

**CARE-LA**  
**10323 Santa Monica Blvd, Suite 102 & 103**  
**Los Angeles, CA 90025**  
**(424) 421-CARE**

**Consent for Psychiatry Services**

**CLINICAL SERVICES**

In order to assure the best plan of care, your psychiatrist will begin with a comprehensive psychiatric evaluation. This consultation will involve a clinical interview, completion of screening forms, and may involve collaboration with other medical providers as necessary for your/your child's care or review of past medical or psychiatric records. Your psychiatrist may also collaborate with you/your child's CARE-LA or other therapist. As part of this evaluation, our psychiatrist will present feedback and will discuss treatment recommendations. At this point, should you/your child and your psychiatrist mutually agree to proceed with psychiatric care at CARE-LA, psychiatric treatment will begin.

**LABS AND VITAL SIGNS**

You may be asked to obtain labs at a commercial lab or at your primary care provider's office for screening as indicated prior to medication initiation, for medical evaluation, or for medication and side effect monitoring. If you have any concerns about having your/your child's blood drawn, please discuss these concerns with your psychiatrist during your appointment.

Your/your child's care may also require vital signs monitoring. For Telehealth visits, arrangements will be made with you to assure that your psychiatrist has access to vital signs as needed.

**TREATMENT TERMS**

Your psychiatrist, to support your/your child's health, wellbeing, and safety, requires all active clients to be seen regularly, at a minimum every 3 months. More frequent visits are required during medication initiation, titration, and tapering for optimization of dose and symptom management. Since psychiatric treatment works best in the setting a therapeutic relationship, your psychiatrist includes supportive psychotherapy in every visit, which is complementary to other therapy you/your child is receiving. In order to assure optimal care, medication refills will be provided within clinical appointments only unless needed to address an urgent side effect or emergent circumstances only.

**PROFESSIONAL RECORDS**

Your psychiatrist utilizes an electronic health record (EHR) called Luminello as per the American Recovery and Reinvestment Act of 2014. Your psychiatry records will be maintained within the EHR, which will also be used to prescribe medications and order labs electronically through a secure portal. Only your psychiatrist, a covering provider, or an administrator (as needed) will have access to your records as will Luminello as required by federal law. These persons and Luminello must abide by legal standards for privacy and security of your records as per the Health Insurance Portability and Accountability Act (HIPAA) and its amendment, the Health Information Technology for Economic and Clinical Health Act (HITECH). Please see separate “Notice of Use of Private Health Information” for additional details on your rights to privacy and security of records.

**CONCERNS**

If you ever have any concerns about the psychiatric care provided at CARE-LA, please contact the CARE-LA clinical director at 424-421-CARE to discuss your concerns. Your psychiatrist is licensed and regulated by the Medical Board of California, (800) 633-2322 ([www.mbc.california.gov](http://www.mbc.california.gov)).

This document serves as a supplement to other CARE-LA forms outlining policies to which you have agreed upon for your/your child’s CARE-LA care provision.

**Your signature below indicates that you have read the information in this document and agree to these terms and conditions.**

Print Name of Patient: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Signature of Patient  
or Parent/Guardian (if minor): \_\_\_\_\_ Date: \_\_\_\_\_