



Healing the Mind and Spirit

MEDICATION CONTRACT

I, _____, agree to comply with medication directives from my psychiatrist or physician.

I understand, as explained by my Therapist, Tracy Taris, LMFT, that non-compliance with medication directives from my psychiatrist or physician is subject to termination of my treatment with her due to Scope of Practice standards within her profession as talk therapy alone is not sufficient for the treatment of chemical imbalances or other medical treatments that require medication.

Upon termination due to non compliance with medication, Tracy Taris will provide me with three referrals to three other therapists from whom I may seek treatment.

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor, I intend to keep this contract.

Signed _____ **Date** _____

Witnessed by _____ **Date** _____