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Psychiatric Nurse Practitioner
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DISCLOSURE FORM

I am an Advanced Registered Nurse Practitioner with Prescriptive Authority, (ARNP). My practice includes individual counseling, psychosocial assessments, prescribing medications, consultation and education. My specialty area is working with issues related to substance use/ abuse and addiction. If indicated, I am willing to do family and couple counseling, including interventions for addiction issues. I work with individuals over the age of 18. I have worked extensively with women with co-occurring disorders including substance dependence, depression, anxiety and/ or post traumatic stress disorder.

I have been in the nursing profession for over thirty years and have a master's degree in community health nursing. During my PhD program at the University of Washington, I focused on addictions and mental health, and completed the coursework to become certified as an advanced practice psychiatric nurse. My training included a pre-doctoral fellowship from NIDA (National Institute of Drug and Alcohol Abuse). If you would like to review my Curricula Vitae for more information about my education and work history, please ask.

After an initial assessment, you and I will develop an individualized treatment program that will address the issues that you have identified as troubling. During our work together other issues regarding stress, family conflict, marital problems, career planning decisions, alcohol and drug abuse or unresolved grief issues and difficult life transitions also may become apparent. You and I will reach agreement about what to focus on during treatment before proceeding with any treatment.

My approach to treatment reflects the broad nature of my training. While I am licensed to prescribe medications, I work with clients to identify non-pharmacological ways of intervening before prescribing medications. I will stress education when using medications and believe that medication alone is rarely adequate to treat mental health diagnoses. I use a multi-cultural and feminist approach to therapy and am willing to do brief solution focused therapy using motivational interviewing and/or longer term therapy utilizing multiple different theoretical frameworks methods. I will refer to other clinicians when I suspect a purely physiological illness, or when I believe more expertise is needed.

The primary emphasis of my practice is that you and I have a collaborative relationship. If at any time you feel uncomfortable with the course of treatment, or are uncertain of the direction of the current activity, I encourage you to raise questions or concerns with me. You have the right to terminate treatment at any

time. I appreciate and value your feedback as to what is most helpful. I rely on your feedback to make our efforts most effective.

Medication work involves an intake and follow up every two weeks after medications are started. Once stability of symptoms is achieved, the next follow up is in four weeks. If still stable, the follow up is on a quarterly basis.

MEDICATIONS: Prescription and non-prescription drugs affect you physical health and often you emotional health. It is important that you advise me of all medications you are taking and any changes in dose. If medications are prescribed, you are responsible for taking the medication as prescribed, understanding how the medication affects you and obtaining a refill at least one week before you prescription runs out. It is best to ask for your prescription renewal at your regularly scheduled appointment. Medications will not be renewed by telephone unless you have seen me within the previous ninety days.

The following are your rights and responsibilities prior to use of my services:

ETHICAL AND PROFESSIONAL STANDARDS: As a Washington licensed Advanced Registered Nurse Practitioner with prescriptive authority, I am accountable for my work with you. If you have questions or concerns about your care I encourage you to discuss them with me.

CONFIDENTIALITY: All information discussed in the course of treatment is strictly confidential. This means that, with few exceptions, any information I obtain about you from any source cannot be disclosed to others without your prior written authorization and consent. Under Washington State law, disclosure without your written authorization can be made if the information is released.

I am required by law to report the following:

- To proper authorities when we have reason to believe that a child, disabled person, or an elderly person has been abused or neglected (RCW 26.44).
- To the proper authorities if I feel that you endanger yourself or others(RCW 71.05 .120 and RCW 71.05).
- To public health authorities when needed to protect the public. If you tell me that you are suffering from an HIV-related illness and do not have a physician providing for your care, I must report the identities of your IV drug using or sexual partners to public health authorities.
- Recent regulations require me to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to client safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. If you, my client, are a health care provider and I believe that your behavior is a clear and present danger to your clients, I am required by law to report you.

Every effort will be made to discuss the need to release information in any of the aforementioned situations prior to its release.

CLINICAL RECORD: I will keep a clinical record of the services I provide to you. You may see and copy these records. You may write a note to correct

these records but my not alter the original entry. Copies or record will be sent out only with your consent. There will be a nominal fee for these services

EMERGENCY SERVICES: In the case of an emergency, do not hesitate to call. If my response is delayed, you may call the Crisis Hotline., visit the emergency room or call 911 in serious emergencies. I will be attempting to set up coverage for me when I am out of town.

QUALITY OF CARE: In order to utilize mental health benefits of some insurance policies and to ensure the highest quality of care, I will be involved in team based supervision. I will discuss cases in order to make the best decisions possible and strategies to improve the quality of care. If you have agreed to use the collective expertise of my peer based supervision group in this manner, please sign on the signature page of this document to ensure your wishes will be respected.

FEES: The Usual and Customary Fee for therapy appointments is based upon the amount of time and type of service involved.

- Initial evaluation (90 minutes)……175.00
- 50 minute evaluation or appointment…….. 125,00
- 30 minute follow-up……. …… 75.00

MISSED APPOINTMENTS: Please call at least **24 hours** in advance to cancel and reschedule appointments. Less than 24 hours notice will result in a charge for the time reserved. Insurance companies do not reimburse for missed or late cancelled appointments.

PAYMENT REQUIREMENTS: I require payment at the time of services unless you are utilizing insurance or other arrangements have been made in writing. If I am a participating provider for your insurance carrier, only your co-payment is due at the appointment. I employ professional billing services to assist me in billing. In all cases, you are fully responsible to see that you account is paid in full. Please note that insurance companies regularly require information regarding your diagnosis, treatment plan and/or progress notes before processing a claim. It is considered insurance fraud to bill a fee to an insurance company which differs from that billed to a client. It is also considered insurance fraud not to bill the co-payment and deductible.

TAX STATUS: Fees paid for psychological services and medications management may be tax deductible as a medical expense if you itemize deductions. Check with your accountant or tax consultant.

TERMINATION OF SERVICE: Professional services are usually ended by mutual consent. In rare circumstances, your therapist may withdraw from the therapeutic relationship. At all times, you have the right to withdraw from therapy without retribution or prejudice.

CONCERNS OR COMPLAINTS: If for any reason you should have a concern or complaint about services delivered, please contact me so we can discuss the matter. If we do not resolve you concerns, you have the right to contact

Department of Health
Division of Professional Licensing
P.O. Box 9012
Olympia WA 98504

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE INFORMATION ABOVE.

_____ _____.
Client Signature Date

_____
Printed Name