THE REMEDY
A BETTER WAY FORWARD

TREATMENT CONSENT FORM

The Remedy is a privately owned mental health practice co-located with Golden Life Ketamine- both co-owned by Jeffrey B. Sawyer, MD and Danielle Golden CRNA, DNP.

- I am signing this Psychiatry Informed Consent to Treatment Form at my own discretion I am requesting treatment at the The Remedy.

- I know that my treatment may consist of psychotherapy or a combination of psychotherapy and pharmacotherapy. I will be educated to the benefits and potential side effects or reactions that may result from any prescribed medication.

- I am aware that I have the right to request a copy of the Physician Desk Reference for my use. This book contains detailed information about prescription medications, adverse effects, and appropriate warnings.

- I have the right to ask questions regarding my treatment and expect that my questions will be answered to my full satisfaction.

- If I do withdraw from treatment, I have the right to have a referral to another practitioner for alternative treatment.

- I agree to allow The Remedy to make this document a permanent part of my patient record.

- Finally, I understand and will expect that all papers and documents concerning my treatment at The Remedy will be kept confidential. No information concerning my treatment can be released without my specific written consent except as required by law or in a situation deemed potentially life-threatening. According to Federal Regulations, licensed providers are mandated to report information that professional judgment would determine constitutes threat or serious harm to self or others, or indicates child or elder abuse or neglect. You have my consent, without reservation, to release any such information about me without further written approval.

- We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, or are more than 15 minutes late, you may be preventing another patient from getting much needed treatment. ***If an appointment is not cancelled at least 24 in advance hours (not counting weekend or Holidays) you may be charged a "no-show" fee; this will not be covered by your insurance company.***

Patient's Name (printed):_____

Signature of Patient or Legal Guardian :_____

Date Signed:_____

3640 Talmage Circle. Suite 216. Vadnais Heights, MN. 55110. P. 952.431.5330. F. 952.431.5334

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Signature of Witness : (The Remedy Staff)_____