Jeffrey Panko NP
PSYCHIATRY

Jeffrey Panko, PMHNP-BC
Psychiatric Nurse Practitioner



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PUBLIC POLICY

Practice policies

Appointments, communication, and everyday care

This practice provides outpatient psychiatric care for adults with Jeffrey Panko, PMHNP-BC. These policies explain how appointments, communication, and day-to-day care work. Please ask about anything that is unclear.

Appointments and cancellation notice

Cancel or reschedule at least 24 hours before your appointment using the booking link, the secure portal or practice messaging channel, or a voicemail at 646-549-4694. Notice is measured from the time your request reaches that channel, including evenings, weekends, and holidays. Appointment reminders are a courtesy; you remain responsible for keeping track of your visit.

Event	Charge
Missed appointment / no-show	$150
Cancellation or rescheduling with less than 24 hours' notice	$100
Free introductory consultation	No attendance charge
Agreed reduced-fee appointment	Half the agreed session fee, capped at the standard charge for that event

One courtesy waiver is available each calendar year. It is shared across no-shows, late cancellations or rescheduling, and patient-related telehealth location or privacy problems. It is not a separate waiver for each category. A practice-related cancellation or technology failure does not incur a fee or use your waiver. Attendance charges apply only when permitted by law and the applicable payer or billing-platform agreement; they are not billed as a clinical visit.

If you are running late

Please contact the practice promptly. If you have not joined or responded within 10 minutes of the scheduled start, the appointment may be closed as a no-show. If you respond that you are running late, the maximum waiting time is half the scheduled appointment: 10 minutes for a 20-minute visit, 20 minutes for a 40-minute visit, and 30 minutes for a 60-minute visit. Visits still end at the original scheduled time. The remaining time must be sufficient for appropriate care; otherwise, the visit may need to be rescheduled under the attendance policy.

Repeated attendance problems

After three attendance events in a calendar year, we will discuss what is getting in the way and whether changes would help. At the fourth event, we will formally review whether the current treatment arrangement can continue. This is an individual review, not an automatic discharge. Courtesy-waived events still count toward reviewing the attendance pattern; practice-caused events do not.

Routine messages and return calls

We aim to respond to routine messages within one business day. Brief non-urgent clinical questions belong in the secure patient portal; appointment and billing questions may also be left by phone. Complex questions, new symptoms, or treatment changes may require an appointment. If a return call is needed, we will make up to two attempts and leave a message when possible and consistent with your communication preferences. If we cannot reach you, please contact the practice again.

For the deadlines in these policies, business days are Monday through Friday, excluding federal holidays and announced practice closures. Appointment times use New York time.

Emergencies and planned absences

Practice calls, messages, forms, email, and the patient portal are not continuously monitored and are not emergency or crisis-response services. Do not wait for a reply in an emergency: call 911 or go to the nearest emergency department. Planned closures and any actual coverage arrangements will be communicated in advance when possible. An unanswered routine callback is not a substitute for an emergency assessment.

Prescription requests

Plan medication needs during your visits. For routine non-controlled prescription requests, allow at least three business days before you expect to run out; processing may take up to two business days. Submit the request through the secure portal or your pharmacy and include the medication, dose, pharmacy, and remaining supply. Requests require clinical review and do not guarantee a prescription. If a pharmacy cannot fill a prescription, ask it about stock or contact other pharmacies, then tell us where it is available. Contact the practice promptly if an interruption may create a medical risk. Controlled medications follow the separate Controlled Medication Agreement.

Telehealth location and privacy

At each visit, confirm your actual physical location and a callback number. At launch, you must be physically in New York. Join from a private, safe location and do not participate while driving. If privacy is inadequate, we will first try to help you move to a suitable place. A visit that cannot proceed because you are outside the permitted location or cannot obtain privacy may be rescheduled with the $100 late-cancellation charge, subject to the shared calendar-year waiver, reduced-fee rule, and applicable payer limits. Practice-related technology failures do not create a charge or use your waiver.

Forms, letters, and professional opinions

We can consider requests such as FMLA, disability, accommodation, emotional-support-animal, fitness, and court-related documentation when the request is within the clinician's role and there is enough clinical information. A request does not guarantee a favorable opinion, a particular statement, or approval by an employer, insurer, court, school, or other organization. An assessment or additional information may be needed.

For an agreed form or letter request, the charge is $100 for up to 30 minutes of work. If more work is needed, we will discuss an additional $100 before proceeding; the maximum is $200 per agreed request. The usual completion target is two to three business days after the needed information and assessment are complete. Legal professional work is $400 per hour under a separate advance agreement about scope, cost, and timing. Ordinary records copies and treatment-record transfers are free; these professional-work fees do not apply to those copies.

Respect, accommodations, and fit

Patients and practice personnel are expected to communicate respectfully. Threats, harassment, or abusive conduct may require safety measures or a review of whether care can continue. Asking questions, disagreeing with a recommendation, declining treatment, or making a good-faith complaint is not, by itself, abusive conduct.

Please contact us privately if you need an accommodation or communication assistance. We will discuss your needs and arrange appropriate assistance consistent with applicable requirements. If effective and appropriate care still cannot be provided after those steps, we will help you identify a suitable provider. Decisions about continued care consider safety, clinical needs, accommodations, and transition obligations.

When care ends

If care with the practice is ending, we will communicate the effective date and transition plan, provide referral resources, and explain records access. The usual transition plan includes a 30-day supply of ongoing medication when clinically appropriate and legally permitted. The type and amount may differ based on clinical needs and prescribing requirements. This is not a guarantee of a particular prescription. Records copies remain free and are not withheld because of an unpaid balance.

Questions and updates

Ordinary fee increases will be communicated at least 30 days in advance. Material policy updates will be provided to affected patients. A policy acknowledgment confirms receipt and understanding; it does not replace treatment consent, grant permission to charge a card, authorize an otherwise prohibited disclosure, or waive legal rights.