

## Adult Treatment Agreement

- I authorize and request that Dr. Gohar Khosravi carry out psychological examinations, treatments, medication management, and/or diagnostic procedures, which now or during the course of my care as a patient are advisable.
- I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may, at times be difficult and uncomfortable.
- I understand that Dr. Khosravi will provide medical care to the standard of the industry and can only do so when patients are honest and forthcoming about their health, legal, substance and social histories. I agree to disclose which physicians I am seeing and all medications I am currently being prescribed. I understand that failure to do so may be grounds for my dismissal from the practice.

### **Medications**

There are currently several major groups of medications used for psychiatric treatment: antipsychotics, mood stabilizers, anti-depressants, anxiolytics, stimulants, and others (hypnotics, anti-parkinsonians, etc). Dr. Khosravi will inform you of the nature of your mental condition(s) and of medication(s) which are known to be helpful. If medication is appropriate for you, Dr. Khosravi will discuss with you the reasons for taking these medication(s) and the dosages, method, frequency, and length of time required of the prescribed medication(s). Dr. Khosravi will discuss the likelihood of improving, or not improving, without such medication(s) and she will inform you of reasonable alternative treatments available, if any.

- As a client of Dr. Khosravi, I understand that I may be prescribed psychotropic medication(s) as a part of my treatment plan.
- I understand that while it is not practical to discuss every potential side effect from medication(s), Dr. Khosravi will discuss the more common side effects, which may occur because of any other coexisting conditions that I may have.
- I understand that while it is not mandatory to take the prescribed medications, non-compliance with agreed medication treatment may be grounds for my dismissal from the practice.
- I understand that prescriptions that are written are never to be given to anyone for whom they are not intended and never to be used in any sort of illegal transaction.
- I understand that by agreeing to take medication(s), I will not be excluded from being involved in other forms of treatment.
- I understand that I can always change my mind with regard to medication treatment. However, I will notify Dr. Khosravi before making such a decision as there may be adverse side effects of

stopping certain medications.

- I understand that any medication(s) may potentially cause problems during pregnancy, and that females should not get pregnant while on medication(s) without first consulting the provider.
- I will be informed of any deviations from the community standard of care or FDA approved indications as well as the evidence basis, risks, benefits, side effects, and alternatives of any proposed or considered suggestion or recommendations. Lab testing may be informative but is generally not diagnostic, and genetic testing is not a guarantee of gene expression. I will pursue my own research prior to consenting to any lab evaluation or treatment. It is my choice whether to engage in any recommended treatments or testing. I will notify Dr. Khosravi if I have not been informed to my satisfaction on the risks, benefits, side effects, alternatives, and had all my questions answered on any proposed treatment options.

I agree that if I have any further questions or want to know more about my medication(s) I can ask for more information from Dr. Khosravi.

- I understand that I have the right to accept or refuse medication(s). I understand that I have the right to revoke this consent at any time.
- I agree that if I do not understand why I am being prescribed certain medication(s), I will not take the medication(s) until I understand the risks, benefits, and alternatives involved to my satisfaction.
- I understand that, given treatment by Dr. Khosravi involves telepsychiatry appointments, neither I nor Dr. Khosravi will be required to complete or sign a medication consent form at any time. I am responsible for asking Dr. Khosravi any and all medication questions to my satisfaction if I do not understand or agree with the given information.

If Dr. Khosravi feels that a patient has reached a point at which they would be better served by a larger, more specialized or more comprehensive health care center or facility, patients will be referred out so as to receive the most appropriate care for their particular health needs. Patients are also welcome to notify Dr. Khosravi that they feel their needs may be better served elsewhere and terminate the relationship at any point.

**By typing your signature below, you confirm you have read the above and agree to these terms and conditions.**

\* Signature (required)