CONFIDENTIAL MEDICAL REPORT

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Patient Name & Date of Birth

Informed Consent Form

Consent to Evaluate and Treat

I consent to a mental health and chemical health evaluation and/or treatment by Dr. Frenz. I understand that my treatment is voluntary and I may end treatment at any time. If I do not agree with my treatment plan, I will advise Dr. Frenz so he may address my concerns with me.

Benefits and Risks Associated with Evaluation and Treatment

Evaluation and treatment may be administered with psychological interviews, psychological assessment or testing, psychotherapy, medication management, laboratory tests (e.g., drug testing), imaging studies (e.g., MRI of the head) and referrals to other health care professionals (e.g., neuropsychologist). These will be performed to understand the nature and cause of distressing symptoms and difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered.

Possible benefits of treatment include less problems related to substance abuse; improved mood, health status and quality of life; and improved awareness of my personal strengths and limitations. I understand that Dr. Frenz cannot guarantee particular results (e.g., fewer problems related to substance abuse, less anxiety, et cetera).

I understand that there may be risks associated with mental health and addiction care, including addressing painful emotional experiences and/or feelings, or being challenged or confronted on sensitive issues. In the case of medications, Dr. Frenz will discuss possible side effects and alternative treatments before medications are prescribed.

I have reviewed this Informed Consent Form and have been given the opportunity to ask questions about its content. By signing below, I indicate my understanding of this information. I understand that I may ask to have this information clarified at any time. I further acknowledge that Dr. Frenz will provide me with a copy of this form upon request.

Your Signature & Today's Date: _____

If patient's representative, under what legal authority are you signing?

☐ Parent ☐ Guardian ☐ Health Care Agent ☐ Other: _____

Dr. Frenz's Signature, Date & Time: _____