

Family Consent Form and Guidelines for Adult Patients of Dr. Jeffrey Desarbo and ED-180 Clinicians

Patient Name: _____ DOB: _____

Provider: _____

EXTREMELY IMPORTANT. PLEASE READ CAREFULLY.

The following consent form gives the provider listed above to limited discussions and release of information for the above adult (over 18 years of age) patient named. As HIPAA rules and regulations must continue to be maintained and in compliance, the type and specifics of the information that can be discussed and released remains limited to medical and psychiatric medication management and general treatment plan information and progress as limited by law and by patient determination and restrictions as well. Additional rules as for the release of information on an adult patient with mental capacity includes:

- 1) Any discussions with the patient’s provider must be conducted with the patient present in a scheduled office visit or during a telehealth session link provided by the patient.
- 2) No one-on-one telephone sessions or office meetings are permitted without the patient present unless a specific request and authorization for meeting without the patient is agreed to and expressed by the adult patient. In such cases where a meeting/discussion with a family member is authorized and requested by the patient, the session must be done in a formal format with a scheduled therapy session with the provider named above. No exceptions.
- 3) Any information left by any family member via email, text, left on an answering machine, by letter or other form of direct communication cannot be kept “secret” or “confidential.” Such confidential information provided by others can undermine trust in the professional therapeutic relationship and undermine the treatment process. Any information left for a provider will be relayed to the patient with the identity of the information source noted.
- 4) Non-urgent or non-personal information requested such as appointment times/changes, billing request, or medication refill may be authorized by the patient for communication with our office manager, however, building responsibility for one’s self-care, remains an important part of the therapeutic process for many patients and we request that adult patients try to remain responsible for their treatment related care.
- 5) A list of these rules must be provided to the family member you are authorizing for release of information. Those authorized must sign this form below in addition to the adult patient’s signature requesting this authorization.
- 6) This form remains in effect for one year from the date of signing but may be cancelled or change in writing by request from the adult patient at any time prior.

Name(s) for Consent:

Relationship to patient:

Signature: Above rules have been read and understood:

Patient Signature: _____

Date: _____