



Puget Sound Psychiatric Center
 10634 E Riverside Dr. Ste 130. Bothell, WA. 98011
 Tel: (425) 806-5021
 Fax: (425) 486-3949
www.pspc.org

PATIENT DISCLOSURE:

Office Appointment Policies:

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| 1. | Co-Pays are due at the time of service. a) If you choose not to pay the co-pay at that time you may be charged \$50.00 service fees. |
| 2. | Appointment should be made by contacting the office staff. a) To ensure the highest level of quality care and to monitor treatment plans, follow-up appointments should be made and kept as recommended by the clinician. b) However, it is recognized that problems can arise between appointments, in these circumstances it is advised to go to your nearest ER for any life threatening emergency; or to call to make an earlier appointment. c) Please be aware that if you have two or more NO SHOWS, you may be discharged from the clinic. |
| 3. | The Puget Sound Psychiatric Center is a teaching and training institution for Psychiatry MD residents and Psychology PhD interns. For psychiatric treatment appointment you will be seen by a psychiatry resident as well as the Attending Psychiatrist, who is responsible for treatment decision. At times there may be a student attending your appointment with your permission. If you feel uncomfortable you may ask for the student not to be present in the appointment. |
| 4. | Puget Sound Psychiatric Center is not an Emergency Treatment Facility. |
| 5. | If an appointment is cancelled by the patient, the office reserves the right to charge a cancellation fee, at the following rates; a) NO FEES: Un-foreseen emergencies. b) No FEES: Cancellation more than 48 hours prior to the appointment. c) \$35.00 : Cancellation between 24 to 48 business hours before the start of the appointment. d) \$55.00 : Cancellation within 24 hours of start of the appointment. |
| 6. | Requests for Letters: a) NO FEES: Medical necessary/ relevant to facilitate continuity of care. b) \$150.00 & up (depending on the time required to complete the letter): All other letters (must be approved and paid for in advance). |

For information regarding closures due to inclement weather please refer to this website <http://www.nsd.org/Page/6483> as we run off North Shore School District.

In case of an Urgent or Life threatening emergency;

1. Call 911 or proceed to the nearest ER.
2. Do not call the office in an emergency (Calling the office may result in unforeseen and unnecessary delays in receiving appropriate emergency treatment)

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| <u>Name of Patient:</u> | <u>Signature:</u> (Patient or Individual legally authorized and responsible to sign consent) |
| <u>Today's Date:</u> | <u>Relationship to Patient:</u> (Self, Parent, Legal Guardian) |