

My Policies and Philosophy

Welcome to my practice! I have been an advanced psychiatric nurse practitioner since 2005. Prior to specializing in psychiatry I worked as a registered nurse in cardiology and pediatrics. I believe this broad base of nursing experience allows me to approach symptoms in a holistic way. I have experience treating a variety of psychiatric disorders in patients ages 13 and older and utilize treatment strategies based on a patient's individual needs. These strategies include psychotherapy (talk therapy) and psychiatric medication management. My goal is to partner with each individual patient to formulate a treatment plan we can use to work toward achieving full remission of symptoms and the highest level of function and quality of life possible. I have outlined my general policies here so that you may review them at your convenience prior to our first appointment together. My hope is that you having this information up front will allow me to promptly move forward with the business of providing you care.

I have composed this list of policies not with the intent to sound harsh or overly-directive, but with the hope that prospective patients will take the time to review it so that any questions or concerns can be addressed before or during our first meeting. I have found that getting the “business” part of the first visit out of the way up front can minimize the chance for misunderstandings that can disrupt the therapeutic relationship later on. If you have a concern or question about anything contained in my new patient paperwork or this policy statement, please feel free to call me.

Prospective clients must understand that a first or ‘intake’ appointment does not establish a patient-provider relationship. *It is a diagnostic interview and assessment of your mental wellness needs. If I can be “a good fit” for your needs, together we will agree upon a treatment plan including goals and recommendations.*

You are not a passive bystander in the treatment process. I often require reshaping or restructuring patterns of thought or behavior along with medication therapy to achieve the goals of the therapeutic plan. You will be expected to:

- Follow through and be compliant with mutually agreed upon treatment plans. If you have reservations about a therapy or course of treatment, be a partner in your treatment and express your thoughts.
- Make follow up appointments at the recommended interval
- Participate in goal setting, research, journals, and the attainment of insight into your mental well-being
- If you and I are experiencing difficulty achieving a therapeutic alliance, we will discuss options and possible solutions to assist you.

- **Termination of treatment may be considered if: There is a lack of participation in treatment (to include failure to show and/or failure to schedule follow-up visits at recommended intervals) ; there is an inappropriate use of medications, such as not taking medications as prescribed, changing, or discontinuing medications without consultation; If you display aggressive, destructive, or threatening behavior.**

- I may consider obtaining consultation with a psychiatrist and/or psychiatric sub-specialists if you require more specialized care than I am able to provide.
- Your autonomy is paramount and will be respected. You are under no obligation to adhere to a course of therapy. My goal, however, is to determine a treatment path that leads to improvement in physical and mental health.

Psychiatric treatment with me is an **Outpatient Treatment Arrangement**.

Crisis services are not available. Appointments are booked on a routine basis only. If you require urgent follow-ups, I will make my best effort to book your appointments in an expedited manner. There are no after hours or weekend appointments unless by mutually agreed arrangement. I will make my best effort to respond

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to telephone messages within 1-2 business days. I do not conduct business by e-mail or text messaging.

Patient Fusion electronic health record allows for secure messaging which I do encourage. If you elect to contact me by text message, you assume the risk of breach of privacy and understand I have no control over the security of text messages.

If there is a medical emergency or a threat to your safety or that of others, call 9-1-1.

Local 24-hour crisis lines:

- Pierce County Washington Community Mental Health and Crisis Services
Crisis line (24-hour) Toll Free 1-800-576-7764
Voice: (253) 798-4333 TDD: (253) 798-4349
- Thurston/Mason Counties Washington Community Mental Health and Crisis Services
(360) 586-2800 or Toll-Free: (800) 627-2211.
- Kitsap County Washington Community Mental Health and Crisis Services
(360) 479-3033 Toll Free: (800) 843-4793
- King County Washington Community Mental Health and Crisis Services
866.4CRISIS (866.427.4747)
TTY / TDD for the Deaf 206.461.321

ACUITY and REFERRAL

Sometimes, during the course of treating you, it becomes clear that your acuity (severity of symptoms) exceeds the scope of care that I can provide in the setting of my solo practice. This does not often happen, but sometimes it does and you and I would have a conversation about the next best steps. I may require you to obtain an additional mental health provider (such as a therapist or counselor) to augment what we are doing with medication, or I may ask you to see a psychologist for diagnostic testing. I may need you to give me permission to talk to your primary care provider (or other medical specialist). Occasionally, I need to seek another opinion from a psychiatric provider such as a psychiatrist or another ARNP colleague. Lastly, there are times when I cannot provide a patient with the comprehensive mental health services that I believe they need and I would refer them to a provider or agency that I believe can.

APPOINTMENTS

Your appointment time is reserved for you. Please notify me at least 24 hours in advance if you need to reschedule or cancel. I reserve the right to charge for no-shows.

With your permission, I can have an appointment reminder sent to your e-mail. At this time, I do not conduct any other type of business via e-mail or text messaging. You are welcome to call my business phone number to leave a non-urgent message and I will do my best to return your call promptly.

BILLING INFORMATION

Payment is expected at the time of service. The patient or legal guardian is responsible for payment. This includes co-payments, full payment if paying "out of pocket", or the cost of an appointment if an insurance deductible has not been met. *At this time, I am contracted with Regence BlueShield and Premera of Washington State, TRICARE, Cigna, Group Health PPO, United Healthcare PPO, Traditional Part B Medicare, Aetna, First Choice, Molina, Coordinated Care, and United Community Plan. It is your responsibility to ensure that the provider you are seeing is in-network.* Even these carriers with whom I have a contract sometimes have parts of their plans of which I am not in network with. **It is your responsibility to verify your insurance coverage and details of your policy and whether or not your insurance carrier requires pre-approval for services.** I will bill the above insurance companies and will accept the contract payment for services rendered. If your insurance is declined, you will receive a detailed invoice for the services provided. You will be expected

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to satisfy the outstanding balance or arrange a payment plan. If I am not in-network, you may be able to file a claim with your insurance for the services provided. Your insurance will cover from zero to 80% of the billed amount.

If you are unable to pay your portion for services (including coinsurance and copays) at the time of the appointment, you may need to reschedule. *I accept cash, debit, credit cards, and personal checks. I am required by contract to collect co-pays and coinsurance. If you do not have an insurance card or have not provided insurance information to me prior to your appointment, you are in a self-pay/"out of pocket" status.*

I use a professional behavioral health billing agency to assist with billing services. As part of my routine business practices, I need to share your insurance information, diagnosis, and procedure codes with that agency. This information will be transmitted and stored in a confidential manner at all times.

Your insurance will be billed with the appropriate E&M (evaluation and management) and CPT (psychotherapy) codes. Denials due to expired insurance coverage will be billed at the self-pay rate.

Please contact me at the office or inquire with my billing agent about current charges/rates for medication management and psychotherapy (counseling) codes.

My office manager or billing service will submit claims for insurance coverage. If you have an outstanding balance, you are responsible for making regular payments toward this obligation as a condition of continued care with my practice. Accounts 90 days past due may be sent to a collection agency.

It is your responsibility to notify me about any changes in your insurance and verify that I am 'in network' with any prospective plan before changing. If you choose to see me "out of network", your costs may be higher.

PRIVACY/CONFIDENTIALITY

I place a high priority on protecting your privacy and confidentiality. Please review my privacy statement on my website. I will provide a brief summary here: in general, what patients and I discuss in a session is private, with a few exceptions. I am mandated by law to inform certain authorities when I believe there are instances of child abuse or neglect, vulnerable adult abuse or neglect, or if I believe you or someone else is in imminent danger. I do my very best to involve the patient in this type of discussion but sometimes an emergent situation arises and I need to make a report expeditiously. What I have noted here is not a comprehensive summary of Washington law so if you have questions, please let me know and we can discuss it further.

I do my very best to protect your health information. I use Practice Fusion, a web-based electronic health record (EHR) for documenting patient visits, online scheduling, sending and receiving electronic prescriptions and refill requests, completing prior authorizations for pharmacies, and secure messaging to and from patients. Practice Fusion is one of the most common and popular EHR's for practices such as mine and I have had a lot of positive feedback from patients who take advantage of the Patient Fusion portal that is an optional benefit (no-cost).

An audit record is kept of all activity in the EHR. While no record-keeping system can be guaranteed to be 100% safe and secure, I am confident that my system meets or exceeds industry standards and is as close as we can get to 100%.

In the course of routine business, I need to share some of your information with outside people to provide you care. This includes my billing agent, your pharmacy, your health insurer, laboratory workers, and your other healthcare providers (other healthcare providers only **if you have given me permission**- such as your primary care provider, therapist/counselor, etc.). In the event that I have an assistant working in my office helping me with administrative tasks, I will ensure that person has been fully trained in HIPAA compliance as

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well as my practice's policies and procedures. I will request emergency points of contact and most people include their family members for this purpose. Sometimes your health insurance company will request copies of chart notes to verify quality of care and I need to comply with this type of request as part of my contract with them.

When sending copies of your chart notes, I will always use a secure form of transmission such as certified postal mail or fax (never email). As a point of clarification, my billing agent, your pharmacy, and lab would only receive need to know information, not your chart notes.

A considerable amount of business is handled by fax including the majority of correspondence between my office and pharmacies. I place a high priority on promptly responding to refill requests and lab results and have found that use of a cloud-based fax system is a very efficient way to accomplish this. I use Ring Central which is a commonly-used fax system. It is password protected and all information coming and going is encrypted including when it is "at rest". I have enabled all available HIPAA conduits and have been assured that my account is compliant with HIPAA policies. Another advantage of this system is that there are no "paper faxes" sitting in a machine that sometimes create a scenario where information can be breached.

FORMS/LETTERS

Disability evaluations are outside my scope of practice. If you are pursuing a disability case of any type, the extent of my participation is to provide copies of your chart notes to the person or agency you are requesting (with your written permission). This could be an agency such as Social Security, L&I, attorneys, etc. I do not generally complete paperwork or forms from outside agencies or attorneys. My chart notes are thorough and stand on their own and I am willing to provide them in a prompt manner upon your request. If there is something you need me to address specifically in a chart note, you and I can discuss it during the course of your appointment with me and ensure it is included in your record.

WALK INs

I generally cannot accommodate walk ins. Appointments must be booked in advance. If there is an emergency, you will be expected to go to the local Emergency Room, 24 hour urgent care clinic or call 911. Same day appointments may occasionally be available, please call to inquire.

Medication and Prescription Refill Policies

If you are prescribed medication, it is important that you take your medication according to your provider's instructions. Do not risk running out. **I am very prompt in responding to refill requests.** However, to be safe, please make your request 7 days prior to the expiration of the prescription. **Please note that some prescriptions may require prior approval from your insurance carrier before they can be filled. Please phone your carrier and provide your provider with the appropriate forms if this applies to you. Please note - prescription refills are not automatically granted.** A refill authorization is generated at the sole discretion of your provider. It can take up to 2 business days to review your request. Please make sure you consider this fact when you submit your request or prior to contacting the office for information regarding the status of your request.

Schedule 2 controlled substance medications such as, Adderall, Ritalin, Concerta, Focalin, and Vyvanse are subject to special prescribing rules/laws. Patients taking these schedule 2 medications are generally required to have an office visit every 3 months and prescriptions are limited to 90 days at any given time (refills are not allowed).

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I generally recommend a minimum of 3 monthly visits during the initiation of treatment with medications so that I can properly assess your response to the medication. After that, stable patients can usually be seen less frequently but at a minimum of every 3- 6 months. Please note that if you are an existing patient and have not been seen in the office within at least 3-6 months, an appointment may be required prior to refilling your prescription.

There are no after-hours refills of prescriptions. You must call during normal business hours or leave a message.

If you are seeking help with access to medications through a special program ;(i.e. **patient assistance**). I will provide the prescription to you. My policy is that you keep up with the 800 numbers for the programs so that you may follow up with your request. We cannot guarantee how long programs take to consider your request.

My first priority each day is to see the patients in the office; therefore, I will respond to telephone messages and request from pharmacies as time permits.

Please read and initial the following:

____ I have informed the provider of all medications I am taking, including prescriptions, over the counter purchases (Including supplements), nicotine and/or caffeine containing drinks/pills/gums/patches, illegal/recreational drugs and alcohol use.

____ I understand that some medication therapy may require periodic lab tests.

____ I understand that extended use of controlled substances may produce psychological and/or physiological dependence and that ongoing use must be regularly evaluated and justified.

____ I understand that prescriptions of controlled substances that have run out early will not be renewed early and that prescriptions of controlled substances which have been lost or stolen will not be replaced without a police report of the theft.

____ Using controlled substances not as prescribed (such as increasing the dose without instruction) may be considered substance abuse. I understand that sharing of controlled substances with any other person (including family) may be considered diversion of a controlled substance and is illegal.

Controlled Substances Contract

- I understand that this Agreement is essential to the trust & confidence necessary in a provider/patient relationship and that my provider undertakes treatment based on this agreement.
- I understand that if I breach this agreement my provider will be forced to stop prescribing controlled substances.
- I will not share, sell or trade my medication with anyone.
- I understand that my medications are my responsibility; I will safeguard my medication from loss or theft. I understand that **lost or stolen medications will not be replaced without a police report. Repetitive early requests for controlled substances will be denied.**
- I understand that such mishandling of my medications is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
- I understand that refills of controlled substances will be made only during normal business hours. **No refills will be made during evenings (after hours) or on weekends.**
- I agree to take my medication exactly as prescribed so as to not run out of medication. I understand that use of my medication at a greater rate will result in my being without medication for a period of time, which in certain conditions could lead to physical or psychological withdrawal. **My office does not provide repetitive early refills for controlled medications and refill requests will be monitored closely and may be denied,**

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especially given any aberrant behavior with regard to these medications.

- The doctor must approve any medication changes.
- I understand that Washington State has a Prescription Monitoring Program (PMP) and that patients who receive controlled substances from multiple providers may be flagged for action.

Patient Signature

Date