



NATALIE BALDWIN
PMHNP-BC

P: 518-362-7818
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A: 1 Pine West Plz Ste 110
Albany NY 12205

Patient Name: _____ Date of Birth: _____

Please read and sign below to show your understanding and agreement to the following contract terms:

Consent For Treatment

I voluntarily authorize and request Natalie Baldwin Nurse Practitioner in Psychiatry PLLC to carry out psychiatric examinations, treatment, and/or diagnostic procedures reasonable and necessary for the condition(s) which brought me and/or my child to seek care at this practice. I understand the practice of medicine and psychiatry is not an exact science and that any treatment and/or prescribed medication may involve risks and side effects. I understand that I will be informed of the benefits, risks, and alternatives regarding treatment. At any time, you may request and will receive a more detailed explanation.

I understand I will be informed about the availability of alternate methods of treatment or procedures and their benefits and risks, including no treatment at all, except in emergencies. I understand that treatment recommendations will be based on signs, symptoms, evaluation, assessments, and laboratory results where clinically appropriate. I understand it is not always possible to give a definitive diagnosis. I understand, consent, and authorize that I may be treated conventionally and/or with alternative, herbal and nutritional therapies, off-label use of pharmaceuticals, behavior modification, and individual therapy.

I understand that I can revoke my consent in writing to the practice at any time.

Emergency Situations

I understand my provider, Natalie Baldwin, may not be available for emergencies. If an emergency situation arises, I understand that I should go to the nearest emergency room or call 911. This practice is an outpatient mental health office. We do not provide 24-hour services. Mental health care such as evaluations, treatments, prescribing medication, and questions regarding medication for treatment is provided only during an office appointment. Appointments can be booked by phone or through the portal. Messages and phone calls are limited to brief non-urgent questions. I have read and fully understood the consent for treatment and what is to be done in case of emergencies.

By signing below, I am acknowledging that I have read and understand the terms set forth above.

Patient or Parent/Guardian(if under 18) *Signature*

Printed name

Date

Relationship to patient