



Washington law (RCW 7.70.060) requires that your provider obtain your informed consent before providing treatment. This form explains your treatment, its risks and benefits, and your rights. Please read carefully and ask questions before signing.

1 NATURE OF SERVICES

Backcountry Mental Health provides outpatient psychiatric and behavioral health services via telehealth (and in-person as applicable). Services may include:

- Psychiatric diagnostic evaluation and assessment
- Psychopharmacology / medication management (evaluation, prescribing, monitoring)
- Individual psychotherapy (e.g., CBT, DBT, supportive therapy)
- Substance use disorder evaluation and treatment
- Care coordination with your other providers

Your treatment plan will be developed collaboratively and may change over time as your needs evolve. You will always have the opportunity to discuss and agree to changes in your treatment plan.

2 POTENTIAL RISKS OF TREATMENT

All medical and psychiatric treatments carry some potential risks, which may include:

- Side effects from psychiatric medications (e.g., weight changes, sedation, sexual side effects, movement disorders, metabolic effects — specific risks will be discussed for each medication)
- Temporary worsening of symptoms during the course of therapy or medication adjustments
- Emotional discomfort when exploring difficult topics in psychotherapy
- Risk of incomplete improvement — not all patients respond fully to treatment
- Risk of medication interactions — please disclose ALL medications and supplements
- Risk associated with stopping medications suddenly — always consult your provider

Specific risks of each medication prescribed will be discussed in detail at the time of prescribing. Your provider will give you written medication information.

3 POTENTIAL BENEFITS OF TREATMENT

Potential benefits of psychiatric and behavioral health treatment may include:

- Reduction or remission of psychiatric symptoms
- Improved functioning in work, relationships, and daily life
- Development of coping skills and emotional regulation
- Reduced risk of hospitalization or crisis
- Improved overall quality of life

No guarantees can be made about the outcome of treatment. Treatment effectiveness varies by individual and condition.



4 ALTERNATIVES TO TREATMENT

You have the right to know about alternatives to the proposed treatment. Alternatives may include:

- Different medications or medication classes
- Psychotherapy alone (without medication)
- Medication alone (without psychotherapy)
- Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP)
- Inpatient psychiatric care
- Complementary and alternative approaches
- Delaying or declining treatment (with associated risks)

Your provider will discuss appropriate alternatives at your appointments.

5 CONFIDENTIALITY AND ITS LIMITS

All information shared in treatment is confidential. Your records are protected by HIPAA (federal law), Washington's Health Care Information Act (RCW 70.02), and Washington's behavioral health privacy laws (WAC 246-341). We will not disclose your information without your written consent EXCEPT in the following circumstances:

- You are in imminent danger of harming yourself or others (duty to warn / Tarasoff)
- There is reasonable suspicion of child abuse, elder abuse, or dependent adult abuse (mandatory reporting per RCW 26.44)
- Required by a court order or valid legal process
- Required for involuntary commitment proceedings (RCW 71.05)
- Required by your insurance company for billing and care management (limited)
- Coordination with other treating providers you have authorized

Substance use disorder treatment records receive additional protection under 42 CFR Part 2. See the separate 42 CFR Part 2 consent form for details.

6 YOUR RIGHTS AS A PATIENT

You have the right to:

- Receive information about your diagnosis, prognosis, and treatment options in language you understand
- Participate in developing your treatment plan
- Ask questions at any time — there are no stupid questions
- Withdraw consent and discontinue treatment at any time without penalty (though we encourage a discussion about safe discontinuation)
- Request a second opinion or a different provider
- Access your medical records (request must be submitted in writing)
- File a complaint with the Washington State Department of Health or the HHS Office for Civil Rights without fear of retaliation

7 EMERGENCIES AND CRISIS

In a mental health emergency, call 911 or go to your nearest emergency room. You may also call or text 988 (Suicide & Crisis Lifeline, available 24/7). This practice does not provide 24/7 crisis services. If you are in crisis between appointments, please use the resources above. Leave a message for your provider if clinically urgent.

8 PATIENT ACKNOWLEDGMENT & CONSENT

By signing below, I acknowledge that I have read (or had read to me) this Informed Consent for Treatment. I have had an opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to the psychiatric and behavioral health services

