



# River Valley

psychological services

## Disclosure Statement

**Saskia VonMichalofski, RN, MN, ARNP – BC**  
**Family Psychiatric Nurse Practitioner**

Thank you for entrusting your care to River Valley Psychological Services. This letter will provide information that is important in helping make informed decisions regarding psychiatric services for you or your child. It will also outline your responsibilities and rights as a client.

### **Background:**

I am a Board Certified Family Psychiatric Nurse Practitioner in the State of Washington (License # AP60003268). I received Baccalaureate Degrees in Psychology and Nursing from the University of Washington in 1988, and a Master's Degree from the University of Washington in 2007. I have worked in inpatient and outpatient settings as a Psychiatric Nurse and have experience working with children, adolescents and adults in an outpatient setting as a Psychiatric ARNP.

### **Approach to Care:**

Assessment begins with a 75-90 minute initial evaluation in which your concerns are identified, historical information is obtained or reviewed, and a diagnostic impression is formulated. A treatment plan is developed and recommendations may include laboratory testing, medications, and coordination with your other healthcare providers, with your written consent. We will also focus on other topics that impact your mental well being, such as exercise, nutrition, sleep hygiene, substance use, relaxation techniques, and other areas you are interested in exploring to enhance overall health. I strongly value a collaborative relationship with you in addressing your psychological care needs. The duration of treatment is variable and termination of services may be initiated by either of us.

### **Client Rights and Confidentiality:**

I strive to provide appropriate evidence-based care in a respectful and collaborative environment. All information is held confidentially, unless you grant permission for me to share information by using a Release of Information form. The laws of the State of Washington require that confidentiality be breached in the following circumstances: 1) I am mandated to report the abuse of children, elders or vulnerable persons when I learn of it, 2) I believe there is a risk of imminent harm to yourself or others, or that there is imminent danger due to grave disability, 3) court subpoena under certain circumstances. In addition, I must provide information to your insurance company if they are paying for the service. I am required to maintain a written record of our appointments, and you have the right to review your records at any time.

**Scheduling Appointments:**

The initial evaluation is 75-90 minutes and subsequent medication appointments are available in 30 and 60 minute increments. If you arrive late for an appointment, the time may not be extended as there may be another person scheduled for the following session. When an appointment is missed or canceled without a minimum of 24 hours notice, you are responsible for payment of the cancelation fee, since that time is reserved especially for you. Please cancel or reschedule appointments with as much notice as possible, as this is helpful to others who may be waiting for an appointment.

**Fees:**

I participate in most insurance plans. It is your responsibility to check with your insurance plan and to understand your benefit for covered services with your provider, deductible, co-payment, or coinsurance. Services not covered by your insurance may be your responsibility. **The co-payment is due each visit.** River Valley Psychological Services will bill your insurance for the remainder. For self-pay, payment for service is due each visit. For out of network insurance plans, courtesy billing will be provided for you to access any available benefit, and payments will be credited to your account.

I have read the above material and agree to the terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date