

Henry Kengong Ntoro PMHNP-BC  
**Informed Consent to Treatment**

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1. At my own discretion, I am requesting treatment at the Henry Kengong Ntoro, LLC. I know that my treatment consists of psychopharmacology management. I will be educated about the benefits and potential side effects or reactions that may result from any prescribed medication. I have the right to ask questions regarding my treatment and expect that my questions will be answered to my full satisfaction. If I do withdraw from treatment, I have the right to have a referral to another practitioner for alternative treatment. I understand I cannot stop taking my medications without talking to my medication provider.
2. A certain category of medications should not be taken when you are pregnant, plan to become pregnant or breastfeeding. It is very important to discuss all the applicable concerns with me as the need arises.
3. I agree to allow Henry Kengong Ntoro, LLC to make this document a permanent part of my patient record.
4. No information concerning my treatment can be released without my specific written consent except as required by law or in a situation deemed potentially life-threatening. According to Federal Regulations, licensed providers are mandated to report information that professional judgment would determine constitutes a threat or serious harm to self or others, or indicates a child or elder abuse or neglect. You have my consent, without reservation, to release any such information about me without further written approval.
5. I agree that I have a maximum of three times to reschedule my appointment in a year, after which I can be discharged if it exceeds this number. In such circumstances, you shall be provided with a discharge summary.
6. I agree there can be an interaction between prescription drugs and other drugs, hence random drug screening can be ordered for the purpose of effective care management .
7. All lab draws should be made 12 hours post last dose. If you have lab work in the morning, take the morning dose after the lab work.
8. I understand that I shall request for refills when I have a week worth of pills remaining. Refills requested over the weekend shall be provided on the next business day.

9. Call 911 in the case of an emergency.

10. Patient's Name:

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11. Signature of Patient or Legal Guardian

Date signed

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Signed Signature of Witness

Date Signed

**HENRY KENGONG NTORO, LLC**

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300 Baker Avenue, Suite 300, Concord MA 01742