

Turning Point Consent Form

Empirica Psychiatric Services LLC and Rupinder Singh Bhatia, MD, PA

Treatment Consent

The undersigned authorizes Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA, to render to the patient all customary care; including therapy, treatment, tests and advised procedures, and emergency transportation to another facility if necessary. Consent is also given for any diagnostic procedures, recreational activities and therapy, and other treatment conducted by Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA.

The undersigned affirms that any and all medication(s) that patient is currently taking have been brought to the Turning Point facility to be administered by ACH Child and Family Services staff under the direction of attending psychiatrist, unless otherwise ordered by psychiatrist.

The undersigned acknowledges that Empirica Psychiatric Services LLC and Rupinder Singh Bhatia, MD, PA, are not liable for any act or omission by ACH Child and Family Services staff in following the instructions of the attending psychiatrist.

The undersigned affirms that Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA, will not be held responsible for the safety or care of the patient if the patient leaves the premises and will indemnify Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA, for any loss or injury that may occur as a result of leaving against medical advice.

The undersigned understands that reasonable restraint and/or confinement, in accordance with applicable state laws, may be necessary to protect patient from harming self or others, or destroying property, if the patient's behaviors and/or severity of symptoms warrants. If such restraint and/or confinement is necessary, the undersigned agrees to hold harmless Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA, from any claim resulting from any loss due to injury that may occur as a result of such restraint and/or confinement.

The undersigned authorizes staff to notify family of any restraint and/or confinement episode:

____ Yes ____ No

Guardian Name

Primary Phone

Date

Time

Admission Consent

The undersigned affirms that no guarantees or assurances have been made about the results of any services provided to the patient and/or family, including, but not limited to, therapy, treatment, tests, or procedures, while patient is admitted to the Turning Point Program.

Authorization for Receiving Messages and Calls

The undersigned gives permission to Empirica Psychiatric Services LLC, its staff, Rupinder Singh Bhatia, MD, PA, and associated agents to make contact by telephone at the primary phone number provided, by email at the email address provided, and by postal mail at the mailing address provided, at any time in the future.

The undersigned authorizes Empirica Psychiatric Services LLC, its staff, Rupinder Singh Bhatia, MD, PA, and associated agents to leave messages by telephone at the primary phone number provided, at any time in the future.

Limits to Confidentiality

In most circumstances, the law protects the confidentiality of content discussed in treatment. Accordingly, Empirica Psychiatric Services LLC, its staff, and Rupinder Singh Bhatia, MD, PA, will not share your information with anyone not listed by you on the approved contacts list unless given written authorization to do so. There are, however, some important limits to confidentiality:

- 1) Suspected or reported child abuse, abuse of the elderly, abuse of the impaired, or abuse by another mental health professional
- 2) If a court subpoenas records
- 3) If a patient is assessed to be at imminent risk of harming self or someone else and law enforcement is contacted
- 4) If insurance companies and other third-party payers request clinical information for administrative purposes

Consent for Telemedicine Services

The undersigned gives permission to Empirica Psychiatric Services LLC, its staff, Rupinder Singh Bhatia, MD, PA, and associated agents to utilize HIPAA approved, secure video conferencing with patient for the purposes of immediate evaluation and assessment of progress if an in-person session is not available.

If telemedicine is utilized, a trained staff will setup a video call using a HIPAA approved platform and sit with the patient throughout the session. As with any use of technology, there are certain risks. While the platform used is encrypted and meets all requirements for HIPAA, the complete privacy of any telemedicine consultation cannot be guaranteed due to factors outside of our control—for instance, the security of the network. There is the possibility for a dip or failure of the connection. If the internet connection is not fast enough to support clear audio and video between the provider and patient, the staff will attempt to troubleshoot the issue. If the connection cannot be resolved, the provider may talk with the patient and/or staff via the telephone and arrange to reschedule appointment or have an in-person session.

If patient escalates during a telemedicine service, the trained staff will be present to assist with de-escalation, safety planning, and following through with treatment recommendations from the provider.

The undersigned fully understands the risks and benefits of telemedicine as described in this document and has asked for clarification on any points that were not understood.

Signatures

Patient's Name

Patient's Signature

Date

Admission Time

Guardian Name

Guardian Signature

Date

Time

Guardian Relationship to Patient

Witnessing Staff Name

Witnessing Staff Signature

Date

Time