



# River Valley

psychological services

## **Disclosure Statement**

**Liza Partlow Lohse, MD**

**Psychiatrist**

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 receiving psychiatric services, as well as your responsibility and rights as a client.

### **BACKGROUND**

I am a Board Certified General Psychiatrist in the state of Washington. (License #MD60092356) I received my bachelor degree in psychology at Colgate University in Hamilton, NY. Went on to get my MD at Northwestern Feinberg School of Medicine and completed my psychiatric residency at University of Washington. I have experience working with adults in 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, medication and coordination with other health care providers, with your written consent. Treatment will be discussed collaboratively and treatment decisions made jointly between you and I. Treatments are always subject to change and adjustment as we both go along. We will also address other topics that impact your mental well being, such as self-care, nutrition, sleep hygiene, substance use and relaxation techniques. Duration of treatment is

variable depending on your specific situation. In The termination of services may be initiated by either of us.

## **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 any time.

## **SCHEDULING APPOINTMENTS**

The initial evaluation is 60 minutes and subsequent medication management appointments are 30 minutes. 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 for you. Please reschedule with as much notice as possible, as this is helpful to others who may be waiting for an appointment. My appointment times are from 8:30-3:30 Monday, Wednesday and Thursday. I will also return calls and refill medication on those days. Office hours are Monday through Friday from 9am to 5pm 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. If you have an emergency after hours, please call our answering service 425-228-5336 or call 911.

## 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 \_\_\_\_\_