SANDRA FISHER DNP, ARNP

ADVANCED REGISTERED NURSE PRACTITIONER
BOARD CERTIFIED IN PSYCHIATRIC MENTAL HEALTH NURSING

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OFFICE POLICY DISCLOSURE AND CONSENT FOR CARE

Thank you for choosing this office for your mental health care. I appreciate the opportunity to provide you with professional services. This document explains my office policies, procedures, and practices. Please read it carefully and let me know if you have any questions.

PAYMENT

First evaluation (60-90 min): $350. Ongoing medication management (25 min): $200. One hour follow up/therapy appts (50 minutes): $250. If I am not contracted with your insurance plan you should plan to pay at time of service.
Please be sure to verify insurance coverage for mental health services specifically so you are aware of potential personal costs. Also be aware of co-payments specified by your insurance plan.

INSURANCE REIMBURSEMENT

If I am a contracted provider with your health insurance plan, I will bill the plan for you. In all other cases, you are responsible for filing the bill with your insurance carrier. Please note, I am a preferred provider with Regence Blue Cross, Premera Blue Cross, Blue Cross/Blue Shield Plans, Lifewise and First Choice.
Please refer to your individual plan for information regarding those services which may be considered "non-covered services" and therefore not eligible for third party payment. Sometimes insurance companies subcontract mental health to another company. In some cases this makes visits with me "out of network", despite the fact that you have overall health coverage with one of the above companies. Please be advised that you are responsible for payment of non-covered services so **it is always a good idea for you to check your mental health benefits directly with your specific insurance plan prior to your first appointment.**
I do not check benefits prior to providing service, this is up to you to do in advance of the first visit.

APPOINTMENT CANCELLATION OR NO SHOW

When you schedule an appointment, you are reserving time. **All appointments cancelled with less than 24 hours notice will be charged $200.** There are occasional exceptions for unforeseen emergencies. Insurance companies do not pay for missed or cancelled appointments. You will be solely responsible for this charge.

If you cancel or miss an appointment you might experience gaps in your prescription coverage. Please note, refills provided outside of regular appointment times will be charged a $30 fee.

CONFIDENTIALITY AND PRIVACY POLICY

I, Sandra Fisher DNP, ARNP respect your privacy. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so or unless law requires me to. The content of all therapy sessions and your medical records are confidential. I do keep clinical notes on an electronic medical record that is secure. I also transmit clinical information and billing information electronically. Your records can only be released by your written consent. The only exceptions are if, in my professional judgment you are 1) in danger of harming yourself or are gravely disabled, 2) planning to do serious harm to another, 3) there is evidence of child abuse or neglect, and 4) there is evidence of abuse or neglect of a vulnerable adult. In these cases, I am required by law to take action and report these to the appropriate authorities.

In addition, when you use your insurance benefits for mental health care treatment, you give your insurance company the right to review written medical records before paying benefits. Please feel free to discuss this with me and any other concerns you may have about your confidentiality.

LENGTH AND FREQUENCY OF APPOINTMENTS

It is necessary to start and end on time. I will do all that I can to keep appointments on schedule. In the event that you are late for an appointment, please note that we will not be able to run over your scheduled time.

The length and frequency of appointments depends on your individual needs. For psychotherapy, sessions are 55 minutes in length. Medication management, appointments are 20-25 minutes in length. The frequency of these appointments is determined by the individual's response to the medication and the level of symptoms. Once stable on medication appointments will be less frequent.

EMERGENCIES

Emergencies may arise from time to time. If you need to speak with a professional right away, please call the Crisis Clinic at (206) 461-3222. Do not text or use e-mail for emergencies of any kind.

BEGINNING AND ENDING TREATMENT

The first appointment is an opportunity for us to evaluate if we will continue a working relationship. Neither of us is under any obligation to do so. If I feel that we will not be able to work together effectively or if you would prefer not to continue in treatment, I will do my best to refer you to other qualified professionals.

Treatment is generally terminated when we mutually agree that sufficient progress has been made towards your goals. You are under no obligation to continue treatment with me if you are dissatisfied or do not feel your treatment is effective. If it becomes clear that another clinician or program would be more suited to treat your specific needs then I may provide referrals and discontinue treatment.

CREDENTIALS AND LICENSE

I am licensed by the State of Washington as a Registered Nurse (R.N.) and Advanced Registered Nurse Practitioner (A.R.N.P.) with prescriptive authority. Prescriptive authority means I am licensed to prescribe medications within my specialty and scope of practice. I hold a Bachelor, Master and Doctoral degree in Nursing from the University of Washington and I am board certified by the American Nurses Association Credentialing Center as a nurse practitioner in Adult Psychiatric-Mental Health Nursing. I belong to the Association of Advanced Practice Psychiatric Nurses, the American Psychiatric Nurses Association, and Sigma Theta Tau International Honor (Nursing) Society. I have also been an adjunct faculty member at Seattle Pacific University in the School of Nursing.

CONSENT FOR CARE

I HAVE READ AND I UNDERSTAND THE ABOVE OFFICE POLICY. I HAVE HAD A CHANCE TO ASK QUESTIONS. I CONSENT TO TREATMENT AND I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES.

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Date Client and/or Responsible Party