SEAFOAM PSYCHIATRY, PLLC

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CONSENT TO TREATMENT

This document explains how treatment at this practice works, what it does and does not provide, and the limits of confidentiality. Please read it before your first appointment and raise any questions at that visit.

It does not replace the discussion you will have with your clinician about your own care. Consent to any specific treatment or medication is given at the time it is recommended, not by signing this form.

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1. Your clinician

Care at this practice is provided by physicians and nurse practitioners licensed in Virginia. You will be told who your clinician is, and their license and credentials are available on request.

The clinician responsible for your care

Administrative staff and service providers who support the practice — scheduling, billing, and the electronic health record — may have access to information necessary to perform their work. They are bound by confidentiality obligations and, where required, by business associate agreements.

Trainees

From time to time a medical student, resident physician, nurse practitioner student, or other health-professions trainee enrolled in an accredited program may take part in your care under the direct supervision of your clinician. You will be told in advance who the trainee is and asked whether you agree, at each visit, including telehealth visits. Where the patient is under 18, both the parent or guardian and the patient will be asked.

You may decline, or change your mind at any time, and doing so will not affect your care in any way. Your clinician remains responsible for your treatment and for the decisions made about it.

Observers

For adult patients only, the practice may occasionally ask whether an adult observer who is not a health-professions trainee, such as a prospective medical school applicant, may be present for part of a visit. An observer takes no part in your care and will be present only if you sign a separate written authorization for that visit. You may decline, or ask the observer to leave at any time, without any effect on your care. The practice is not obliged to offer or permit observation. Observers are never present for visits with patients under 18.

2. What treatment involves

Treatment begins with a psychiatric evaluation, which may take more than one appointment. It covers your history and symptoms, medical history, current medications, family history, and how you are functioning at home, at school, or at work. For a child or adolescent it includes meeting with parents and, with appropriate authorization, contact with a school or another treating clinician.

After the evaluation your clinician will give you an assessment, a recommendation, and the alternatives. You decide whether to proceed.

Expected results

Psychiatric treatment benefits most patients, often substantially. It is not a guarantee. Symptoms may improve, remain unchanged, or worsen, and identifying an effective medication frequently requires more than one trial. Some patients improve within weeks; for others it takes months. We will not promise a particular outcome. We will tell you what to expect, tell you when a treatment is not working, and change course rather than continue it.

Discomfort during treatment

Discussing difficult material can temporarily increase distress, and some patients become more aware of painful feelings or find that relationships shift during treatment. This is a recognized part of the process rather than a sign that something has gone wrong. Please tell your clinician when it occurs.

3. What this practice does not provide

This is an outpatient practice. Please plan for the circumstances it cannot cover.

- There is no after-hours or weekend clinical coverage. We do not provide crisis or emergency services and cannot be reached outside office hours.
- We do not provide 24-hour monitoring, home visits, or intensive outpatient, partial hospitalization, or inpatient care. If you require that level of care, we will assist you in arranging it.
- Messages are reviewed during office hours only. Please see Section 9.

If you are in danger, do not wait for a response from this practice. Call or text 988 to reach the Suicide and Crisis Lifeline, call 911, or go to the nearest emergency department.

4. Your right to make decisions

You may accept or refuse any treatment that is recommended. You may stop a medication, decline a test, or end treatment at any time, and none of that requires your clinician's agreement.

We ask that you tell us first, so that it can be done safely. Some medications cause withdrawal effects or a return of symptoms if stopped abruptly, and some must be tapered.

Before deciding about any treatment, you are entitled to know

1. what the treatment is and what it is intended to do;
2. the likely benefits, and how likely they are;
3. the risks and side effects, including serious and uncommon ones;
4. the alternatives, including other medications, psychotherapy, and combinations;
5. what is likely to happen without treatment; and
6. how long it should take to know whether it is working.

If any of these has not been covered for a treatment being recommended, please ask.

5. Confidentiality and its limits

What you tell your clinician is confidential. Confidentiality is not absolute. The law requires or permits disclosure in the circumstances below. We will disclose only what is necessary, and will tell you when we are able to.

Disclosures the law requires

- **Threats to an identified person.** Virginia law imposes a duty to take protective action where a patient communicates to a clinician a specific and immediate threat of serious bodily injury or death to an identified or readily identifiable person, and the clinician reasonably believes the patient has the intent and ability to carry it out immediately or imminently. A related duty applies to a threatened physical or sexual assault on a child.
- **Suspected abuse or neglect of a child.** Our clinicians are required to report immediately, and no later than 24 hours, when there is reason to suspect that a child is being abused or neglected. There is no exception for information disclosed during treatment.
- **Suspected abuse, neglect, or exploitation of an adult who is 60 or older, or an adult who is incapacitated.**
- **Court orders, and regulatory or government oversight,** including the Virginia Board of Medicine, the Virginia Board of Nursing, and the U.S. Department of Health and Human Services.

- **Other disclosures mandated by law,** including certain public health reporting.

Disclosures the law permits, where clinical judgment applies

- **Serious and imminent danger to you.** We may share information with those able to help, including emergency services, a hospital, or a contact you have identified.
- **People involved in your care.** If you agree, or do not object when given the opportunity, we may share relevant information with a family member or other person involved in your care or in payment for it. If you are unable to agree or object, we will act in your best interest and disclose only what is relevant.
- **Treatment, payment, and health care operations,** including pharmacies, laboratories, and the vendors that support the practice. If you pay in full for a specific service, you may instruct us not to disclose information about that service to a health plan, and we will honor that request unless another law requires disclosure.
- **Public health, law enforcement, coroners, workers' compensation, and similar authorities,** in the specific circumstances the law defines.
- **Defense of a claim.** If you bring a legal action or complaint against the practice or a clinician, we may use and disclose information to the extent necessary to respond.
- **At your request.** You may authorize disclosure to anyone you choose in writing, and may revoke that authorization prospectively at any time.

Legal process and records from other programs

The practice releases records in response to a subpoena or court order only as Virginia and federal law permit. A subpoena is not the same as a court order, and Virginia law gives you a period in which to object; where we are permitted to do so, we will tell you that a subpoena has arrived. Psychotherapy notes require your separate written authorization.

Records we receive from a federally assisted substance use disorder treatment program carry additional protection under federal law and may not be used or disclosed in a legal proceeding against you without your specific written consent or a court order.

Our Notice of Privacy Practices describes how your information is used and disclosed, together with your rights regarding your record. If this form and the Notice differ, the Notice and applicable law control.

6. Children, adolescents, and parents

This section applies when the patient is under 18 and is intended to be read by the parent and the young person together, before treatment begins.

Treatment of a minor ordinarily begins with the consent and participation of a parent or legal guardian. Virginia law also permits a minor to consent to outpatient mental health treatment in some circumstances.

Access to a minor's record

Parents and guardians generally have a legal right to their child's health records, including records available through a secure patient portal. Virginia law permits that access to be limited where the treating clinician determines and documents that disclosure would be reasonably likely to cause substantial harm to the minor or to another person.

Because effective treatment depends on a young person being able to speak openly, we ask parents to agree that we will share the information needed for safety and for treatment decisions, while exercising clinical judgment about the details of sessions. This is a request for cooperation rather than a waiver of any legal right, and the practice cannot guarantee a minor that information will be withheld from a parent.

What we propose, and will review with you at the first appointment

Information	How it is handled
Day-to-day content of sessions	Kept between the young person and their clinician. Parents are not given an account of what was said.

Progress of treatment	Shared with parents: whether the young person is improving, what is being worked on, the treatment plan, and how medication is going.
Safety	Always shared. If we believe a young person is at risk of serious harm to self or others, we will inform the parent. Wherever possible we will tell the young person first and include them in that conversation.
Suspected abuse	Reported as the law requires. There is no exception for information disclosed in treatment.
Sexual activity, substance use, other risk-taking	Addressed case by case, weighted by the degree of danger. We will tell the young person what we intend to do before we do it, unless safety does not permit waiting.

What we ask of parents is that you accept not knowing everything that is said. A young person who believes every word reaches a parent will not speak honestly, and treatment then has little value. You will know how your child is doing, what the plan is, and anything bearing on their safety.

Authority to consent

We will ask who holds legal authority to consent to the child's treatment and may request documentation, such as a custody or guardianship order. Where parents are separated or divorced, please tell us at the outset and provide a copy of the current custody order. When a patient reaches 18, they are asked to sign this consent in their own right.

This practice does not perform custody evaluations and does not take a position in a custody dispute.

7. Medication and monitoring

Not every patient requires medication, and your clinician will say so where they do not recommend it. Where medication is recommended, you will be told what it is for, what to expect, its side effects, the alternatives, and what is likely to happen without it.

Psychiatric medications can have serious risks, including risks the Food and Drug Administration highlights in boxed warnings, and some are prescribed for conditions or age groups for which they are not specifically approved. Before prescribing, your clinician will discuss the expected benefits, material risks, and alternatives of the specific medication with you, and that discussion will be documented in your record. FDA Medication Guides are available from your pharmacy and on request.

Consent to a specific medication is given when it is prescribed. Signing this form is not consent to any particular medication.

Prescribing outside the approved label

Prescribing a medication outside the conditions or age groups for which it is approved is called off-label prescribing. It is lawful, common, and in child and adolescent psychiatry frequently unavoidable, because many medications effective in young people have never undergone the trials a pediatric approval requires. Off-label does not mean experimental; it usually means there is published evidence and long clinical experience but no approval application. Your clinician will tell you when a recommendation is off-label, what the evidence is, and what approved alternatives exist.

Monitoring

Some medications require laboratory tests, vital signs, physical measurements, or other monitoring. This is how serious problems are identified while they remain reversible. A prescription may be delayed or discontinued if required monitoring is not completed, and where that happens we would consider another approach.

Laboratory work is not included in the fees paid to this practice. Blood tests and electrocardiograms are performed by an outside laboratory or provider, which bills you directly. This practice does not set those charges and cannot estimate them.

Tell us before starting any medication

- Every other medication you take, including those prescribed by other clinicians, over-the-counter medicines, supplements, and herbal products.
- Alcohol, cannabis, nicotine, and any other substance use. Some combinations are dangerous, and we cannot prescribe safely without knowing.
- Whether you are pregnant, may be pregnant, are breastfeeding, or could become pregnant. Several psychiatric medications carry serious risk in pregnancy, and for some the risk is high enough to change the choice of medication entirely.
- Any cardiac problem, seizure, liver or kidney disease, thyroid disease, or head injury.
- Any adverse reaction you or a close relative has had to a psychiatric medication.

8. Controlled substances

Stimulants prescribed for ADHD, and certain medications for anxiety and sleep, are controlled substances. The following apply to every patient who receives them.

1. One clinician at this practice will be the only prescriber of your controlled substance. Tell us if another clinician elsewhere prescribes one.
2. Please use a single pharmacy, and tell us if it changes.
3. Virginia maintains a Prescription Monitoring Program recording controlled substance prescriptions. We check it as a matter of routine.
4. Prescriptions are written to last until the next appointment. A prescription that is lost, stolen, damaged, or used early will generally not be replaced, and a police report is required in the case of theft.
5. These prescriptions are continued only while you are being seen.
6. Refill requests are made through the office during business hours, at least five business days before you run out. They are not handled by text message, after hours, or at weekends.
7. Store these medications securely, particularly where there are children, adolescents, or visitors in the home.
8. Never give or sell a controlled substance to another person. Doing so is a felony and can cause serious harm.
9. Drug testing may be requested where clinically indicated, and the reason will be explained.

If any of these becomes a problem, please tell us rather than work around it.

Federal and Virginia rules on prescribing controlled substances by telehealth change from time to time. To comply with the rules in effect, the practice may require an in-person visit before prescribing, or continuing to prescribe, a controlled substance. The Telehealth Consent addresses this further.

9. Appointments and communication

Appointments are scheduled in advance and reserved for you. The Financial Policy sets out the notice required for cancellation and the fee for a late cancellation or missed appointment.

For	Use
Scheduling and refill requests	The office telephone or the patient portal, during business hours
A clinical question that is not urgent	A portal message
A matter that cannot wait	The office telephone, during business hours
An emergency	988, or 911, or the nearest emergency department — do not message the practice

Messages are reviewed during business hours and are generally answered within two business days. They are not monitored continuously, and must not be used for emergencies. This practice does not provide crisis coverage; please refer to Section 3.

Email and text message

Ordinary email and text messages are not secure. They may be intercepted, forwarded, or read by anyone with access to the device, and may become part of your medical record. The patient portal is the secure alternative and is what we recommend. If you ask us to communicate by ordinary email or text, we will ask you to confirm that request in writing, and it will mean you accept the risk. You may withdraw it at any time.

10. Your record

We maintain a record of your care, including your history, your discussions with your clinician, the assessment, medications, and the treatment plan.

An adult patient's record is kept for at least six years after the last appointment. A minor patient's record is kept until that person reaches 18 or becomes emancipated, and in no case for less than six years after the last appointment. Records are destroyed in a manner that protects your privacy.

You have the right to inspect and obtain a copy of your record, subject to narrow exceptions. Virginia law requires a response within 30 days of a written request. The practice may charge a reasonable, cost-based fee as permitted by Virginia and federal law, and a separate statutory schedule applies where your attorney, an insurer, or another third party requests records. The Notice of Privacy Practices explains how to make a request and what the exceptions are.

11. Ending treatment

You may end treatment at any time and for any reason, without explanation. We would welcome a final appointment to review medications, plan any taper, and provide a summary and referral, but that is an offer rather than a condition.

If we conclude that this practice is not the right fit

That may be because you require a level of care this practice does not provide, because your needs fall outside our expertise, because of a conflict of interest, or because the working relationship is not functioning. Virginia regulation requires documented notice and a reasonable period to obtain another practitioner. Where another clinician at this practice would be a better fit, we may offer a transfer within the practice instead.

Treatment will not end without written notice and a reasonable opportunity to arrange other care. We will explain the reason, remain available for urgent needs for a reasonable period — ordinarily 30 days — and may provide medication during that period where clinically appropriate. We will offer referral options and send your records promptly to the clinician who takes over, at your written request. If you are in an acute emergency, we will direct you to emergency services.

If your account becomes past due, the practice will discuss it with you before taking further action. Continued non-payment may result in the treatment relationship ending, on the notice described above. Where continuing to treat you would require us to do something the law does not permit, we will arrange transfer of your care.

If the practice closes or relocates

If this practice closes, is sold, relocates more than 30 miles, or leaves Virginia, Virginia law requires that patients seen within the previous two years be notified before records are transferred and be told how to have their records sent to a clinician of their choosing. You would receive that notice. The same applies if your clinician leaves the practice.

12. Other matters

Treatment only. This practice provides treatment. It does not perform custody evaluations, independent medical examinations, fitness-for-duty evaluations, or disability determinations for an insurer or agency, does not conduct assessments intended for a court or an opposing party, and our clinicians do not serve as retained expert witnesses.

Forms and letters. The Financial Policy sets out which letters and forms we complete, the charge for them, and the treatment requirement that applies to disability and similar paperwork.

Fees and insurance. Fees are set out in the Financial Policy and, for self-pay patients, in the Good Faith Estimate. Financial terms will change if the practice joins your insurance plan, and you will be notified in advance.

Recording. Neither you nor your clinician will record an appointment without the written agreement of the other. We do not record appointments.

Social media. Our clinicians do not accept friend or connection requests from patients or their families, and do not search for patients online except where there is a safety concern.

Gifts. Gifts are not expected and are generally declined.

Changes to this document. The practice may update its policies. The current version of each is available on request and on the practice website.

AGREEMENT

By signing below:

a. I have read this document, or had it read to me, in a language I understand.

b. I have had the opportunity to ask questions, and my questions have been answered.

c. I consent to psychiatric evaluation and treatment by Seafoam Psychiatry, PLLC and by the clinician responsible for my care.

d. I understand that I may refuse or discontinue any treatment at any time.

e. I understand what this practice does not provide, including that it does not provide after-hours, crisis, or emergency care.

f. I understand the limits of confidentiality described in Section 5.

g. I understand that I will receive specific information about any medication before starting it, and that signing this form is not consent to any particular medication.

h. I have been offered a copy of this document.

Patient, if 18 or older

Signature Date

Printed name

Parent or guardian, if the patient is under 18

Signature Date

Printed name

Relationship to patient and basis of authority to consent

Patient under 18 — assent

Signing here means this has been explained to you in a way you understood, you had the opportunity to ask questions, and you agree to work with your clinician. It does not replace a parent's consent.

Signature Date

Clinician

Signature Date

Printed name and credentials