

# RECORD COPY

CENTER FOR FAMILY DEVELOPMENT  
1258 HIGH STREET  
EUGENE, OREGON 97401

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Consent for Services: Psychiatric Services Addendum

### Entry & Assessment

- As part of my request for psychiatric services at Center for Family Development (CFD), I authorize clinical staff to complete a psychiatric evaluation and provide medication management services, if needed.
- I may ask questions at any time.
- My request for services from CFD is voluntary and I may discontinue services at any time.

### Participation in Therapy

- My psychiatric services provider is a Medical Doctor or Psychiatric Nurse Practitioner who will work in coordination with my behavioral health therapist to provide me with comprehensive and appropriate services.
- I must be actively involved in services with my therapist in order to be provided psychiatric services.
- If I discontinue or do not actively participate in services with my therapist, psychiatric services will also be discontinued and psychiatric care will be transferred to another provider.

### Appointment Cancellation or Late Arrival

- If I need to cancel a medication management appointment, I will give as much notice as possible so the appointment time can be used by someone else.
- If I do not give 24 hours' notice, psychiatric services may be terminated after the third subsequent failure to give notice, or at my psychiatric services provider's discretion in the event of prolonged inconsistent attendance.
- If I arrive more than 10 minutes late for an appointment, I may not be seen. This will constitute a no-show and the above policy will apply.

### Medication

- If I am prescribed medication, I agree to follow dosage requirements and attend follow-up appointments to ensure I will not run out of medication between appointments.
- If I foresee running out of medication before my next appointment, I agree to call my pharmacist directly, not CFD, to request a prescription refill.
- I must allow up to 5 days for my prescription to be filled once I have called my pharmacy and made a prescription refill request.

### Potential Side Effects

- I will receive information on medication and potential side effects when the medication is initially prescribed.
- I understand that should I experience unexplained, uncomfortable, or concerning side effects from medication prescribed, I will call CFD as soon as possible to address my concerns.

### Urinalysis (UA)

- I agree to provide urine samples when requested at time of psychiatric evaluation and during treatment.
- UA results will be used to determine my use of drugs and alcohol, to inform service planning and referral recommendations, as well as to monitor use of my prescribed medications.
- UAs are monitored closely and observed as needed. The integrity of UAs is an essential element of psychiatry services to ensure medications are prescribed in a safe and effective manner.
- I understand that my psychiatric provider will take UA results into account and may decline to prescribe any psychotropic medications based on my UA results.
- I may ask for copies of my UA results.
- If I am enrolled in CFD's Recovery Program the psychiatric provider will be in communication with the Recovery Program therapist regarding my services, including UA results.

