Specialist Psychiatry & Neuroaffirmative Care
Dr Attila Szigeti, Consultant Psychiatrist

Consent to Assessment, Treatment and Use of Practice Systems

Please read this form carefully. It explains what assessment and treatment at Seaward Clinic involve, how your information is handled, and the choices you have. Complete and sign it at home before your first appointment, and return it through the encrypted upload link we send you with it, or hand it in when we meet — please do not send it back by email or WhatsApp. If anything is unclear, ask us before you sign: we are happy to answer any questions. You can change your mind about any of these choices at any time — just tell us. Saying no to any optional item will not affect the care you receive.

A. Your details

Full name: _____ **Date of birth:** _____

Email: _____ **Mobile:** _____

Next of kin: _____ **Relationship to you:** _____ **Mobile:** _____

B. Consent to assessment and treatment

What assessment involves.

- Appointments take place in person in Dún Laoghaire or by secure video link. Video consultations are never recorded; with your agreement, they are transcribed by Heidi, the medical AI scribe described in Section C.
- A detailed clinical interview about your current difficulties, your development, your physical and mental health, and your personal history — sometimes over more than one appointment.
- Standardised questionnaires and rating scales, completed by you and, where helpful and with your agreement, by someone who knows you well (for example a parent, partner or old school reports).
- Physical health checks relevant to treatment (for example blood pressure, heart rate, and the pre-medication health screening questionnaire).
- A discussion of the findings, the diagnosis (if any), and a written report.

What treatment may involve.

- Depending on the assessment: medication (including, where appropriate, stimulant and non-stimulant ADHD medication), psychological and practical strategies, neuromodulation (tDCS), medication optimisation or deprescribing, and follow-up reviews.
- Before starting any medication we will explain what it is for, the expected benefits, the common and important side effects, the alternatives (including no treatment), and the monitoring involved. You will have the opportunity to ask questions, and separate specific consent will be sought before any new medication or procedure is started.

Your rights.

- Your participation is voluntary. You may decline or withdraw from assessment or any treatment at any time, and may seek a second opinion; this will not affect your access to care.
- As an adult you are presumed to have capacity to make these decisions (Assisted Decision-Making (Capacity) Act 2015). If you would like a support person involved in decisions, tell us.
- Assessment does not guarantee a particular diagnosis or a particular treatment; our conclusions will be honest and evidence-based.

PROPRIETARY FORM · SEAWARD CLINIC. FOR AUTHORISED USE ONLY.

Confidentiality and its limits.

Everything you tell us is confidential within the practice and is handled under the Medical Council's confidentiality rules. There are rare, legally recognised exceptions where we may have to share information without consent: a serious and imminent risk of harm to you or another person; safeguarding concerns involving a child or a vulnerable adult; or where the law or a court requires it. Wherever possible we would discuss any such disclosure with you first.

C. How we handle your information — *GDPR & Data Protection Act 2018*

We keep your medical record because we are providing you with healthcare — in legal terms, under Article 9(2)(h) GDPR (provision of health care under professional secrecy), not on the basis of consent. Our privacy notice for patients — available at seawardclinic.com/privacy and on paper at the practice — explains your rights (access, correction, and others), our retention periods, and how to complain to the Data Protection Commission. The systems we use are listed below; each has been assessed in our data protection impact assessment and processes your information under its published data-processing terms, acting only on our instructions:

- **WriteUpp** — our practice management system, which holds your clinical record, appointments, confirmations and reminders on servers in the European Union (Dublin and Amsterdam), and provides the secure video link for appointments by video (never recorded).
- **Heidi** — an AI scribe that, with your agreement, listens to the consultation and prepares a draft note, which your clinician always reviews and corrects before it enters your record. The audio itself is not kept after transcription. If you prefer, the clinician will simply type or write notes instead — the consultation is otherwise identical.
- **NovoPsych** — the online platform for the standardised questionnaires and rating scales in the assessment, completed through a link we send you. It receives only a client code — never your name or contact details (year of birth and gender only where a scale needs them). Results are filed in your record; the coded entries stay on the platform, whose servers are in Australia, so that they can be compared at follow-up for as long as you are under our care.
- **Proton Mail** — our encrypted email service (Switzerland), used for correspondence. Reports and other clinical documents are not sent as ordinary email attachments — we share them through the encrypted Tresorit link described below.
- **Tresorit** — our encrypted file-transfer service, used when you send us documents through a secure upload link or we send documents to you. Files are end-to-end encrypted (the provider cannot read them), stored in the European Union, and deleted from Tresorit once filed in your record.
- **Healthmail** — the Irish health service's secure email network for clinicians, a closed network separate from ordinary email, used for referral letters and reports exchanged with your GP and other doctors, and for prescriptions sent to your pharmacy.
- **Invoices and payments (Stripe)** — our invoices are issued through Stripe and sent to your email address; you pay by card through the secure link on the invoice, or by bank transfer to the account details shown on it. The invoice shows only a neutral description of the service, never a diagnosis; your card details are handled by Stripe and never seen or stored by the practice.

PROPRIETARY FORM · SEAWARD CLINIC. FOR AUTHORISED USE ONLY.

D. Your choices — *you can change any of these at any time*

Optional agreements — tick Yes or No for each	Your choice
AI scribe: I agree to the use of the Heidi AI scribe during my consultations, as described in Section C. I understand I can withdraw this at any time, including mid-consultation.	☐ Yes ☐ No
Email: I agree to receive correspondence (including appointment and clinical letters) at the email address above. I understand ordinary email to my personal inbox is not encrypted end-to-end, and that reports and other clinical documents are shared through an encrypted link rather than as email attachments.	☐ Yes ☐ No
SMS / WhatsApp reminders: I agree to receive appointment reminders by text message or WhatsApp to the mobile number above.	☐ Yes ☐ No
GP correspondence: I agree that Seaward Clinic may write to my GP about my assessment, treatment and medication, and may request relevant information from my GP. (If you answer No, please discuss — safe prescribing usually requires GP involvement.)	☐ Yes ☐ No
Collateral information: I agree that Seaward Clinic may, where I nominate them, contact a family member or other informant as part of my assessment.	☐ Yes ☐ No

E. Declaration and consent

Core consent	Your choice
I have read (or had read to me) and understood this form, and my questions have been answered.	☐ I agree
I consent to psychiatric assessment at Seaward Clinic as described in Section B.	☐ I agree
I consent to treatment as agreed with my clinician, understanding that specific consent will be sought before any new medication or procedure, and that I may withdraw at any time.	☐ I agree
I understand how my information is handled (Section C) and that my record is kept under healthcare law, with the optional choices I have made in Section D.	☐ I agree

Patient signature: _____ **Print name:** _____ **Date:** _____

Clinician confirmation: I have discussed the above with the patient, answered their questions, and am satisfied they have capacity to consent.

Clinician signature: _____ **Name:** _____ **Date:** _____

PROPRIETARY FORM · SEAWARD CLINIC. FOR AUTHORISED USE ONLY.