

Patient name			
MHN	DOB	Age	Gender

Psych Appointment Acknowledgement

Today's date (month/day/year) ____ / ____ / ____

The providers in Marshfield Clinic's Department of Psychiatry and Behavioral Health (clinical social workers, nurses, nurse practitioners, psychiatrists and psychologists) strive to provide mental health services that are timely, effective, and compassionate. To ensure the effectiveness and timeliness of our services, you will need to arrive at least 5 minutes early for your appointment to allow time for you to check in. We need to ask you to follow these guidelines for your appointments:

- Call us at least 24 hours in advance of an appointment if you need to cancel or reschedule. This will allow us to offer that time to another patient that is in need of services.
- When unexpected events occur that will make you late for your appointment, please call us and let us know when you will be here. We can then work with you to see if that will give you enough time or if we will need to reschedule.
- When unexpected events occur that result in you missing an appointment, please call us as soon as possible to let us know that you are ok (we become concerned about you if you just don't show up), what happened and if you wish to reschedule.

If you do not show up for your appointment, have missed several appointments in a row, have a combination of missed appointments and/or late cancellations (less than 24 hours in advance notice) or late arrival for appointments, your provider will review your case. Potential outcomes of the review include restrictions/limitations for specific psychiatry and behavioral health services.

We are hopeful that by following the three guidelines for appointments noted above, problems can be avoided so that we can provide you with timely mental health services.

By my signature, I acknowledge that I have received and understand the information as stated above.

 Patient signature (Patient's legal representative) (Relationship) Date (month/day/year) Time