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LETTER TO NEW PATIENTS

Practice Philosophy. My approach is that the patient is a unique individual who is a composite of physical, intellectual, emotional, social and spiritual aspects to their lives. These different aspects are interrelated and all contribute to the health of a person. I will do a thorough assessment, develop a working diagnosis, and implement an individualized treatment plan with you as a partner in this plan of care. Treatment may consist of medication, psychotherapy, referrals to appropriate community resources, and/or collaboration with other clinicians.

New Patient Paperwork. Our work together begins before we meet, when you fill out the New Patient Questionnaire prior to your first appointment. The New Patient Questionnaire can be printed from my website at www.jryderpsychnp.com or can be picked up from my office. This will provide the opportunity for you to thoughtfully complete the medical and psychiatric history, review office policies and procedures, and think about any questions you may have to ask me.

Payment for Services. You are responsible for knowing and meeting your deductible and co-payment. Payment is expected at each appointment whether you have a co-payment or a cash account with me. I will accept cash, check or credit cards. It is your responsibility to know or find out if your insurance provider requires pre-authorization for mental health services. **You are responsible to call your insurance provider if pre-authorization is necessary.** You may find it helpful to download a form from my website to help you speak with your insurance provider. Also, if you have received mental health services prior to seeing me, please make every effort to have your records sent to me in advance of your first appointment.

Billing. You will receive a statement of your account after your insurance provider(s) payment(s) are received. Accounts that remain unpaid after 90 days of billing statement will be sent to a collection agency unless a payment plan has been agreed upon, and payments have been made as agreed. Outstanding balances will accrue interest fees at 6% per month.

First Appointment. Your first appointment will be 90-120 minutes in length. Most of this initial session will be spent putting your story together, understanding what led you to seek treatment now, arriving at a working diagnosis, and discussing treatment recommendations. I may or may not begin or change medications at this first appointment.

Office Hours. I am in the office Tuesdays, Wednesdays, most Thursdays and some Fridays from 9:00am to 5:00 pm. Beth Brux is my practice manager and does much of her work remotely. My office number is 541-273-0515 and Beth's work cell number is 541-880-8357. Beth has access to my voice mail and will triage calls. **Both** of these phone numbers are private and confidential, so please feel free to leave a detailed message.

Coverage. As an independent practitioner, I take my own calls and there will be times when I will not be immediately available. Please leave a message on my confidential voice mail. You may also leave a message on Beth's cell phone. I will get back to you within 48 hours or will direct Beth on how to respond to your needs. If you have an emergency, please contact your primary care provider, or proceed to the emergency department of the hospital nearest you. If I am out of town for an extended period of time, Beth will always know how to reach me. Should a crisis arise, you will need to seek help from your primary care provider, the nearest hospital emergency department, The Access Center at Klamath County Mental Health (541-882-7291) or seek help from friends and family.

Appointments and Additional Charges. An appointment is like a ticket to a baseball game or the theatre: no one else will sit in your seat if you do not attend. **Missed appointments and cancellations less than 24 hours in advance will be billed to you.** These charges are not billable to insurance providers, as this is a fee for policy rather than a fee for service. Appointments missed due to medical illness, adverse weather conditions or family emergencies need to be discussed with me. You will be charged for the time required to complete paperwork such as: preauthorization forms required by insurance providers, FMLA forms, disability forms, and requested letters and reports. Extensive electronic or telephone communication with you, family members, other providers and attorneys will be billed to you. Copying records will be billed to you, if the requesting agency does not cover the charges. Out of office visits and legal testimony will be billed to you.

Medications. You are responsible to notify me immediately should you believe that a medication I have prescribed to you may be causing ill effects. You are also responsible to keep me up-to-date with all other medications and supplements you are taking. Should you require a medication refill before your next appointment, please ask your pharmacy to fax a refill request to me, at least one week prior to you being out of medication. My fax number is 541-727-0428. You may also leave a phone or email message about a medication refill allowing a minimum of 72 hours for this process to be completed. If you choose to leave a phone or email message please include your name, date of birth, the name, strength and dosage of the medication and the pharmacy you use. If you have not been seen within six months, you will need a follow up appointment before refills can be authorized.

Confidentiality. Your privacy is important to me as well as a legal mandate. You will be asked to sign a release of information naming who is to receive what information **before any** information is released from my office, whether it be written or verbal information. Exceptions to this include: (1) reporting information regarding child or elder abuse; (2) reporting imminent danger to you or to others; (3) reporting information that is required by subpoena; (4) providing information to Emergency Medical Service personnel who are providing emergency care to you; (5) defending claims brought by you against my licensing; and (6) notification of a licensing board of psychiatric or chemical dependency impairment as required by Oregon State Board of Nursing.