

VAUGHN L. MANKEY, M.D.

Child, Adolescent, and Adult Psychiatry

1301 S. Capital of Texas Hwy, C-130 West Lake Hills, TX 78746
Phone: 512-522-3627 Fax: 512-732-0913

APPOINTMENTS AND CANCELLATIONS

Dr. Mankey has the utmost respect for the complicated schedules and valuable time of others. He makes a commitment to you and reserves his time for you from the moment an appointment is made. Please demonstrate a mutual respect and commitment to your care by being prompt and attending all scheduled appointments. If a scheduled appointment must be changed, please contact the office at least 24 hours in advance, weekends included. FULL FEE is charged for both missed appointments and late cancellations (anything less than 24 hours notice). Your insurance company will likely not cover any portion of appointments you do not attend, which will be noted on the receipt as "late cancel" or "missed".

URGENCIES/EMERGENCIES

For matters needing prompt attention, please leave a message on Dr. Mankey's voicemail, (512) 522-3627, which he checks regularly Monday-Friday during business hours. Messages left outside of typical business hours will be returned the next business day.

In case of true emergencies (such as safety concerns or serious medication side effects), please call 911 or go to your nearest emergency room. Please inform Dr. Mankey of the emergency as soon as possible, but do not wait to speak with him before obtaining appropriate emergency care.

MEDICATION REFILLS

Dr. Mankey asks that you take an active role in your treatment, and this includes the responsible use of medications if he prescribes them for you. Responsible use includes taking the medications regularly and only as prescribed, informing Dr. Mankey immediately if you have any concerns or side effects, monitoring your supply of medication, and requesting refills with sufficient time before they run out. Refills should be requested during the follow-up sessions with Dr. Mankey to the extent possible. If refills are needed prior to your next session, please leave a message on Dr. Mankey's voicemail and he will refill them as promptly as possible if indicated. Please note that some medications (such as stimulants) require a paper copy and cannot be called or faxed to pharmacies.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THESE TERMS.

Patient or Guardian Signature: _____

Printed Name: _____ Date: _____

Relationship to Patient (if applicable): _____