

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to our practice. We are honored that you have chosen [Clinic Name] for your mental health and wellness journey. Our goal is to provide a supportive, compassionate, and confidential environment to help you achieve your goals.

Your First Appointment

Date: [Date]

Time: [Time]

Provider: [Provider Name]

Please arrive 15 minutes early to complete any remaining paperwork, or ensure you have completed the forms sent via our online portal.

What to Bring

- Photo ID
- Insurance card
- A list of current medications and dosages
- Records from previous psychiatric providers (if applicable)

Office Policies

Cancellations: If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

Confidentiality: Your privacy is our priority. Your records and sessions are kept strictly confidential in accordance with HIPAA regulations.

Emergencies: If you are experiencing a mental health crisis outside of office hours, please call 988 (Suicide & Crisis Lifeline) or go to the nearest emergency room.

Contact Information

Address: [Office Address]

Phone: [Phone Number]

Email: [Email Address]

Website: [Website URL]

We look forward to meeting you and working together toward your wellness.

Sincerely,

[Provider or Practice Name]