



Consent to Treat

TeamWork Health PLLC provides Psychiatry services. By signing below, I, the Patient or Patient's Legal Representative, consent to the evaluation and treatment recommended by the provider(s) involved in my/the patient's care.

1. Consent to General Medical Evaluation and Treatment

I request those physicians and other healthcare professionals who care for me at the practice to perform/order appropriate laboratory/diagnostic procedures and provide therapeutic treatments, which in the judgment of my physician or other healthcare professionals are medically necessary in the course of my medical treatment or preventative care. I also understand that it is the policy of this practice to perform urine testing on patients when appropriate, including urine pregnancy testing on every patient of childbearing age unless they have had a complete hysterectomy.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made or will be made to me as to the results of any professional services that may be received by me as a patient of the practice, i.e. treatments, examinations, procedures, etc.

I consent to telephone, synchronous audio-visual or digital communication with my physicians and other healthcare professionals at the practice as an alternative to a face-to-face visit to provide care or treatment.

2. Right to Refuse or Withdraw Consent

I understand that I may refuse any recommended test or treatment and may withdraw my consent at any time, except where care has already been provided based on my prior consent.

3. Questions and Understanding

I acknowledge that I have had the opportunity to ask questions about my/the patient's condition, the recommended tests or treatments, and any associated risks. All questions have been answered to my satisfaction.

Patient Name (printed): _____

Patient/Legal Guardian Signature: _____ **Date:** _____

*Please call (919) 883-1583 if you have questions regarding this policy document.
For questions regarding your bill, please e-mail billing@twhasg.com.*