

I Agree and Accept: Consent for treatment

Thank you for choosing LGTC Group. We want you to know what to expect as you participate in treatment at our clinics. Our outpatient clinic offers comprehensive mental health services that include pharmacological and therapeutic interventions. We also offer Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP) and Transcranial Magnetic Stimulation (TMS).

Your provider may prescribe medication for the treatment of your condition. 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.

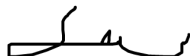
Psychotherapy is integrated into all mental health services at LGTC Group. Most likely, your treatment will involve discussion of personal issues. At times these may feel somewhat uncomfortable to discuss. Therapeutic relationships take time to develop just like any other relationship. You may be evaluated and / or treated by multiple providers. We may also collaborate with your primary care provider. Often, it is important to see your provider several times before a treatment plan could be developed and adopted.

All of your treatment at our clinics 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.

It is very important to understand that our clinics may not have the appropriate level of care required for your condition. A decision to render care is made by a licensed clinician at his/her professional discretion. If the level of care offered at our clinic is inadequate to effectively treat your condition, a provider will discuss your options with you.

I acknowledge I have read and understood the content of the forms.

Signature:



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