

Kyra Sposato, NP
Office Policies and General Information
Informed Consent

CONFIDENTIALITY:

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. I abide by all HIPPA guidelines.

PERMISSION TO TREAT:

By signing this agreement, you are authorizing and requesting that Kyra Sposato, NP, carry out psychiatric treatment, including psychiatric evaluation, medication management, and psychotherapy, if requested.

DISCUSSION OF TREATMENT:

As required by law, all Nurse Practitioners practicing psychopharmacology must discuss their client's treatment with their collaborating physician at least once every three months. By signing this agreement, you agree to periodic consultation and review of your treatment by Dr. Roger Feldman, diplomat of American Board of Psychiatry and Neurology. At your request, your treatment will also be discussed with your psychotherapist _____.

OFFICE POLICIES:

Cancellation Policies:

Since the scheduling of an appointment involves the reservation of time specifically for you, and since I do not "double book" clients, a MINIMUM of 24 hours notice is required for non-emergent rescheduling or canceling of an appointment, or the fee will be charged.

Payment Policies:

Payment in full is due at time of service. For emergency phone sessions, payment is due within one week of service. There is a \$25 fee for returned checks.

Telephone and Emergency Procedures:

If you need to contact me between sessions, please leave a message on my voicemail. I check my messages several times daily. Your calls will be returned as soon as possible.

Please limit weekend calls to urgent matters only.

Phone calls requiring more extensive time may be billed at the usual hourly rate.

For any calls deemed to be urgent (i.e., requiring therapeutic intervention or medication changes), you may be requested to make an appointment sooner than your scheduled appointment. If you are unable to do so, a telephone session may be scheduled.

If you are calling about an emergency, you should also call 911 or go to your local emergency room.

Before you sign below, please ask any questions you may have about this document.

Your signature acknowledges your agreement and understanding:

Signature of Client

Date

Signature of Nurse Practitioner

Date