



Consent to Treatment

I am voluntarily seeking psychiatry services, including medication management and/or psychotherapy, from Apogee Behavioral Medicine for the purpose of diagnosis and treatment, and I hereby consent to such examinations, treatments and/or diagnostic procedures as may be deemed advisable by my treating provider.

I understand that Apogee Behavioral Medicine's providers include psychiatrists, psychiatric mental health nurse practitioners, physician assistants, psychologists, counselors, social workers, and marriage and family therapists. I understand that there are both risks and benefits to psychiatric treatment. I am aware that all medical care, including psychiatric care and psychotherapy, is not an exact science and I acknowledge that no guarantees have been made as to the result of such examinations, treatments and/or diagnostic procedures. I also understand that while the course of my treatment is designed to be helpful, it may at times be difficult or uncomfortable.

I understand that if the patient is a minor under the age of 18 and I am consenting to treatment on the minor's behalf, I must indicate my authority and sign below. I also understand that if I share legal custody of the minor patient, by signing this consent form I am representing that all parties who have legal custody of the minor have been made aware of, and consent to the minor's treatment.

I understand that if I am a minor under the age of 18 and I have the decision-making capacity to consent on my own behalf, I have the right to alone consent to outpatient mental health treatment with Apogee Behavioral Medicine, including the prescription of medications, and therefore must sign this consent form in order to be treated by Apogee Behavioral Medicine.

Under North Carolina law, a minor, or anyone under the age of 18, may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of emotional disturbance, including the prescription of medication, provided they have decision-making capacity to consent on their own behalf.

Apogee Behavioral Medicine requires the following with respect to treatment of minor patients in North Carolina:

- For minor patients under age 18 who the Apogee Behavioral Medicine Provider determines lack the decision-making capacity to consent on their own behalf:
 - o The minor patient's parent(s) or legal guardian must sign the Consent to Treatment on the minor patient's behalf
- For minor patients under age 18 who the Apogee Behavioral Medicine Provider determines have the decision-making capacity to consent on their own behalf:



- o The minor patient may sign the Consent to Treatment form and Apogee Behavioral Medicine strongly encourages the minor patient's parent(s) or legal guardian to also sign the Consent to Treatment form, although not required by law

In general, Apogee Behavioral Medicine providers will make reasonable efforts, as appropriate consistent with North Carolina law, to involve the minor patient's parent(s) or legal guardian in their treatment, which may include the parent(s) or legal guardian's participation in treatment sessions.

I hereby state that I have read, understood, and agree to the terms of this document. If the patient is a minor, lacks capacity to provide informed consent, or otherwise requires a legal guardian, the legal guardian's acceptance is required. I hereby state that I am a legal guardian and I have read, understood, and agree to the terms of this document.