

## Wellsmith Integrative Mental Health, PLLC

### Consent for Treatment

I, the undersigned, voluntarily seek and consent to take part in a mental health evaluation and understand that this evaluation may or may not result in treatment with a provider at Wellsmith Integrative Mental Health, PLLC. If a different level of care is recommended, I may receive a referral.

I understand that all treatment at Wellsmith Integrative Mental Health, PLLC is voluntary and that I may stop treatment at any time. I also understand that if I stop treatment, I will not be reimbursed for sessions already provided.

I have been informed of the nature of the treatment, the benefits and risks of the treatment, and alternative approaches for care. I understand that integrative and functional medicine approaches to treatment have a more limited evidence base than conventional psychiatric treatment on outcomes and, like conventional treatment, may not resolve my issues and/or improve my condition.

I voluntarily consent to the treatment recommended by my provider, which may include, without limitation, lifestyle changes (e.g., diet and exercise modifications, mindfulness practices), medications, neuropsychological testing, and psychotherapy. I understand that it is my responsibility to inform my provider or another member of Dr. Ivkovic's staff (if my provider is not available) if there are any unexpected changes in my condition or if any problems arise relating to my treatment. I understand that by entering treatment with Dr. Ivkovic or any of her staff, there are no guarantees of desired results.

I agree not to take pictures of, or record (by any means including, without limitation, audio or video) my treatment without the express written permission of Wellsmith Integrative Mental Health, PLLC.

PATIENT SIGNATURE: \_\_\_\_\_

PATIENT'S PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Revised: 10/12/22