

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

PSYCHOLOGICAL AND
PSYCHIATRIC SERVICES



DECLARATION OF AGREEMENT REGARDING MISSED OR CANCELLED APPOINTMENTS OR TREATMENT TERMINATION

I Understand and agree to the following :

1. It is my responsibility to notify the office of Dr. Persichino **48 hours prior to the scheduled appointment** if I am unable to keep the appointment.
2. There is however, a 24 hour grace period and if I cancel the appointment less than 24 hours I will be charged the full amount of the appointment. In some cases if I cancel the appointment **less than 48 hours** I may be charged the full amount of the appointment. This is up to Dr. Persichino's discretion.
3. I agree that my credit card on file will be charged the full amount of the appointment if I miss an appointment or have a late cancellation (as described in detail above).
4. I agree that **three or more** late cancellations or no shows, excessive appointment changes, may result in treatment termination.
5. I agree that if at anytime Dr. Persichino feels that I am not a good fit for the practice or need a higher level of care then she may choose to not continue treatment and refer me elsewhere.
6. I agree that if at anytime I feel like Dr. Persichino is not a good fit for me, I can contact the office and terminate care. If I have an upcoming appointment I will cancel the appointment well within the **48 hour cancellation policy**.
7. I agree to pay Dr. Persichino \$100 deposit to secure and confirm the appointment for my initial psychiatric evaluation. **If I choose NOT TO SHOW for the initial appointment this \$100 is NON-REFUNDABLE.** If I need to cancel my first appointment then I agree to the CANCELLATION POLICY ABOVE and my deposit will not be lost but will be applied to the next scheduled appointment.
8. If the \$100 deposit is NOT PROVIDED for the initial psychiatric evaluation then that appointment is considered **not confirmed** and may be cancelled at **ANY TIME** by the provider.

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

Date: _____ Printed Name: _____

Signature: _____