Psychiatric APRN Patient Agreement

The Advanced Practice Registered Nurse (APRN) will see students for psychiatric care who don’t require intensive, frequent treatment. The initial evaluation is 45 to 60 minutes with follow up appointments typically lasting 20 to 30 minutes. If the student needs intensive treatment, he or she will be referred to a provider in the community. The student is financially responsible for off-campus treatment.

Consent for treatment means:

1. I consent to treatment by the APRN. I understand the APRN may consult with a collaborating psychiatrist. I have been educated about my medication and possible adverse reactions.

2. I agree to arrive on time for appointments; if I am 15 minutes or more after my appointment time, I will be rescheduled.

3. Three failed appointments will result in not being rescheduled with the APRN.

4. I agree to be seen on a regular basis and meds will not be prescribed without being current with treatment. In psychiatric/mental health care, 3 months is considered the longest length of time a person is scheduled out.

5. Failure to keep my appointment or reschedule within 24 hours of the appointment will result in a $25.00 charge to my account.

6. Blood and/or urine drug testing may be required if it is needed to assess medication effects/levels, physical status, or if on controlled medications.

7. I agree the prescribed medication is my responsibility and agree to keep it in a secure place. I will not share medication with any person.

8. The APRN is available after hours for emergencies only.

9. The APRN will be available for telehealth appointment when onsite appointments are restricted by administrative authority.

I have read and understand the above patient agreement and my questions have been answered.

Printed Name:____________________________________________Date:_______________

Signature:_____________________________________________________________________

Witness:_______________________________________________________________________