



Professional Disclosure Statement and Informed Consent for Medication Management

At MWR Counseling, we believe that medication can be helpful in achieving your behavioral health goals. It is important that medication is monitored appropriately, and that ongoing discussions occur with a licensed professional to ensure that the appropriate medication and treatment plan is implemented for you. Please read the following information carefully and ask any questions you may have.

WHAT TO EXPECT FROM OUR RELATIONSHIP: As a member of the medical profession, the responsibility to patients is first and foremost, as well as to society, other medical professionals, and self. At MWR, we are dedicated to providing quality, competent medication management care to patients compassionately with respect for human dignity and rights. Thus, MWR providers uphold standards of professionalism and shall safeguard patient confidentiality and privacies within the constraints of the law. As consistent with the American Psychiatric Association and Principles of Medical Code of Ethics, MWR providers continue to study, apply, and advance scientific knowledge; maintain a commitment to providing medical education while rendering relevant information to patients and colleagues; obtain consultation, and utilize the expert knowledge and services of other health professionals when indicated. As a patient, it is imperative that patient's accurately and honestly report symptoms, the nature of their mental health condition, medication compliance, side-effects, and any other pertinent information in response to clinical assessment.

APPOINTMENTS: This time is held exclusively for you. An appointment is a commitment to our work together. If you are late, we will likely be unable to meet for the full time due to other scheduling commitments. In the event that you are unable to attend our appointment, please notify me via phone at your earliest convenience. We ask for 24 hours notice if you need to cancel or reschedule. Failure to do so may result in a \$50 late cancellation fee.

In the event of incapacitation or death of an MWR clinician, the office manager will contact all current patients to assist in providing a referral to another provider. If the clinician experiences a planned absence, collaborative discussion will occur on options for referrals and treatment progression during this absence.

CONFIDENTIALITY: Confidentiality is essential and central to psychiatric treatment. Therefore, psychiatric records, including the identification of a person as a patient, must be protected with extreme care. This is based in part on the special nature of psychiatric therapy as well as on the traditional ethical relationship between provider and patient. Confidential information may be released only with the

authorization of the patient or under proper legal compulsion. The information provided by the MWR provider is only information which is relevant to the given situation. The continuing duty of the provider to protect patient confidentiality includes fully apprising him/her of the connotations of waiving the privilege of privacy as well as describing limitations to confidentiality in circumstances in which they apply. When, in the clinical judgment of the treating MWR provider, the risk of danger or harm to self or others is deemed to be significant, the psychiatrist may reveal confidential information disclosed by the patient.

If the MWR provider is ordered by the court to reveal the confidences entrusted, the MWR provider will assess adequate need for disclosure, ethical and legal considerations which may result in compliance, ethical determination to dissent within the framework of the law. The MWR provider may request the right to disclose only that information which is relevant to the legal question at hand.

Informed Consent

Please initial next to each of the following statements to indicate your understanding and agreement to abide by these terms while you are seeing one of the providers at our office for medication management services.

_____ I will take my medication as directed by my provider. I understand that failure to do so may result in negative side effects.

_____ I will not stop taking my medication without first speaking with my provider. I understand that it could potentially be harmful for me to abruptly discontinue use of some medications.

_____ I will not sell, give away, or otherwise distribute or dispose of the medication that I have been prescribed in an unlawful manner. I understand that, should I do so, I may be terminated as a patient and/or be reported to legal authorities.

_____ I will inform my provider if I have been prescribed any new medication by another provider or specialist as soon as possible.

_____ I understand that a delay in my provider receiving past records or results from testing may delay receiving my medication. It is my responsibility to ensure that these records or results are received by my provider.

Signature: _____ Date: _____

Patient Expectations

SOCIAL MEDIA POLICY: You may choose to follow or “like” **Murray, Wilson & Rose Counseling and Behavioral Services, LLC**. This is entirely optional, and it is important to know that these are public pages where other people will be able to see your participation. *Confidentiality cannot be guaranteed if you are involved with any of these pages, including “liking,” “sharing,” or RSVPing to any created event.*

Due to the code of ethics and professional boundaries, MWR providers will not accept friend requests or private messages through social media platforms. If you send a request for either of these, MWR providers will not respond as they cannot guarantee that you are the recipient. Please utilize alternative means of communication. If you choose to send an email, MWR providers will interpret this as consent to receive messages through email.

WAITING ROOM POLICY: Due to the nature of the services provided, it is important that the atmosphere at MWR is quiet and conducive for our work, particularly in the waiting area, and not disruptive to those who are in session. Therefore, please refrain from cell phone use or engaging in any other behaviors that may be disruptive to providers, staff, or other patients. Additionally, patients must wait in the waiting area until their provider greets them. This is an effort to maintain the privacy and confidentiality of patients while in session.

During the COVID-19 pandemic, we are asking all patients to wait outside of the office until they receive a phone call, letting them know that their provider is ready to see them and they are free to come inside at that time. Please do not enter the waiting area until you receive this call.

PATIENT CONDUCT: MWR is a tobacco free building, which includes vaping. Patients will not be allowed to participate in sessions if they are under the influence of any substance. If a patient is suspected or determined to be under the influence, they will be asked to reschedule their appointment and their emergency contact person will be contacted to arrange for transportation. If a patient chooses to leave while under the influence, the Hiawatha police department will be notified due to potential risks for harm to self and others. Furthermore, any displays of confrontational behavior, verbal and/or physical aggression towards members of MWR staff (on-site or off-site) or others in the building will result in immediate termination.

It is also important that the time in-session is best utilized to assist patients in reaching their goals. Therefore, it is important that distractions are limited during your sessions. We also ask that, during the COVID-19 public health crisis, all patients wear masks within the building. If you have questions or concerns regarding this, please discuss with your individual provider.

DURING AND AFTER-HOURS CONTACT: You may leave a message anytime. Our scheduling team checks messages regularly Monday through Thursday from 10 am to 6 pm and on Fridays from 8 am to 4 pm, and will attempt to return your call within 24 hours of the time they receive it whenever possible. If you have not heard back from them within 24 hours, please call back. At this time, we are unable to provide an on-call service, and we do not have availability on weekends.

If your situation is urgent, you may call the 24 hour Foundation 2 Crisis line at 319-362-2174; Mercy Hospital Access Nurse at 319-398-6476; or 1-800-273-TALK to speak with a trained professional. In the case of a mental health emergency, please call 911 or go to the emergency room. In the event that your provider is unavailable for an extended period, your provider will discuss contact and availability of other providers during the absence.

PRESCRIPTION REFILL REQUESTS: Please call your pharmacy prior to contacting our office to determine if you have any remaining refills of your medication(s). We require 72 hours notice to call in any prescriptions without any remaining refills or any prescriptions for controlled substances, and we schedule all appointments at least 72 hours in advance from your call.

Patient Name: _____

Signature: _____ Date: _____