



4600 DeBarr Road, Suite 150  
Anchorage, AK 99508  
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Email: [contact@monarchpsychiatry.com](mailto:contact@monarchpsychiatry.com)  
Web: [www.monarchpsychiatry.com](http://www.monarchpsychiatry.com)

## Psychiatric Medication Management Consent and Information Form

Thank you for choosing Monarch Psychiatry of Alaska, LLC for your care. It is important for you to read each item carefully and initial in the space provided to the left. By initialing you are indicating you have read and understand the content of each item. If you have any questions about the items below, please discuss with your provider at your appointment.

### General:

\_\_\_\_\_ I am consenting to be evaluated to undergo possible medication treatment for my mental illness. Medication options will be discussed with your provider. I may also be recommended to participate in other forms of mental health care treatment.

\_\_\_\_\_ Monarch Psychiatry does not offer after- hours services. If you have an emergency, such as severe suicidal thoughts, thoughts to hurt someone else, or a severe drug reaction, you should call 911 or go to the emergency room.

\_\_\_\_\_ Legal guardians must attend all appointments with minors and adult patients who are not their own legal guardians for treatment to occur. Exceptions must be approved by a provider prior to appointments.

### Medication Refill Requests:

\_\_\_\_\_ Please contact the front office at phone number (907) 885-1089 for any medication refills.

\_\_\_\_\_ Refill authorizations can take up to 4 business days.

\_\_\_\_\_ Controlled medication refills will not be authorized more than 3 days before they are due for refill. If you have questions regarding early refills, please speak with your provider.

### Appointment Scheduling and Cancelations:

\_\_\_\_\_ Missed appointments may incur a fee. The first missed appointment may be assessed a fee up to \$25. The second missed appointment may be assessed a fee up to \$75. The third missed appointment may be grounds for dismissal from the practice.



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\_\_\_\_\_ If you arrive late to your appointment, you may not be able to be seen and may have to reschedule.

#### Forms:

\_\_\_\_\_ Our providers require an appointment to complete any forms. Any forms needing completion should be faxed, emailed, or dropped off at the front desk. Your provider will review the forms and notify staff how long to schedule your forms appointment for.

#### Laboratory & Psychological Testing:

\_\_\_\_\_ Your provider might request you to complete certain laboratory tests before initiating or continuing certain medications. Laboratory tests may include, but are not limited to: urine, blood serum, electrocardiograms, psychological testing.

\_\_\_\_\_ Laboratory testing fees are your responsibility. If your insurance plan will not cover the cost for laboratory, psychological, or other testing, you will be responsible for all costs incurred.

#### Billing and Insurance:

\_\_\_\_\_ You are responsible for understanding your insurance coverage.

\_\_\_\_\_ Co-pays are due at the time of check-in.

\_\_\_\_\_ Your insurance will be charged for services received. You are responsible for all patient balances due to co-pays, co-insurances, deductibles, tax, billing charges, late or no-show charges, laboratory and psychological testing, etc.

\_\_\_\_\_ A charge for psychotherapy in addition to a medication management billing code may appear on your billing statement. Psychotherapy is a standard psychotherapy add-on code that all Monarch Psychiatry medication providers use to reflect psychotherapy services that occur in session.



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Patient's Name

Date

Patient's Date of Birth

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Patient or Parent/Legal Guardian Signature

Date

Witness Signature

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Emergency Contact Printed Name

Emergency Contact Phone Number

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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **Controlled Medication Agreement**

Controlled substance medications have potential for misuse. They are intended to improve function and/or ability to work, not simply to feel good.

- Our providers may not prescribe standing doses of benzodiazepines with stimulant medications.
- Our providers do not prescribe pain medication or medical cannabis.
- If you are taking narcotic pain medication, medical cannabis, or are abusing drugs or alcohol, our providers may not prescribe controlled medications to you.

If you are pregnant or have certain medical or psychiatric conditions, controlled medications may not be appropriate for you.

Your medication provider may request records from other medical providers, permission to talk to family members, drug screens and other laboratory tests, psychological tests, and will review the state controlled medication profile, before starting or continuing controlled medication.

- Drug screens, laboratory test, and counts of remaining pills may be requested while you are taking controlled medications. These must be completed within 24 hours.

I have been told and understand that:

1. I may get addicted to this medication. Your risk for addiction is higher if you have a family history of alcohol or drug addiction. If I need to stop this medication, I must do it in under the direction of a medical provider, including the possible need for admission to a medical detox facility, or I may get very sick.
2. I can be found guilty of Driving Under the Influence (DUI) if taking these medications and driving, even if no alcohol has been consumed.
3. My provider may not grant early refills for any reason (i.e. lost, stolen, damaged) for any controlled medication.



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4. If I do not tell my provider about using any drugs or controlled medications on my own or from any other providers, my care will be permanently ended.
5. If I sell, trade, share, fill early, or increase the dose of controlled medications on my own, they will be stopped and cannot be restarted during the duration of my care at Monarch Psychiatry of Alaska, LLC.
6. If I have an emergency such as severe suicidal thoughts, thoughts to hurt someone else or if I am having a severe drug reaction, I will call 911 or go to the emergency room. I will notify my provider as soon as possible.
7. I will treat the staff at the office respectfully at all times. I understand if I am disrespectful (including but not limited to yelling, foul language, bullying or harassing) to any staff (office or providers) or if I disrupt the care of other patients, my treatment will be permanently stopped at Monarch Psychiatry of Alaska, LLC.
8. I may be asked to only use one pharmacy to get my medicine. My provider may talk with the pharmacist about my medicines.
9. I will inform all my other physicians of the controlled substance medication I am receiving through Monarch Psychiatry of Alaska, LLC.

Likewise, I will inform my Monarch Psychiatry medication provider of any other controlled substance medication I receive from another physician.

Patient's Name	Date	Patient's Date of Birth
_____	_____	_____

Patient or Parent/Legal Guardian Signature	Date	Witness Signature
_____	_____	_____