

Bartholomew Thomas Vereb, M.D., M.A.

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Consent for Treatment

I, the undersigned, do hereby consent to participate in Dr. Bartholomew Thomas Vereb's Initial Assessment Process; and, if I so choose, to participate in subsequent treatment, if recommended.

I understand that the Assessment is a collaborative effort between me (the patient), and Dr. Vereb. If needed, my family, other professionals or healthcare providers, and other sources of information such as teachers may be consulted.

An initial psychiatric evaluation is a dynamic process, often requires two or more visits, and may possibly determine that no further treatment is necessary. Participation simply in the Assessment process does not constitute a treatment contract with Dr. Bartholomew Vereb to assume responsibility for my medical and/or psychiatric care.

However, if it is determined during the initial assessment that further treatment is warranted, and if it is mutually decided that it would be appropriate for Dr. Vereb to continue such treatment, subsequent treatments will be provided.

Signature

Date