

PATRICIA SPACH, M.N., A.R.N.P.

ADVANCED REGISTERED NURSE PRACTITIONER  
BOARD CERTIFIED IN ADULT PSYCHIATRIC MENTAL HEALTH NURSING

4026-NE 55<sup>th</sup> St. Suite E  
Seattle, WA 98105  
Phone: 206-729-2681  
Email: tspach@comcast.net

## 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

Payment in full is due at the time of service unless other arrangements have been made with me ahead of time, or, if I am contracted with your insurance company, in which case your co-payment or co-insurance is due at the time of service and is specified by your plan. If I am not contracted with your insurance company, please pay at time of service and I will send you a bill that you can use to file for re-embursement.

### 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. I will provide you with a statement suitable for insurance submission either at the time of service, or monthly, whichever you prefer. Please note, I am a preferred provider with Regence Blue Cross, Premera Blue Cross, Blue Cross/Blue Shield Plans, First Choice, and Uniform-Regence, Aetna, and United Health Care. 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. Please be advised that you are responsible for payment of non-covered services so it is always a good idea for you to check you mental health benefits directly with your 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.

### PAST DUE ACCOUNTS

All accounts 60 days past due are charged interest at a 1.5% per month (18% annually) rate. **All accounts 90 days past due are referred to collections if no attempt is made to make payments.** If you are experiencing financial problems and accrue a

balance, please talk to me about setting up a payment plan.

## **APPOINTMENT CANCELLATION**

When you schedule an appointment, you are reserving my time. **All appointments cancelled with less than 24 hours notice will be charged the full fee and all *no shows* will also be charged the full fee.** I do allow a one-time cancellation with less than 24 hours in the event of illness or unforeseen emergency. Insurance companies do not pay for missed or cancelled appointments. You are solely responsible for this charge.

## **CONFIDENTIALITY AND PRIVACY POLICY**

I, Patricia Spach, M.N., A.R.N.P. 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. I also keep a written medical record, which you have a right to review. 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. If your benefits are “managed,” then I may have to periodically discuss your condition, treatment, and progress with a case manager. Please feel free to discuss this with me and any other concerns you may have about your confidentiality.

**Please note, communication via email is for scheduling only. I am not able to answer any medical questions over email or via text messaging-these questions will only be addressed in person or on the telephone. If you have a question about your medical care, please call my voicemail and follow the instructions for reaching me. In addition, I do not provide telephone appointments for medication consultation or therapy.**

If you need medication refills, please have your pharmacy contact me and allow 2-3 business days for your refill to be called or faxed in. All prescriptions for controlled substances need to be picked up in person.

## **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 53 minutes in length. Meetings may be once or twice per week. For medication management, appointments are 20 minutes in length. The frequency of these appointments is determined by the individual’s response to the medication and the level of symptoms. When an individual is stable on medications, we may meet every four to eight weeks.

## **EMERGENCIES**

Emergencies may arise from time to time. If you need to talk to someone outside of my office hours, please call my office and follow the instructions on the voice mail. If for any reason, you do not get a call back and 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 medication or treatment related questions as these are best answered in person or on the phone.

## **TREATMENT APPROACH**

Psychotherapy is a process of identifying and removing obstacles that get in the way of happiness and a method for learning to become more satisfied with yourself, for improving coping with the stresses of life, and for reducing specific emotional symptoms that interfere with overall well being and functioning. There are many approaches and methods used in psychotherapy. I mostly use interpersonal therapy and cognitive-behavioral therapy. Because of the nature of psychotherapy, I cannot make guarantees about specific treatment outcomes but if at any time you feel dissatisfied with your treatment, please talk to me about this so we can come to an understanding about what you need and how best to proceed in meeting your needs.

## **BEGINNING 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.

## **TERMINATING TREATMENT**

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 you feel that you would like to work with another provider for any reason, please let me know and I would be glad to refer you to another clinician who can assume care for you. If in the course of treatment it becomes clear that another clinician would be more professionally suited to treat your specific needs then I may discontinue treatment and give you referrals to other clinicians. If I conclude I am not able to provide the care an individual needs, I will give you the names of three other mental health clinicians qualified to provide treatment for you. Please feel free to discuss any concerns you have about terminating 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 both a Bachelor and Master degree in Nursing 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, Sigma Theta Tau International Honor (Nursing) Society, Postpartum Support International, and Postpartum Support International of Washington State. I am also a clinical faculty member and lecturer at the University of Washington School of Nursing in the department of Psychosocial and Community Mental Health. In addition, I have received training in Infant Mental Health at the University of Washington through the Barnard Center of Infant Mental Health. I have received training and supervision for psychotherapy under the guidance of a clinical supervisor since 2007.

## **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.**

---

Date

---

Client and/or Responsible Party