



# MINDS that MATTER

*Dr. Poonam Khanna, D.O.  
Child, Adolescent & Adult Psychiatry*

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*Phone:  
913.912.7054  
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913.912.7056*

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

### **Signature Page for Consent and Agreement** Please review carefully, and sign where indicated.

#### **Consent for Treatment**

The undersigned patient or responsible party (parent, legal guardian, or conservator) consents to, and authorizes, services by Minds that Matter and Dr. Poonam Khanna, D.O. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures, and other appropriate therapies. He/she understands that he/she has the right to be informed of and participate in the selection of treatment modalities; if requested, is entitled to a copy of this Consent; and has the right to withdraw this Consent at any time. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Conservator

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed Name of Parent, Legal Guardian or Conservator

\_\_\_\_\_  
Relationship to Patient

#### **Notice of Privacy Practices for Protected Health Information**

The undersigned patient or responsible party (parent, legal guardian, or conservator) acknowledges that he/she has been informed of the privacy practices for Minds that Matter, and has read and understands the Notice of Privacy Practices for Protected Health Information. He/she consents to the use and sharing of protected health information as described in the Notice. He/she understands that he/she is entitled to a copy of the privacy practices, which is available upon request from the office staff and on the office website. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient

**Policies and Procedures Agreement**

The undersigned patient or responsible party (parent, legal guardian, or conservator) acknowledges that he/she has read and understands the Policies and Procedures Agreement. Furthermore, he/she agrees to abide by all policies and procedures set forth by Minds that Matter. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient

**Cancellation policy**

**Late Arrivals**

The undersigned patient or responsible party (parent legal guardian, or conservator) acknowledges and understands that he/she has read and understands the policy for late arrivals. He/she fully understands that once an appointment has been scheduled, they are expected to keep that appointment. He/she understands that appointment slots are not doubles booked, for that time slot is reserved specifically for their appointment. He/she understands that if they arrive 10 minutes late for the appointment, they may be asked to reschedule. He/she understands that if they arrive 15 minutes late for the appointment they will definitely be asked to reschedule. He/she understands the appointment is still charged in full for any late arrivals. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient

**Cancellations and Rescheduling**

The undersigned patient or responsible party (parent, legal guardian, or conservator) acknowledges that he/she has read and understands the policy for cancellations and rescheduling. He/she fully understands that appointment cancellations and rescheduling require at least 24-business hours advance notice. He/she understands and agrees that if given less than 24-business hours notice of an appointment cancellation or rescheduling, or if the appointment is missed, the appointment is charged in full on the day of the missed appointment and before another appointment may be scheduled. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient

**Reminder Calls**

The undersigned patient or responsible party (parent, legal guardian, or conservator) acknowledges that he/she has read and understands the policy for reminder calls. He/she understands that reminder calls for appointments are a courtesy service and should not be depended upon. He/she understands that if they do not receive a reminder call and fails to attend their appointment, they will be charged the full amount for the appointment time. He/she understands the appointment is charged in full on the day of the missed appointment and before another appointment may be scheduled. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient

**Use of Medication for Treatment Agreement**

The undersigned patient or responsible party (parent, legal guardian, or conservator) acknowledges that he/she has read and understands the Agreement for the Use of Medication for Treatment. He/she agrees to the conditions and fully understands the consequences for violation of the Agreement. He/she understands that if signed consent is not given, Minds that Matter cannot provide services to the patient.

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Signature of Patient

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Date signed

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Signature of Parent, Legal Guardian or Conservator

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Date signed

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Printed Name of Parent, Legal Guardian or Conservator

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Relationship to Patient