

## Welcome to Cornerstone Psychiatric Services

Thank you for choosing Cornerstone Psychiatric Services. We are pleased to be afforded the opportunity to provide you with excellent service rendered by caring and qualified clinicians. We have scheduled an appointment for you on \_\_\_\_\_ at \_\_\_\_\_. Please complete the enclosed forms and bring them with you to your first appointment. Your ***completed information is essential*** for you to receive timely treatment.

We anticipate that you will find your involvement in treatment to be beneficial to you. In order to maximize the effectiveness of our intervention it will be important for you to demonstrate a willingness to honestly discuss your symptoms, thoughts, feelings and behaviors with your clinician. The goal of working together is to enhance your ability to deal with factors contributing to your present problems. You will find that the process in moving toward this goal can sometimes feel unsettling while at other times freeing and comforting.

Due to your specific presenting issue you may require the expertise of more than one of our clinicians. There may be occasions when your clinician may review your records with others within the practice that possess expertise that can assist in your treatment. You will be required to grant specific permission in order for any of your confidential therapeutic information to be shared with anyone outside of Cornerstone Psychiatric Services inter-disciplinary team.

Our Services are by appointment only. All payments are due at the time of service. Because your appointment represents valuable time for both you and your clinician we request that you notify us at least ***24 hours in advance of a cancellation*** or need for change. ***If you fail to give the necessary 24-hour notice a \$60 fee will be assessed.*** It will be your responsibility to pay this fee. Certain unforeseen events taking place prohibiting you from canceling beforehand will certainly be considered in the assessment of any fees.

Because the quality of our service delivery relies heavily on organization and appropriate planning we request that you be prompt for your scheduled appointments. We have made available pertinent screening tools, various office policies and other forms, which must be completed prior to seeing one of our clinicians. All initial forms are available on the internet in pdf format at [www.cornerstonepsychiatric.com](http://www.cornerstonepsychiatric.com). Please complete and bring the New Patient Intake Form and any other forms or documents that we have requested when you come to your initial appointment. In addition, please bring photo identification such as driver's license, insurance card(s) and a copy of any pertinent records. Failure to do so may result in having to reschedule your initial appointment. ***Payment is due at time of service*** unless alternative arrangements have been made. As a courtesy, we will only require your designated co-pay or deductible (*unless otherwise indicated by your health plan*) and will bill your insurance company.

It is often difficult for our clinical staff to immediately respond to telephone calls. If your situation is urgent please notify the receptionist at the time of your call and we will do our best to facilitate a timely response. If you are in an emergency situation, please call 911 or go directly to the nearest emergency department.

***We are privileged to be able to serve you.*** Thank you for choosing us as your behavioral healthcare provider.