



**Kathleen Fanning Woods, MSN, BC, PC**  
Psychiatric Nurse Practitioner

Welcome to my practice, I am extremely glad you have chosen to work with me in your course to feeling better.

Below are some important policies that pertain to my practice and are important for you to know.

My philosophy begins with mutual respect for each other.

All patients are extremely important to me, as is the care I provide for them. The scheduling of appointments is a big part of how we will work together. My Initial Evaluation is an hour. Follow up visits are 50 minutes. If you are late, I cannot extend your time as it will adversely impact the next patient.

We build a partnership as we work together. Working with a person who wants to feel better and is consistent in their visits provides us with a better outcome.

I ask that if you can't make your appointment you contact me at least 24 hours ahead of time. If you are unable to make your appointment and you don't notify me 24 hours ahead of time I will need to bill you for that time. I do know that emergencies arise occasionally and if that occurs we can discuss that.

Payment is due at the time of service, whether you have a co pay or are paying out of pocket. I accept Cash, Check or Credit card.

If you have an insurance plan that I accept, please bring all your information with you on your first visit. I will bill your insurance directly only for plans that I accept.

If you are a patient that is taking prescribed medication please **check your medication levels before each visit**. I prefer to renew prescriptions at our visits so please be aware when you are getting low and let me know if you need a refill at your visit.

I am available Monday-Friday 8am-6pm for concerns or questions regarding your care. I will try to return your call by the end of business that day or the next day at the latest.

I do not practice as an Emergency Center. If you are having a crisis please go to the closest Emergency Room for evaluation.

I really look forward to working with you.

Kathleen Woods RN, MSN, NP, BC, PC

Please sign below to acknowledge your understanding and acceptance of the above policies.

Signature\_\_\_\_\_.

Date\_\_\_\_\_