OhioPS LLC
ohiops.com

Ohio Psychiatry Specialists
4807 Rockside Rd. Ste. 300
Independence, OH 44131
P. 216.503.9489
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INITIAL APPOINTMENT CONSENT

Dear prospective patient,

In order for you to be seen for an initial appointment by **Ohio Psychiatry Specialists, LLC,** you need to read and sign this form.

By signing this form, you acknowledge clear and full understanding of the following:

1. A doctor-patient treatment relationship MAY be established after the first appointment.
2. Having an initial appointment scheduled does not establish a treatment relationship.
3. Being seen for an initial appointment does not guarantee that a treatment relationship between you and **Ohio Psychiatry Specialists (OPS)** will be established.
4. After the initial appointment, **OPS** will make the decision if you will be accepted as a patient into the practice and if a treatment relationship will be established or not.
5. If **OPS**, at the time of the initial appointment, is of the medical opinion that he/she cannot meet your clinical needs, a treatment relationship will not be established.
6. If a doctor-patient treatment relationship is not established, you will not be provided any prescriptions or future appointments.
7. If a treatment relationship is not established, you will be offered assistance in identifying other treatment options that may better meet your clinical needs.
8. Establishment of a treatment relationship does not guarantee that you will be prescribed medications and/or medication(s) that you have previously been prescribed.
9. The doctor-patient relationship can be terminated by **OPS** if it is felt that your clinical needs can no longer be met.
10. Establishment of a treatment relationship does not guarantee that forms will be filled out, for example, Disability forms and FMLA forms.

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Patient Name Date