

CLEARCONNECT HEALTH SERVICES LLC

ClearConnect Mental Health

Helping You Feel Like Yourself Again.

COMPREHENSIVE INFORMED CONSENT FOR PSYCHIATRIC ASSESSMENT AND TREATMENT

Effective Date: October 21, 2026

In-Person and Telehealth Services

1. CONSENT FOR PSYCHIATRIC SERVICES

I voluntarily consent to receive psychiatric evaluation, diagnosis, medication management, individual psychotherapy, telehealth services, and other clinically appropriate mental health services from ClearConnect Health Services LLC, operating as ClearConnect Mental Health.

I understand that:

- Psychiatric care involves professional clinical judgment based on available information.
- Treatment outcomes cannot be guaranteed.
- My treatment plan may change based on my symptoms, progress, and clinical needs.
- I have the right to participate in treatment decisions, ask questions, and discuss available treatment options.
- I may decline recommended interventions or withdraw consent for treatment as permitted by applicable law.

2. BENEFITS, RISKS, AND ALTERNATIVES

Potential benefits of psychiatric treatment include symptom improvement, increased daily functioning, improved emotional well-being, and enhanced quality of life.

Potential risks may include:

- Medication side effects or adverse medication reactions.
- Emotional discomfort during psychiatric assessment or psychotherapy.
- Temporary worsening or persistence of symptoms.
- Limited or incomplete response to treatment.
- Rare but serious medical or psychiatric complications.

Alternative treatment options may include:

- Different medications or non-medication treatments.
- Psychotherapy or alternative therapeutic approaches.
- Referral to another qualified provider.
- A higher level of care when clinically appropriate.
- Choosing not to pursue treatment.

I understand that my treating provider will discuss clinically appropriate treatment options based on my individual needs.

3. PSYCHIATRIC SAFETY AND EMERGENCY CARE

I understand that psychiatric symptoms and safety concerns may change over time.

ClearConnect Mental Health provides scheduled outpatient psychiatric and mental health services and does not provide continuous emergency monitoring or crisis-response services.

In a psychiatric or medical emergency, I understand that I should call 911 or seek immediate emergency medical care. The 988 Suicide & Crisis Lifeline is also available for crisis support.

I agree to communicate significant changes in my symptoms or safety concerns to my treating provider as promptly as possible.

If my provider identifies an immediate safety concern, appropriate emergency intervention may be initiated as permitted by applicable law.

When clinically indicated, my provider may recommend emergency evaluation, hospitalization, or another appropriate level of care.

4. MEDICATION MANAGEMENT AND CONTROLLED SUBSTANCE SAFEGUARDS

If psychiatric medications are prescribed, I understand that:

- I must take medications only as prescribed by my treating provider.
- I should discuss medication changes or discontinuation with my provider before making adjustments.
- Medication side effects, treatment response, and safety concerns may require ongoing clinical assessment.
- Laboratory testing, vital-sign monitoring, or other medical evaluations may be recommended or required when clinically indicated.
- Prescription renewals require appropriate clinical assessment and are not automatic or guaranteed.
- Early refills or replacement of lost, stolen, or damaged controlled medications may be declined.
- Controlled-substance prescribing may require review of the Virginia Prescription Monitoring Program (PMP), urine drug screening, medication counts, or additional monitoring when clinically appropriate.

Patients prescribed controlled substances may be required to review and sign ClearConnect's separate Controlled Substance Treatment Agreement and applicable medication-specific informed consent agreements, including stimulant and benzodiazepine agreements.

Medication supply limits, prescription renewal requirements, and follow-up schedules are governed by the applicable medication-specific agreement and the treating provider's clinical judgment.

My provider may recommend medication modification, reduction, transition, or discontinuation when clinically indicated, with appropriate consideration of medication safety and withdrawal risks.

Signing this Comprehensive Informed Consent does not guarantee that any particular medication will be prescribed or continued.

5. TELEHEALTH CONSENT

I understand that telehealth allows psychiatric and mental health services to be provided through electronic communication technology.

I acknowledge that:

- Telehealth may limit certain aspects of physical examination or clinical observation.
- Technical problems, connectivity interruptions, or equipment failures may occur.
- I must provide my current physical location during each telehealth appointment.
- I must provide accurate emergency contact information when requested and notify the practice of relevant changes.
- I am responsible for participating from a reasonably private, safe, and appropriate environment whenever possible.
- My provider may recommend or require an in-person evaluation when clinically appropriate.
- Telehealth is not appropriate for medical or psychiatric emergencies.

If a telehealth session is interrupted, the practice and patient may attempt to reconnect through an appropriate communication method.

ClearConnect will not record clinical sessions without appropriate authorization. Patients are expected to obtain required consent before recording clinical encounters.

I understand that telehealth services are subject to applicable professional, privacy, and state licensure requirements.

6. CONFIDENTIALITY AND PRIVACY

My medical information is protected under applicable federal and Virginia privacy laws, including HIPAA.

I understand that my information may be used or disclosed for treatment, payment, and healthcare operations as permitted by law.

Other disclosures may be required or permitted in circumstances involving:

- Mandatory reporting of suspected abuse or neglect.
- Serious safety concerns or threats of harm.
- Valid legal requirements, court orders, or other authorized legal processes.
- Public health or healthcare oversight activities.
- Other circumstances permitted or required by applicable law.

Additional confidentiality protections may apply to certain categories of information, including psychotherapy notes and qualifying substance-use-disorder records.

ClearConnect will maintain appropriate safeguards to protect patient confidentiality and comply with applicable privacy requirements.

Further information is provided in ClearConnect's Notice of Privacy Practices.

7. PATIENT RIGHTS

I understand that I have rights concerning my protected health information, subject to applicable legal requirements.

These rights include the ability to:

- Request access to or copies of my medical records.
- Request amendments to information I believe is inaccurate or incomplete.
- Request confidential communications through an alternative method or location.
- Request certain restrictions on the use or disclosure of my information.
- Request an accounting of certain disclosures.
- Receive a copy of ClearConnect's Notice of Privacy Practices.
- Receive notification of reportable breaches of unsecured protected health information.
- File a privacy complaint without retaliation.

When required by HIPAA, ClearConnect will honor a request to restrict disclosure to a health plan concerning a specific service paid for entirely out of pocket, unless disclosure is required by law.

Requests for medical records will be processed within applicable legal timeframes.

Notice of Privacy Practices: <https://clearconnectmh.com/forms/>

8. MINOR PATIENTS AND LEGAL REPRESENTATIVES

When applicable, a parent, legal guardian, or other legally authorized representative may provide consent for treatment.

I understand that Virginia law permits minors to consent independently to certain healthcare services, including specified mental health services.

Confidentiality, parental access to information, and consent requirements may differ depending on the service provided and applicable law.

ClearConnect will verify appropriate consent and legal authority when necessary.

9. AI-ASSISTED CLINICAL DOCUMENTATION

ClearConnect Mental Health may use practice-authorized technology, including AI-assisted documentation tools, to support clinical documentation.

I understand that:

- AI-assisted documentation tools support, but do not replace, professional clinical judgment.
- The treating provider remains responsible for reviewing and approving clinical documentation.
- Patient information must be handled using appropriate privacy and security safeguards.
- When separate consent is required for a particular documentation technology, ClearConnect will obtain that consent before use.
- I may ask questions about AI-assisted documentation and discuss available alternatives with my treating provider.

10. FINANCIAL RESPONSIBILITY

I understand that financial obligations, insurance coverage, self-pay rates, appointment cancellation and no-show fees, and administrative form-completion fees are addressed in ClearConnect's separate Financial Policy Agreement.

I understand that the Financial Policy Agreement includes:

- Applicable patient financial responsibilities.
- Appointment cancellation and no-show fees.
- Administrative fees for eligible patient-requested clinical forms and documentation.
- Payment requirements and applicable billing procedures.

All patient charges are subject to applicable law and insurance contract requirements.

11. APPOINTMENT ATTENDANCE, TREATMENT DISCONTINUATION, AND DISCHARGE

Appointment Attendance

I understand that consistent attendance is important for safe and effective psychiatric treatment.

Patients are expected to attend scheduled appointments and notify ClearConnect as soon as possible when cancellation or rescheduling is necessary.

Repeated missed appointments may interfere with continuity of care, medication monitoring, and treatment effectiveness.

Three-No-Show Attendance Policy

ClearConnect Mental Health follows a progressive attendance notification process for three documented no-shows within a rolling 12-month period.

- First No-Show: A written attendance notice will be issued.
- Second No-Show: A final written attendance warning will be issued.
- Third No-Show: The patient's attendance history will be referred to the treating provider for review and possible discharge from the practice.

The missed appointments do not have to occur consecutively.

Late cancellations are tracked separately and do not automatically count toward the three-no-show threshold.

Treatment Discontinuation and Discharge

I understand that treatment may be discontinued when clinically appropriate or when the therapeutic relationship cannot reasonably continue.

Reasons may include:

- Repeated missed appointments.
- Serious or persistent failure to follow clinically necessary treatment requirements.
- Unsafe or threatening behavior.
- Medication misuse or diversion.
- Breakdown of the therapeutic relationship.
- Other circumstances affecting the ability to provide appropriate care.

ClearConnect will follow applicable professional, legal, and contractual requirements regarding notice, patient safety, continuity of care, and referrals when ending a treatment relationship.

Medication management during the transition period will be determined by the treating provider based on clinical needs, medication safety, and applicable prescribing requirements.

12. PATIENT ACKNOWLEDGMENT AND INFORMED CONSENT

By electronically signing this document, I acknowledge that:

- I have read and understand this Comprehensive Informed Consent.
- I have had the opportunity to ask questions.
- I understand the general benefits, risks, and alternatives associated with psychiatric treatment.
- I understand the limitations of outpatient and telehealth services.
- I understand my responsibilities regarding medication use, clinical monitoring, and controlled-substance treatment.
- I understand ClearConnect's appointment attendance and three-no-show policy.
- I understand that financial responsibilities, cancellation and no-show fees, and administrative form-completion fees are addressed in the separate Financial Policy Agreement.
- I understand that treatment outcomes and prescription renewals are not guaranteed.
- I voluntarily consent to psychiatric assessment and treatment through ClearConnect Mental Health.

Electronic Signature Acknowledgment

By signing electronically through ClearConnect's patient intake system, I acknowledge that my electronic signature represents my informed consent to the terms described in this document.