

**Transcultural Care**  
**Olamide Alabi, PMHNP-BC**  
**415 Highway 6 West, Oxford, MS 38655**  
**Phone 662 234 5317 Fax 662 269 6089**

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**Confidentiality and Informed Consent for Treatment**

Clinical records are confidential. Information about your treatment will not be released without your written permission with a few exceptions. Nurse Practitioners are required by law to report evidence of suicidal or homicidal intent, evidence of past or current child abuse, and evidence of past, or current elder abuse. Confidentiality may also be broken if the information could help save your life in a life-threatening emergency. Information may also be shared with medical providers who are concurrently providing medical treatment for you to promote coordination of care and the benefit to you of shared knowledge.

For your protection, digital communication through unsecured means is kept to a minimum. We utilize the OnPatient portal which is a secure, fully encrypted platform that will allow you to send/receive direct messages, access your health record, and schedule appointments. **Please use the OnPatient portal to ask any clinical questions rather than email. A registration link for OnPatient will be sent to you once you are scheduled. This is the best way to reach me if you have any questions.** If you do not wish to use the OnPatient portal, then please call the office telephone number, but it may take longer to receive a response. In either case, it may take 2-3 business days for a response. Please notify the office if you have any difficulties with accessing the portal.

You should know that sometimes during treatment, symptoms become worse before they become better, though this should subside as the work of treatment progresses. You may be asked to have laboratory work or EKG screens done outside of this office, or I may ask that records and test results from your PCP be sent to me. While you have the right to refuse any therapeutic technique, we must be able to discuss your thoughts and feelings about your treatment. You have the right to withdraw from treatment at any time or to ask to be referred to someone else.

You have the right to be informed of your mental health diagnosis after the mental health assessment is completed, and the purpose of any prescribed medication and their potential side effects. We will discuss risks, benefits, and alternatives. You should understand that some medications require a taper to avoid potentially uncomfortable discontinuation syndrome. Continued prescription of medications requires periodic reviews in the office where I can assess how you are doing and if the medication needs to be, or should be, continued. It is important for you to know that medications do not work for everyone.

Please determine who will be involved in your treatment and initial for each:

Name	Relationship	Phone:	Initial
	Primary care provider (PCP)		
	Therapist		
	Family Member		
	Other:		

My signature below indicates that I have read the above information and am requesting mental health treatment from Olamide Alabi, PMHNP-BC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature (for patients under 18): \_\_\_\_\_ Date: \_\_\_\_\_