

**Memorial Park Psychiatry  
550 Westcott, Suite 520  
Houston, TX 77007**

**Phone (713)864-6696**

**Fax (713)864-6698**

**Consent to Service**

I hereby request and consent to psychiatric services for myself/dependent which includes routine/crisis screening, diagnostic assessment, laboratory screenings and other treatment/services (e.g. psychotherapy, medication management, referral for psychological testing or intellectual testing) recommended by Dr. Alice Mao/ Dr. Matthew Brams/ Dr. Jennifer Yen/ Dr. Shetal Amin/ Shanthi Rubin, APN/ Wanda Hilliard, APN/ Jayne Perkins, MSN, RN, CS/ Adam Main P.A. at Memorial Park Psychiatry.

I understand that upon completion of assessments a more detailed plan of care may be developed by my physician and will be explained to me. I understand that I have the option to accept or reject any recommendations for services.

I have been advised that I am financially responsible for any services provided by any provider at Memorial Park Psychiatry unless payment has otherwise been assured.

I have been informed that any information regarding my psychiatric services is subject to release only by my informed and written consent or by subpoena and/or court order. I have also been informed that identifying information about me may be exchanged between the aforementioned physicians for coverage purposes or continuity of care purposes.

\_\_\_\_\_  
Patient/ Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship