Dr. Denise Persichino, D.O.
Board Certified in Psychiatry

PSYCHOLOGICAL AND PSYCHIATRIC SERVICES

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Welcome to my practice! Below is my Medical Care Contract. Please Review and sign.

Confidentiality: Legal and ethical standards require **all treatments to be confidential.** Pertinent clinical information will be released only with **Written** consent. The law require certain exceptions in which information may be shared with other parties, specifically for actual or potentially dangerous behavior towards yourself or others, child or elder abuse, in some court proceedings, or if you commit a crime specifically within the Dr./Patient relationship. The signature below gives permission to communicate with physicians, police, and therapists ONLY in emergency situations.

Appointment Times: Please be on time for your appointment. If you arrive too late we may be forced to reschedule you. The appointments vary between 15-50minutes. All efforts will be made to see you at the appointed time, but if emergent circumstances from the doctor arise there may occasionally be delays. We will do our best to see you as close to your appointment time as possible.

Cancellations: Due to the limited office hours, **we maintain a 48 hour cancellation policy.** We give a 24hr. grace period, however a cancellation less than 24 hr. advance notice will be charged the full amount of the appointment. Three or more late cancellations or no shows, excessive appointment changes, may result in treatment termination. If a patient fails to show for a previously scheduled appointment that is considered a "no show" and a credit card will be kept on file and billed in case of a no show.

Billing:

Full payment is required the day of the appointment and payment forms accepted are debit cards, credit cards, pay pal, google pay, or apple pay. A credit card will be kept on file and billed the full amount of the appointment in case of a no show or late cancellations. Remember this is a part time practice and late cancellations prevent us from filling your spot with another client who may be in need.

Medication refills: Refills of medication are done via fax or electronically with your pharmacy.. **DO NOT WAIT UNTIL YOU ONLY HAVE A FEW PILLS LEFT TO CALL US FOR REFILLS. It could take up to 3- 5 days for a refill. Call your pharmacy 7 days before running out of medication so the pharmacy has appropriate time to contact my office.** Prescription refills are only for patients who have an upcoming appointment.

Termination of treatment: This is a very small part time private practice and if at any time the physician feels the patient is not a fit for such a practice or needs a higher level of care then the patient will be contacted and referred elsewhere. Contrarily, If the patient feels the Dr. is not a good fit then the patient can also terminate treatment. As a courtesy, if there is an upcoming appointment scheduled and the patient wishes to terminate care, we would ask that the 48 hr. cancellation policy still hold effect.

Correspondence: Any correspondence that is outside of routine clinical issues (ex-: treatment forms for your insurance company, letters to your primary care provider, disability paperwork) will be done during an appointment time with the client and **charged the regular RETURN patient rate**.

Emergency Contact Procedures: If thoughts of harming yourself or others call 911, go to nearest the crisis stabilization unit, or ER ASAP. PRESCRIPTION REFILLS ARE NOT AN EMERGENCY. They are done by fax or your pharmacy electronically**. Messages left on the Drs. Voice mail will be answered as soon as possible but Dr. Persichino DOES NOT ADJUST MEDICATIONS OR PROVIDE PSYCHOTHERAPY OVER THE PHONE. RETURN PHONE CALLS ARE VERY BRIEF..** If phone calls become too lengthy Dr. Persichino will recommend an in person/telemedicine appointment and you will be charged the regular rate. Dr. Persichino does not provide inpatient hospital services.

Your signature below indicates that you have read, understand and agree to the above policies and procedures.

Date:_____ Printed Name: _____

Signature: _____