



River Valley

psychological services

Disclosure Statement

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Family Psychiatric Nurse Practitioner

Thank you entrusting your care to River Valley Psychological Services. This letter will provide information that is important in helping you make informed decisions regarding receiving psychiatric services, as well as your responsibilities and rights as a client.

BACKGROUND

I am a Board Certified Family Psychiatric Nurse Practitioner in the state of Washington. (License #AP60316263) I received a Masters degree from the Seattle University Advanced Practice Nursing Immersion program as a Psychiatric Mental Health Nurse Practitioner Specialty with Addictions Focus. I have experience working with children, adolescents, and adults in clinical, hospital, inpatient and outpatient settings.

APPROACH TO CARE

As a new client, you can expect the first visit to include thoroughly discussing your psychological, emotional, and medical needs, to determine the best course of treatment. A treatment plan is developed and recommendations may include laboratory testing, medications and coordination of care with your other health care providers, with your written consent. We will also focus on other topics that impact your mental well being, such as self-care, nutrition, sleep hygiene, substance use, relaxation techniques, and any other areas you are interested in exploring. The termination of services may be initiated by either of us. All treatment decisions will be a collaborative effort between the two of us. With your permission, I will additionally consult with your other health care providers in order to provide the most complete approach to your care.

YOUR RIGHTS AND CONFIDENTIALITY

All information is held confidential, 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 may be breached in the following circumstances: 1) Abuse of a child or elder has not been reported, then I am mandated to report it, 2) I believe that there is danger of imminent harm to you or others, and 3) Some instances of court subpoena. In addition, I must provide information about your treatment to your insurance company if they are paying for the services.

I am legally required to maintain a written record of all of our appointments, and you have the right to review your records at anytime.

SCHEDULING APPOINTMENTS

The initial evaluation is 75-90 minutes and subsequent medication appointments 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 of 24 hours notice, then you are responsible for payment of the cancellation fee, since that time is reserved especially for you. 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 9am to 5pm excluding holidays.

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 services is due each visit. For insurance companies of which I am not a member, I will provide courtesy billing for you to access the out-of-network benefit, if applicable. Payments will be credited to your account, and any overdue accounts will be sent to a collection agency.

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

Signature

Date