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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 you make informed decisions regarding psychiatric services for you or your child, as well as your rights and responsibilities as a patient.

#### Background

I am a Board Certified Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner in the state of Washington (License AP60417674). I received my medical training and education at Duke University. I have also completed specialized training and earned my PMHNP credential through Johns Hopkins University. I have experience working with children, adolescents, and adults in both inpatient and outpatient settings.

#### Approach to Care

As a new client, you can expect the first visit to last 60-90 minutes. We will begin with a thorough discussion of your psychological, emotional, and medical needs, to determine the best course of treatment. Your treatment plan may include laboratory testing, medications, and coordination of care with your other health providers. Treatment will be discussed collaboratively, and treatment decisions made jointly between you and I. The plan of treatment is always subject to change and adjustment as we proceed. Other important factors that contribute to health and well-being including self-care, nutrition, sleep hygiene, exercise, relaxation techniques, and other areas you are interested in exploring can also be integrated into the treatment plan. The duration of treatment is variable, and termination of services may be initiated by either of us.

At this time, I do not provide services related to L&I, FMLA, disability, custody disputes, or legal claims. If you need forms filled out during a visit, please bring these with you. Otherwise, it will be necessary to schedule another visit to complete the forms.

#### Voicemail/phone calls

You may leave me a voicemail if you can't reach me during office hours. This voicemail is not monitored during evenings or weekends, so please allow 1-2 business days to return your call. Phone calls lasting longer than 5 minutes will be charged according to level of complexity, and your insurance won't be billed for this charge (it will be billed to you).

#### Your Rights and Confidentiality

Legally, I am required to maintain a written record of all of our appointments, and you have the right to review your records at any time. This information is held confidentially, which means I will not disclose any information regarding your care without your written permission. There are a few exceptions to this confidentiality. The laws of the state of Washington require that confidentiality be breached in the following circumstances: 1) If abuse of a child, elder, or vulnerable person has been disclosed to me and not previously reported, then I am mandated to report it; 2) If I believe there is a risk of imminent harm to yourself or others; and 3) In some instances of court subpoena. In addition, I must provide information to your insurance company if they are paying for the service.

## Scheduling Appointments

The initial evaluation is scheduled for 60-90 minutes, and subsequent follow up visits are available in 30 and 60-minute increments. If you happen to 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 cancelled without a minimum 24 hours notice, then you are responsible for payment of the cancellation fee, since that time is reserved especially for you. The first missed appointment or cancellation will be a \$25 fee. All subsequent last cancellations or missed appointments will be charged \$95 (\$150 for weekend appointments). Please reschedule with as much notice as possible, as this is helpful to others who may be waiting for an appointment. Office hours are Monday through Friday from 9 a.m. to 5 p.m., excluding holidays. If I am unavailable to take your call, please leave a message with our office staff or on our voicemail. Our office staff will assist you with scheduling appointments and billing questions.

**Emergencies:** If you have an emergency after hours, please call 911 or go to the nearest emergency room.

## Fees

I participate in most insurance plans. It is your responsibility to check with your insurance provider and to understand your benefits for covered services, deductible, co-payment, or coinsurance. Services not covered by your insurance are your responsibility. The co-payment is due at the time of visit. River Valley Psychological Services will bill your insurance for the remainder. For self-pay, payment for services is due each visit. For insurance plans of which I am not a member, I will provide courtesy billing for you to access out-of-network benefits, if applicable. Payments will be credited to your account, and any overdue accounts will be sent to a collection agency.

## Termination of Care

If you have not been seen for an appointment for a period of 90 days, your file will automatically be closed. If you wish to re-open your file, this can be accomplished by scheduling an appointment. Either you or I may terminate our patient-provider relationship at any time.

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

\_\_\_\_\_ Date: \_\_\_\_\_