



Metropolitan Pediatrics, LLC Treatment Consent

Patient Name _____ DOB _____ MR# _____

Welcome to Metropolitan Pediatrics! We look forward to assisting you with your healthcare goals. Here is some important information you should know about our clinic before we begin to work with you, your child or children and your family.

Staff and Our Services: Metropolitan Pediatrics, LLC is a private clinic. Our integrated health care setting consists of medical and behavioral health specialists. We help children, young adults and families with social, emotional, developmental, learning concerns, and behavioral health concerns in addition to medical healthcare needs.

By signing our treatment consent, you are authorizing the physicians and clinic personnel of Metropolitan Pediatrics, LLC, to conduct physical examinations and routine services, order and perform tests and administer treatment deemed necessary by the examining physician. Should treatment be performed, the physician will fully inform you as to the nature of the procedure, the alternatives to treatment and the risks involved. You will be given the opportunity to ask questions and have my questions answered. Should special procedures be indicated the examining physician will discuss this with you and additional consent(s) may be required.

Behavioral Health Specialist: The Behavioral Health Specialist will work with you to meet your/your family's specific needs. It is a collaborative process that is provided without guarantee of satisfaction or results. We encourage you to formulate questions and/ or identify specific goals you would like to accomplish. You retain the right to request changes in treatment or to end treatment at any time.

When medication is recommended your Pediatrician will discuss the risks, benefits and alternatives. When accepting a prescription for medication, you agree to follow the prescribing physician's recommendations regarding **ALL** aspects of treatment.

When a treatment referral inside the clinic is recommended the information about your medical and mental health issues will be shared between providers in order to provide optimum care.

When a treatment referral outside the clinic is recommended: The provider will attempt to provide you with alternatives.

Confidentiality: The privacy of your medical/behavioral health treatment is important to us. Information shared between providers is confidential. Metropolitan Pediatrics, LLC maintains a single chart to record the services that are provided. We will maintain your chart for 10 years from the last date of treatment or through the age of 18years, whichever is longer. Information from that record can be shared with other individuals and/or agencies only with your **written** consent. Our clinic is a Medical Home and as such will share information about your medical/ mental health between our providers without a written consent.

We can communicate with other professionals on your behalf and release evaluation reports, provide treatment plans/summaries. We do not release behavioral treatment patient notes or test protocols. The sharing of this information can only be done with your written permission. If you want us to share this information, you must sign a release to disclose information. This form will specify **WHAT** information is to be shared (for example, written evaluation, treatment plans, etc), **WHO** shall receive it, for **WHAT PURPOSE** and during **WHAT PERIOD** of time.

- In Oregon, 14 years of age is the age for consent to mental health treatment and to disclose/release information.
- We cannot honor a request to release information received via facsimile except in cases of medical emergency.
- There may be charges for photocopying and mailing records.
- In the case of divorce, both parents have equal access to information in the chart of a child under the age of 14 years.
- If a consultation with other professionals on your behalf is necessary, your anonymity will be preserved.

Information may be required by your insurance company to process a claim. Typically this involves disclosure of a diagnosis and the dates of services. In some instances, though, more information may be required. Your child's file may be reviewed for

