (SureScripts) and computerized Health Information Networks. Records may be shared with my other treating providers. I understand my patient's rights and the information pertaining to confidentiality. I understand that I may opt out



of record sharing. I understand that may have a negative impact on my continuity of care with other providers. I may revoke this release of information at any time. This release above does not apply to substance use disorder (SUD) records protected 42 CFR Part 2. A separate written consent form will be provided for the disclosure of any SUD records.

You may withhold or withdraw your consent my consent for treatment by telehealth at any time, either verbally or in writing. You also understand that your revocation means that you will no longer be eligible to receive care from Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC.

**Risks of Communication by Email and Text.** Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC offers you the opportunity to receive information via email or text message. Your provider will discuss this option with you and ask for your preferences\*\*. You understand that emailing or texting your information unencrypted carries some level of risk that the information in the email or text could be read by a third party.\*\* If you choose to have your provider communicate with you via unencrypted means, Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC cannot guarantee the security and confidentiality of the email or text communication and are not responsible for any unauthorized access that occurs during or after the transmission or once it is delivered to you.

**Consent for Calls and Text Messages.** I understand that Advancing Wellness in Psychiatry, Nurse Practitioner Services, LLC uses electronic communication. To minimize the risk of a data breach, most communication will occur between the provider and client through the patient portal. By participating in our services, you agree to receive communications via email and cell phone. Standard rates from your wireless carrier may apply. Statements, billing information, records requests, appointment reminders, discharge notifications, and other correspondence will be shared electronically in this manner. The calls and messages you receive may include calls and messages placed using an automated telephone dialing system or artificial/pre-recorded voice.

**Confidentiality** The session content and all relevant materials to the client's treatment will be held confidential in accordance with our "Notice of Privacy Practices" unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client-held privilege of confidentiality exist and are itemized below:



1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the provider has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in treatment or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the virtual office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of our telehealth visits

I have read this Consent to Treatment document or it has been read to me. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I am consenting to receive services via telehealth.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.