JUNE PEDIATRIC CONSULTING

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EVALUATION DISCLOSURE AND POLICY STATEMENT

These office policies are provided for your information. Please review carefully and sign.

General Standards: As an Advanced Registered Nurse Practitioner by the state of Washington, I subscribe to the ARNP Consensus Model and ANA Ethical Principles. Although I am a Pediatric Nurse Practitioner with The Center for Child Development, I am an independent practitioner and solely responsible for the services I provide. I am not responsible or liable for the practices of any other practitioner in this office, nor are they responsible or liable for my practices.

Education and Training: I have been involved in pediatric healthcare for over 6 years. I hold a Doctorate of Nursing Practice from the University of Washington and I am licensed as a Pediatric Nurse Practitioner. My Curriculum Vitae is available for review upon request. Some of my experiences include:

Private Practice: The Center for Child Development, Inc. – Issaquah, WA

Private Practice: Pediatrics Northwest, PS – Tacoma, WA

Hospital Based: Children's Mercy Hospital – Kansas City, MO

Hospital Based: Crittenton Children's Center, St. Luke's Hospital – Kansas City, MO

Clinical Internships: Village Pediatrics – Issaquah, WA

Group Health Teen Center – Seattle, WA

Mary Bridge Emergency Room – Tacoma, WA

Eastgate Public Health Center – Bellevue, WA

Confidentiality and Records: This office is compliant with the privacy rules of the Federal Health Insurance Portability and Accountability Act (HIPAA). Please see my separate "Notice of Privacy Practices" for detailed information regarding how I will handle health care information collected about you in my practice. *For clients who are under 13 years of age who are not emancipated, the law may allow parents to examine their child's mental health records. In the state of Washington, clients 13 years and older must authorize the release of their health information regarding mental health and substance abuse. The same applies to sexual health for clients over the age 14 years.*

Although I share an office space with a group of professionals, my client records are stored separately and no member of the group can access them without your specific, written permission. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

There are some situations where I am permitted or legally required to disclose information without your consent or authorization.

Exceptions to Confidentiality:

- If a government agency is requesting the information for health oversight activities.

- If you file a complaint or lawsuit against me, I am permitted to disclose information as relevant for my defense.
- If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency.
- If I have reason to believe you or someone else is in imminent danger, I may be required to take protective action, including notifying potential victims, contacting the police, seeking hospitalization for you, or contacting family members or others who can help provide for your protection.
- I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct.

Email Communication Agreement: Please note that the confidentiality of email communication is not guaranteed to be secure. I will on occasion use email (with your permission) to arrange for appointment scheduling or other communications, which will be password protected. I will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unforeseen risks that may affect the privacy of personal health care information when using email to communicate. These risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

By signing this form, you give permission to send email messages and you acknowledge that you have read and understand the risks of using email as stated above. You agree not to use email for emergencies or to send time sensitive information. It is also agreed that it is your responsibility to follow up with me via phone if you have not received a response to an email within a reasonable time period. If you wish to not use email or wish to stop using email as a means of communication please request this immediately and in writing to June Pediatric Consulting, PLLC.

Contacting Me/Emergencies: You may leave a confidential voicemail message at (425) 657-8880 at any time. I check my messages regularly and will make every effort to return your call within 24 hours (with the exception of weekends and holidays).

****If you are experiencing a medical emergency, call 911. If you cannot wait for me to return an urgent call, call the Crisis Line at (206) 461-3222, go to the nearest emergency room, or dial 911.****

Appointments and Cancellations: Your appointment is time set-aside exclusively for you, and this time slot cannot be filled if you cancel on short notice. To cancel or reschedule an appointment, please provide at least 24 hours notice, or you will be billed a fee of $100. I may waive this fee if we both agree that the appointment was unable to be kept due to circumstances beyond your control. Please note that insurance companies will not provide reimbursement for cancelled sessions. If you will be arriving late to an appointment, please call my office as soon as possible so that I know you are coming and have not forgotten about the appointment.

Prescription and Refill Policy: All prescriptions require a follow up appointment at least every 3 to 6 months, sooner if close monitoring is needed. In general, I will only provide enough refills to last you until your next appointment. Therefore, it is important to keep your next scheduled appointment to ensure that you receive timely refills. Repeated no shows or cancellations will result in a denial of refills. If new symptoms develop or you have questions regarding your medication, please schedule an appointment. I cannot diagnose or treat over the phone.

If you find that you will need a refill prior to your appointment, it is your responsibility to notify me in a timely manner. Approval of your refill is not guaranteed and may take up to three business days, so please do not wait to call. No prescriptions will be refilled on Saturday, Sunday or Holidays.

Please know that controlled substance refills are only provided on printed scripts with my signature. These refills cannot be sent to pharmacies electronically. It is your responsibility to arrange pick up for the printed scripts with me.

Some medications require prior authorization. Depending on your insurance, this process may involve several steps by both me and your pharmacy. I will make every effort to handle the prior authorization as quickly as possible. I cannot guarantee that your insurance company will approve the medication. Please check with your pharmacy or your insurance company for updates regarding prior authorizations.

Billing and Payments: You will be expected to pay for each session at the time of service, unless we agree otherwise or you have insurance coverage that requires another arrangement. All applicable co-pays will also be collected before each session. *If I do not currently accept your insurance plan, you will be expected to pay out-of-pocket the full cost of services prior to your appointment.* Out-of-pocket expenses vary based upon the type of visit. New client evaluations are $300 and follow up visits range from $90-$150 depending on the services rendered and length of time. By signing this form, you acknowledge that you have read and understanding the billing agreement and will be responsible for any costs not covered by your insurance carrier.

Delinquent Accounts: If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I retain the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information needing to be released is a client's name, the nature of services provided, and the amount due. If this situation occurs, I will make every effort to fully discuss it with you before taking any action.

June Pediatric Consulting, PLLC reserves the right to update and revise this policy statement as necessary. You may request an updated copy at any time and I will notify you of changes at your next scheduled appointment.