

Statement of Understanding
Regarding Use of Medication
Ben Schwarcz, MA

I understand that Benjamin Schwarcz MFT will not advise me on the use or dosage of my medication, nor will he ever tell me to stop taking my medication.

I understand that specific guidance on the use of my medication should be sought from my medical doctor or psychiatrist.

I understand that my decisions regarding the use or disuse of medication are ultimately up to me alone, and I am aware that there may be risks and benefits to using, or discontinuing my medications.

I understand that there may be significant risks involved with discontinuing my medication, and I am advised to only do so with the guidance of a medical doctor.

I understand that Benjamin Schwarcz, MFT will continue to provide psychotherapy and support me in working towards a balanced mood, regardless of my choice to use medication or not -- as long as I am making a sincere effort to live a balanced, safe and healthy life.

I understand that Benjamin Schwarcz may provide me with information, professional referrals, and resources for alternative and complementary treatment that may improve my health, and it is my decision whether or not to use medication in addition to these complementary approaches.

I understand that if I am not taking pharmaceutical medications and other approaches are not providing me with the stability to remain safe, I may be advised to consult with my doctor.

I understand, that (if I am participating in the Santa Rosa Bipolar Support Group) there may be group members who choose to discuss alternatives to medications. This is not representative of the Support Group as a whole. My freedom to choose my own method of treatment will always be respected. We foster a spirit of non-judgement and unconditional positive regard, regardless of my personal beliefs, religion, sexual orientation, or choices regarding the use of medications.

The SR BP Support Group members and/or therapist will provide honest, direct feedback and mirroring to help me to maintain self-awareness and accurately track my mood from week to week. But it is ultimately my own responsibility to monitor and track my mood to the best of my ability.

My signature below indicates that I understand the above guidelines and have had the opportunity to ask any questions necessary to clarify these guidelines to my satisfaction.

Signature

Date

Printed Name

Please mail this form to: Ben Schwarcz - 509 7th Street - Santa Rosa, CA 950401