



Phone: (952) 431-5330
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3555 Willow Lake Blvd., Suite 290
Vadnais Heights, MN 55110

General Consent for Evaluation and Treatment

The Remedy Mental Health is a privately owned outpatient mental health practice providing psychiatric evaluation, medication management, psychotherapy, interventional psychiatry services, substance use-related services, telehealth when clinically appropriate, and other evidence-based mental health care.

By signing this document, I voluntarily request and consent to evaluation and treatment at The Remedy Mental Health. I understand that this general consent applies to outpatient care provided in person, by telehealth when legally and clinically appropriate, and through approved care-related communication methods.

I understand that I may be asked to complete additional consent forms before beginning certain services, treatments, procedures, medications, or programs.

Scope of Care and Treatment Expectations

I understand that my care may include evaluation, diagnosis, treatment planning, medication management, therapy, substance use assessment or treatment, safety planning, care coordination, telehealth services, or other clinically appropriate outpatient mental health services.

I understand that mental health treatment may have benefits, risks, side effects, limitations, and alternatives, and that no specific outcome can be guaranteed. My provider will discuss recommended treatment options with me when clinically appropriate, and I will have the opportunity to ask questions before beginning or continuing treatment.

I understand that The Remedy Mental Health provides outpatient care. Outpatient care is not a substitute for emergency services, inpatient hospitalization, detoxification, residential treatment, crisis stabilization, or another higher level of care when those services are needed. If my provider determines that my needs cannot be safely or appropriately managed in an outpatient setting, The Remedy Mental Health may recommend emergency evaluation, a higher level of care, or referral to another provider or facility.

I understand that the treatment team may modify, suspend, or discontinue treatment when medically necessary, when continuation presents a safety concern, when treatment goals are not being achieved, when treatment is no longer clinically appropriate, or when the patient is unable to comply with essential treatment requirements.

Patient Rights and Responsibilities

I understand that I have the right to participate in treatment decisions, ask questions, request additional information, refuse or discontinue treatment, request a referral or transfer of care when appropriate, access my medical records as permitted by law, and receive care in a respectful and professional manner.

I understand that safe and effective treatment depends on accurate information and active participation. I agree to provide complete and accurate information about my symptoms, medical history, medications, allergies, substance use, hospitalizations, and other providers. I agree to notify my provider of medication changes, new medical conditions, pregnancy, changes in substance use, hospitalizations, or safety concerns.

I agree to attend scheduled appointments or cancel in accordance with clinic policy, follow agreed-upon treatment and safety plans to the best of my ability, complete requested forms or monitoring when clinically appropriate, and use appropriate communication channels for urgent and non-urgent needs.

I understand that I may withdraw consent to treatment at any time by notifying The Remedy Mental Health. I understand that stopping treatment may affect my symptoms, medication access, or continuity of care, and that referrals or alternative care options may be discussed when appropriate.

Risks, Benefits, Alternatives, and No Guarantee of Outcomes

I understand that mental health treatment may help reduce symptoms, improve functioning, support emotional well-being, and improve quality of life. I also understand that treatment may not work for everyone and that symptoms may persist, worsen, or change over time.

I understand that treatment may involve risks, including but not limited to medication side effects, emotional discomfort, changes in symptoms, unexpected reactions, or the need to adjust the treatment plan. I understand that alternative options may include no treatment, treatment with another provider, therapy, medication, lifestyle changes, higher levels of care, or other clinically appropriate interventions.

I understand that if I choose not to begin or continue recommended treatment, my condition may remain unchanged, worsen, or require a different level of care. My provider can discuss the likely risks of declining treatment based on my individual circumstances.

Medications, Controlled Substances, and Substance Use

I understand that medication may be recommended as part of my treatment plan. Medications may have benefits, risks, side effects, interactions, and limitations, and no medication or treatment outcome can be guaranteed. I agree to take medications only as prescribed and to notify my provider of any side effects, concerns, medication changes, new medical conditions, pregnancy, hospitalizations, or use of alcohol, cannabis, prescription medications, non-prescribed medications, supplements, or other substances that may affect my care.

I understand that some medications used in psychiatric care may be controlled substances and are subject to additional federal and state laws, prescribing requirements, and safety monitoring. Controlled substances are not guaranteed and will only be prescribed when my provider determines they are clinically appropriate and legally permissible. Laws and

regulations regarding controlled substance prescribing, including telehealth prescribing, may change. My provider will follow applicable federal and state requirements, which may include an in-person medical evaluation when required.

I understand that medication refills, early refills, replacement of lost or stolen medications, dose changes, medication changes, and controlled substance prescriptions require clinical review and are not guaranteed. Refills or medication changes may require an appointment and may be affected by missed appointments, safety concerns, required monitoring, pharmacy issues, insurance requirements, or clinical appropriateness.

I understand that The Remedy Mental Health may provide evaluation, treatment, medication management, and/or referral support for mental health conditions, substance use concerns, and co-occurring disorders. I agree to provide accurate and complete information about my substance use because it may affect diagnosis, treatment recommendations, medication decisions, and safety planning.

I understand that participation in treatment may require safety monitoring, which may include prescription monitoring program review, medication counts, treatment agreements, coordination with other providers, laboratory testing, or drug/alcohol screening when clinically appropriate. Refusal or inability to complete requested monitoring may result in changes to my treatment plan, including modification, tapering, discontinuation, or referral to a higher level of care when clinically appropriate. Drug screening results will be interpreted within the clinical context and discussed with the patient. Refusal to participate in clinically necessary screening may impact treatment recommendations and eligibility for certain services.

I understand that if I receive substance use disorder evaluation or treatment, certain information related to that care may be protected by federal confidentiality rules, including 42 C.F.R. Part 2, in addition to HIPAA and applicable state law. The Remedy Mental Health will use and disclose this information only as permitted or required by law and as described in the Notice of Privacy Practices and any applicable authorization or consent forms.

Safety Monitoring

I understand that my provider may recommend or require monitoring based on my symptoms, diagnosis, medications, treatment plan, or safety needs. Monitoring may include, but is not limited to:

- Laboratory testing
- Vitals, weight, blood pressure, or pulse checks
- Pregnancy testing when clinically appropriate
- EKG or other medical monitoring when clinically appropriate
- Drug or alcohol screening
- Prescription monitoring program review
- Medication counts



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- Coordination with other treating providers
- Safety planning or risk assessment

I understand that monitoring requirements are based on clinical judgment and are intended to support safe and appropriate care.

Emergencies and Crisis Situations

I understand that The Remedy Mental Health is not an emergency service or crisis response provider. I understand that phone calls, portal messages, emails, texts, voicemail, and other non-emergency communication methods may not be reviewed immediately.

If I am experiencing a medical or mental health emergency, thoughts of harming myself or others, severe withdrawal symptoms, overdose, or any situation requiring immediate help, I agree to call 911, call or text 988, or go to the nearest emergency department.

I understand that my provider may recommend emergency evaluation, crisis services, hospitalization, detoxification, residential treatment, or another higher level of care if clinically indicated.

Confidentiality and Privacy

I understand that my treatment records and communications are confidential and protected by state and federal law. Information related to my care will not be released without my written authorization except as permitted or required by law.

I understand that The Remedy Mental Health may use and disclose my health information for treatment, payment, and health care operations as described in the Notice of Privacy Practices.

I acknowledge that I have been provided access to The Remedy Mental Health's Notice of Privacy Practices, which explains how my protected health information may be used and disclosed and describes my rights regarding my health information.

Mandated Reporting and Safety Exceptions

I understand that licensed providers and certain staff are required or permitted by law to disclose information without my authorization in certain circumstances. These may include, but are not limited to:

- Serious threat of harm to myself or others
- Suspected abuse or neglect of a child, elder, or vulnerable adult
- Certain medical emergencies
- Court orders or other legal requirements
- Situations otherwise permitted or required by law



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I understand that when disclosure is required or permitted by law, The Remedy Mental Health will disclose only the information necessary under the circumstances whenever possible.

I understand that if a medical or psychiatric emergency occurs during treatment, the organization may initiate emergency medical evaluation, contact emergency services, arrange transportation to an emergency department, or take other actions reasonably necessary to protect the health and safety of the patient or others.

Coordination of Care

I understand that coordination with other providers may be important for safe and effective care. This may include communication with primary care providers, therapists, psychiatrists, hospitals, pharmacies, treatment programs, schools, family members, or other supports when appropriate.

I understand that The Remedy Mental Health may ask me to complete a Release of Information before communicating with certain individuals or organizations. I understand that I may decline to sign a release, except when disclosure is otherwise permitted or required by law.

Electronic Communication Consent

I understand that email, text messaging, voicemail, and portal messaging may be used for non-urgent communication. These communications may include, but are not limited to:

- Appointment reminders
- Scheduling information
- Administrative updates
- Billing notifications
- Insurance-related information
- Care-related instructions or follow-up information

I understand that email and text messaging are not fully secure forms of communication, and confidentiality cannot be guaranteed. I understand that there is a risk that information communicated electronically may be accessed by unauthorized individuals.

I consent to receive non-urgent communications from The Remedy Mental Health by email, text message, phone, voicemail, and patient portal when applicable.

I understand that electronic messages may not be reviewed immediately and should not be used for emergencies or urgent clinical concerns. For urgent issues, I will contact the office by phone. In the event of an emergency, I will call 911, call or text 988, or go to the nearest emergency department.

I understand that I may withdraw or modify my consent for electronic communication at any time by notifying The Remedy Mental Health in writing or by following opt-out instructions



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when available. I understand that choosing not to receive certain electronic communications may affect how The Remedy Mental Health is able to communicate with me.

Telehealth Consent

This section applies when services are provided by telehealth, including video or telephone visits. Telehealth services involve the use of electronic communications technologies to provide healthcare services. While reasonable efforts are made to protect privacy and confidentiality, risks related to technology failures, interruptions, or unauthorized access cannot be completely eliminated.

I understand that telehealth allows health care services to be provided remotely through technology such as video conferencing or telephone. Telehealth may offer benefits such as convenience, accessibility, and continuity of care, but it also has risks and limitations, including technology failure, interruptions, reduced ability to assess certain clinical concerns, and potential privacy or security risks.

I understand that telehealth services may only be provided when I am physically located in a state where The Remedy Mental Health and/or my treating provider is legally permitted to provide care. I agree to provide my physical location at the start of each telehealth appointment. If I am outside of a state where care can legally be provided, my appointment may need to be rescheduled or changed.

I understand that I am responsible for being in a private, safe, and appropriate location for telehealth visits. I agree not to participate in a telehealth appointment while driving or while in an unsafe environment. I understand that other people should not be present or able to overhear the visit unless I give permission or request their involvement.

I understand that telehealth requires reliable internet or phone access and a compatible device. I am responsible for any costs associated with my equipment, internet, phone, or data use. The Remedy Mental Health uses secure technology platforms when available and takes reasonable steps to protect my privacy; however, no electronic communication system can be guaranteed to be completely secure.

If a telehealth session is interrupted and I am experiencing an emergency, I agree to call 911, call or text 988, or go to the nearest emergency department. If the session is interrupted and I am not experiencing an emergency, I will attempt to reconnect through the telehealth platform. If reconnection is not possible, The Remedy Mental Health may call me at the phone number I have provided, or I may call the office at 952-431-5330.

I understand that telehealth may not be appropriate for all patients, symptoms, medications, or clinical situations. If my provider determines that telehealth is not clinically appropriate, I may be asked to attend an in-person visit or seek a different level of care.

Recording of Visits



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I understand that I may not record appointments, whether in person or by telehealth, without prior written agreement from The Remedy Mental Health and all individuals participating in the appointment.

I understand that The Remedy Mental Health will maintain clinical records of my care in accordance with applicable laws and policies.

AI-Assisted Documentation

I understand that The Remedy Mental Health may use AI (Artificial Intelligence) -assisted documentation tools only as described in the separate AI-Assisted Documentation Consent. I understand that I may be asked to review and sign that separate consent, and that my choice regarding AI-assisted documentation will be documented according to clinic policy.

Fees, Insurance, and Financial Responsibility

I understand that I am responsible for charges related to my care, including any copays, deductibles, coinsurance, self-pay balances, non-covered services, missed appointment fees, late cancellation fees, or other amounts not paid by insurance.

I understand that insurance coverage is not a guarantee of payment. I understand that it is my responsibility to contact my insurance company to understand my benefits, coverage limitations, prior authorization requirements, network status, and financial responsibility.

I understand that if my insurance does not cover a service, denies payment, or applies the service to my deductible or coinsurance, I may be responsible for payment.

I understand that telehealth and in-person services may be billed according to applicable laws, payer rules, and clinic policy. I understand that some insurance plans may cover telehealth differently than in-person services.

I understand that I may be asked to sign or acknowledge a separate financial policy that provides additional information about billing, payment, missed appointments, cancellations, and patient responsibility.

Concerns, Complaints, and Grievances

I understand that I may contact The Remedy Mental Health if I have a concern about my care, privacy, billing, access, or treatment experience. Patients have the right to file complaints, grievances, or privacy concerns without retaliation. Information regarding complaint procedures and regulatory reporting options is available upon request and through organizational policies.

Patient Rights by State

I understand that patient rights may vary by state and by type of service. The Remedy Mental Health provides care in accordance with applicable federal and state laws.



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Minnesota Patient Rights: I have been informed of my rights as a patient under Minnesota Statutes § 144.651 (Health Care Bill of Rights), including the right to information about my condition and treatment, the right to privacy and confidentiality, and the right to refuse treatment. Minnesota law provides patients with rights regarding access to, amendment of, and disclosure of their health records. The Remedy Mental Health will maintain and disclose records in accordance with applicable federal law and the Minnesota Health Records Act, Minn. Stat. §§144.291-144.298.

Prognosis Without Treatment (South Dakota Disclosure): If I choose not to undergo the proposed treatment (e.g., psychotherapy, pharmacotherapy), my condition may persist, worsen, or remain unchanged. I understand that my provider can discuss the likely course of my condition without treatment. Patients have the right to express concerns regarding their care without fear of retaliation. Concerns may be submitted through the organization's grievance process or to applicable state regulatory agencies.

Wisconsin Patient Rights: As a patient receiving mental health services, I have the right under Wisconsin law to refuse any treatment or procedure, to be informed of treatment alternatives, and to have my rights explained to me at admission. Mental health treatment records may be subject to additional protections under Wisconsin law, including Wis. Stat. §§51.30 and 146.82. Certain disclosures may require patient authorization or other legal authority beyond that required under the Health Insurance Portability and Accountability Act.

Ryan Haight Online Pharmacy Consumer Protection Act Notice: Federal law (21 U.S.C. § 831) generally requires at least one in-person medical evaluation before a controlled substance may be prescribed via telemedicine, unless a valid exception applies. If your treatment plan includes a controlled substance, your provider will ensure compliance with this requirement. You may be required to attend an in-person visit prior to any controlled substance prescription via telehealth.

Minors, Guardians, and Authorized Representatives

If the patient is a minor or has a legal guardian or authorized representative, the person signing this consent confirms that they have legal authority to consent to treatment on behalf of the patient.

I understand that minors may have certain rights to consent to or participate in health care decisions as allowed by law. I understand that confidentiality and access to records for minors may vary based on state law, the type of service provided, and the circumstances of care.

Consent Withdrawal

I understand that I may withdraw my consent to treatment at any time by notifying my provider or The Remedy Mental Health. I understand that withdrawing consent may affect the availability or continuity of services. If appropriate, alternative care options or referrals may be discussed.



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Acknowledgment and Consent

I acknowledge that I have read and understand this General Consent for Evaluation and Treatment. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

By signing below, I voluntarily consent to evaluation and treatment at The Remedy Mental Health, including in-person services, telehealth services when applicable, and other care-related communication methods as described in this document.

I understand that this consent form may be maintained as part of my permanent medical record.

Patient Name: _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____

Parent/Guardian/Authorized Representative Name, if applicable:

_____ **Relationship to Patient:** _____

Parent/Guardian/Authorized Representative Signature:

_____ **Date:** _____