

NEW PATIENT INFORMATION AND AGREEMENT

**MATTHEW C. SHARPE, NPP
PSYCHIATRIC NURSE PRACTITIONER**

**100 LINDEN OAKS
SUITE 200
ROCHESTER, NY 14625
(585) 586-1600**

***** PLEASE COME 10 MINUTES EARLY FOR INITIAL APPOINTMENT *****

Patient's Name: _____ Appointment: _____

The following information is provided for your use and later reference. Please let me know if you have any questions or concerns.

INITIAL CONSULTATION

The initial appointment is a chance for me to get to know you, perform an evaluation and make treatment recommendations. It is also an opportunity for you to determine if you feel comfortable working with me and to decide if you would like to continue in treatment with me. Likewise, there may be reasons that I may not be able to continue to see you. Therefore, it should be understood that meeting for the initial session does not guarantee that I will be able to continue to see you as a patient.

SERVICES PROVIDED

My primary focus is on providing psychiatric medication management services in an unrushed supportive environment. Although I am trained to provide psychotherapy, it may be beneficial for you to see a therapist in the community as well. This is particularly true if there is a need for frequent appointments to address deeply rooted problems or concerns. Typically, I will see you for an initial evaluation lasting from 45 to 60 minutes with follow-up appointments scheduled for between 25 to 30 minutes. There will be some patients who will be followed for both psychotherapy and medication management (45 to 60 minutes each appointment) and others who may be seen for routine 15 to 20 minute medication checks. The nature of the therapeutic relationship will be determined on a case by case basis.

APPOINTMENTS

I work with patients on an appointment basis. Every effort will be made to begin sessions promptly as scheduled. If you arrive late, I reserve the right to have the appointment rescheduled or offer to meet with you for a shorter period of time than scheduled. In consideration of the next scheduled patient, appointments will end at their specified times.

CANCELLATIONS AND MISSED APPOINTMENTS

Appointments must be cancelled at least 24 business hours in advance. If proper notice is not given, a fee will be charged. Likewise, missed appointments will result in a fee being charged. Arriving more than 15 minutes late for a scheduled appointment will be treated as a missed appointment. Please note that missed appointments are not reimbursed by insurance companies and you will be completely responsible for paying fees charged for late cancellations, no shows, and arriving late for appointments.

Monday appointments require notification of cancellation by 4:30 pm the preceding Friday. Likewise, appointments must be cancelled by 4:30 pm on the last business day prior to a holiday. For example, a Tuesday appointment after Labor Day would require notification during business hours the Friday before the holiday. The fee for missed appointments or late cancellations is \$150 for 60 minute appointments, \$100 for 30 minute appointments, and \$50 for 15 minute appointments. Exceptions may be made at my discretion for extenuating circumstances.

The reason for these fees is not to be punitive but to provide a disincentive for missing scheduled appointments. Missed appointments will make it more difficult for you to meet your treatment goals. Both late cancellations and missed appointments result in lost opportunities for other patients who would benefit from earlier appointments than my schedule would otherwise allow. There are legitimate reasons for missing appointments so please let me or the office staff know why you needed to cancel the scheduled appointment and fees may be waived.

PAYMENT

If applicable, the entire co-pay for the service provided must be paid at the time of the scheduled appointment. Running balances are to be avoided as much as possible and I will work with you to resolve issues before they become unmanageable. In extreme cases, large running balances could lead to termination of services and/or may be turned over to a collection agency. If this occurs, you will be responsible for the collection agencies fees. There will be a \$30 fee for returned checks.

INSURANCE

Please be aware that many health insurance companies require a referral from your primary care provider before covering mental health services. Co-pays vary by plan and are due at time of service. It is your responsibility to learn the extent of your mental health coverage including the required steps needed to ensure that your visit with me will be covered.

PRESCRIPTION POLICIES

At least 7 days' notice will be required for prescription/refill requests. Please be aware that certain medications cannot be "called in" except in emergencies and the expectation is that you will pick up prescriptions for controlled substances at the office. Failing to provide adequate notice does not constitute an emergency. Using more than the prescribed amount of

medication/running out of a medication early is not an emergency and could be grounds for a termination of the treatment relationship if misuse/overuse is suspected.

EMERGENCIES

I can be reached 24 hours a day by calling the office at 586-1600 and speaking with the secretary or answering service and letting them know that there is an emergency that requires immediate attention. Be aware that on rare occasions, such as when I am out of town, you may receive a call back from another provider who can assist you. Messages should be left with the secretary and/or on my voicemail for routine matters such as prescription requests or general concerns. In the case of severe or life threatening emergencies which cannot wait for my return call, you should go to the nearest emergency room, call lifeline (275-5151), or call 911. If you are being seen for psychiatric related concerns in the emergency department please let the doctor, nurse, and/or social worker caring for you know that I am your psychiatric provider and encourage them to call me directly.

COMMUNICATION WITH OTHERS

Unless there are concerns related to your safety or the safety of others, all information will be kept confidential unless you provide written consent stating otherwise. It is absolutely essential for me to be able to contact your primary care provider and therapist if you have one and it is strongly encouraged that you sign consents to allow for communication to occur. Only information that is essential to providing high quality care will be requested or released and having a consent form on file does not necessarily mean that the permission to contact other providers will be utilized.

Thank you for your time and I look forward to meeting with you.



Matthew Sharpe, MS, NPP
Psychiatric Nurse Practitioner

NEW PATIENT AGREEMENT CONSENT

Name: _____

Date of Birth: _____

I have read and understand the document entitled "NEW PATIENT INFORMATION AND AGREEMENT" and I agree to the terms and conditions put forth in that document. I have received a copy of all three pages of this agreement for my records.

Signature

Date