

Tiffany Griffiths, Psy.D. & Associates, Inc.

CONSENT FOR TREATMENT FORM, MEDICATION MANAGEMENT

This is to certify that I give Jenifer Brilla, CRNP at Tiffany Griffiths, Psy.D. & Associates, Inc. permission to evaluate me for medication management purposes. In addition, I understand that:

- Dr. Richard Osuntokun, who is Jenifer's collaborating psychiatrist, is supervising Jenifer and is ultimately responsible for her patients' care. In the event that Dr. Osuntokun is not available, Dr. Paul Termini is her back-up supervisor.
- My case may be discussed at peer consultation meetings and as needed with other licensed colleagues for consultation purposes. In these cases, identifying information will not be used so as to protect my privacy.
- While being treated by Jenifer Brilla, CRNP I agree to be seen regularly in outpatient psychotherapy until I successfully complete my treatment.
- My case may be discussed with my psychotherapist and primary care physician in order to coordinate care. I will be treated with respect and honesty during the evaluation process and while in treatment.
- I am expected to benefit from treatment, but there are no guarantees.
- Given the individual variability and tolerance for medication there are risks associated with taking medication and I may temporarily feel worse while in treatment. I agree to discuss any serious side effects I am having with Jenifer Brilla, CRNP.
- In the event I need to reach Jenifer Brilla, CRNP prior to my next scheduled appointment (i.e., need a refill, need to reschedule, need to discuss side-effects) I will use the secure messaging feature in my patient portal account to leave a specific message. If I do not have a computer to access my patient portal account, I will contact the main office line and speak to or leave a message for the office support staff. Support staff will respond to emails/phone calls within 24 hours Monday through Friday.
- For all emergencies during my treatment I should call 911 or go to the nearest emergency room.
- I have the right to terminate services at any time that I should desire without fault.
- There may be significant and even fatal risks associated with abruptly discontinuing medication without the direction of a medical professional.
- There can be serious and even fatal side effects when using other prescribed medications or illegal substances while taking psychotropic medication. I agree to fully inform Jenifer Brilla, CRNP of any and all prescribed and/or illegal/illicit medications and substances that I take while under her care.
- I must be seen regularly while I am prescribed medication and in order to have my prescriptions refilled I agree to attend those regularly scheduled appointments. Prescriptions will not be refilled unless you are seen.
- In the event of a rare emergency or sudden and serious illness I agree to reschedule my appointment within one week so I can be seen and further evaluated.
- If I no show, cancel late for an appointment (less than 24 hours), or arrive more than 10 minutes late for an appointment and cannot be accommodated I will be charged \$50 for the session.

- If I continue to no show, late cancel, or arrive too late to be seen (> 10 minutes) I will no longer be prescribed medication and I will be referred to an outside agency.
- Payment for services is my responsibility and if I become delinquent with payments Tiffany Griffiths, Psy.D. & Associates, Inc. has the right to terminate services with an appropriate referral.
- Tiffany Griffiths, Psy.D. & Associates, Inc. also reserves the right to use appropriate agencies to collect delinquent payments after 90 days and I understand that I will be responsible for any fees incurred for returned checks and/or the fees of such agencies.
- While under most circumstances all communication between the client and the therapist is confidential, Pennsylvania State Law mandates the reporting of actual or suspected child or elder abuse to the appropriate agency.
- It has also been upheld that if an individual intends to take harmful or dangerous action against another, it is the clinician's duty to warn the person or the family of the person who is likely to suffer the results of harmful behavior.
- Similar actions are taken with clients who may have had suicidal thoughts and desires. It is Jenifer Brilla's responsibility in adhering to these laws. Every reasonable effort will be made to appropriately resolve these issues in such a way that is legal and ethical as well as with the patient's best interests in mind.

Signature of Responsible Adult(s) or Adolescent 14 years or older

Printed Name

Date