

STONE CREEK PSYCHIATRY
7945 Stone Creek Drive, Suite 130
Chanhasen, MN. 55317
(952) 241-4050
(952) 241-4049 (fax)

To Our Patients

Your signature indicates you are being seen (or your child is being seen) by your own choice. You consent to the evaluation that you have scheduled which could include psychotherapy and/or medication management.

In the course of your treatment at this office you may be prescribed medication. If this occurs it may be necessary to share health information with your pharmacy by fax, mail or phone to facilitate your medication or refills. If prior authorization or clarification on orders is needed by your insurance company to cover your medication it may also be necessary to share health information with your insurance company. For quality of care issues, the Prescription Monitoring Program (which allows prescribers to review all controlled substances prescribed) is also reviewed.

In addition to consent for treatment your signature below acts as a release and authorization to share this information in the capacity described.

Signature: _____ Date: _____

PRINTED PATIENT NAME: _____

Parent or Guardian of Minor Child **Date: _____**