Doris May, APRN

Psychiatric Nurse Practitioner

7526 E 82nd St., Suite 150 • Indianapolis, IN 46256 • 317-585-1060 •
http://www.fcahelp.com

DISCLOSURE STATEMENT

I. EDUCATION & TRAINING

I am a nurse practitioner in child and adolescent psychiatry, with prescriptive authority in the state of Indiana. I have been practicing in this role for about 20 years. I am a graduate of Mercy College, in Detroit, Michigan. I practiced psychiatric nursing for a while, before going on to earn my masters in Child and Adolescent Psychiatry and then obtained my Nurse Practitioner license. In addition to this I am a certified member of the American Holistic Nurses Association.

II. THEORETICAL & TREATMENT MODEL

My role as a medical provider at FCA is to determine if, when and how medication should be considered. While rarely used in isolation without counseling, medication can play a critical role in the treatment of many psychiatric disorders. I joined FCA to provide integration of psychiatric evaluations and medication management to the children and adolescents served here.

III. SCHEDULING SESSIONS

An initial session can be scheduled by calling the Family Counseling Associates Main Office at (317) 585-1060 or Toll Free (888) 701-1060. Additional sessions are generally scheduled on a regular, weekly basis and are not limited to any particular number of sessions or course of time. However, it is your responsibility to confirm and/or reschedule your next session.

IV. BILLING AND INSURANCE INFORMATION

The fee for counseling will be $200 for the Initial Evaluation Session and $100 per 30 minute follow-up treatment sessions and payments are to be made at each session via Cash, Personal Check, or with Authorized Major Credit Card. Our office is pleased to check into your Insurance Carrier for possible Healthcare Benefits, but it is your responsibility to assist, as needed, in the process and ultimately, Insurance is a contract between you and your Insurance Carrier. Sessions cancelled within less than 24 hours will also be charged a $50 cancellation fee (Illnesses and Emergencies are exceptions). Fees may increase periodically and any change in fees will be communicated with two weeks prior notification.

V. VOLUNTARY

It is your right to select a counselor or therapist of your choice and you may terminate counseling with me at any time. I recommend one final session upon termination to reflect on our experience together and address any future concerns.

VI. CONFIDENTIALITY

Not only is confidentiality with a Psychiatric Nurse Practitioner guaranteed to you under Indiana State Law, I believe the confidentiality of our work together to be of the utmost importance in creating a safe place for you to explore issues of your concern. Therefore, I strive to uphold the strictest standards of confidentiality in my practice. You should be informed of the *legal exceptions to confidentiality* in the following circumstances when information you share with me could be shared with others without your permission:

1) The Uniform Health Care Information Act may allow for disclosure of information to another health care provider who is serving you.
2) You may give written permission to release confidential information. If you wish to disclose to a third party, you must sign a Consent To Release Information form.
3) If you reveal that you are contemplating or planning to act out a crime, I may be required to report this to the appropriate authorities.

4) If you reveal that a child or adult has suffered abuse or neglect, I have an obligation to report this information to the appropriate authorities.
5) If information you have revealed to me is subpoenaed, disclosure may be required by law.
6) If information you have revealed to me would lead me to believe that you are an imminent risk to yourself or others

If possible, I will attempt to discuss any required breaches of confidentiality with you prior to doing so.

Additionally, I adhere to the standards set forth in Family Counseling Associates' *Notice of Privacy Practices* (see ACKNOWLEDGEMENT OF PRIVACY PRACTICES).

VII. SUPERVISION AND CONSULTATION

As a psychiatric nurse practitioner, I may find it helpful in the service of my clients to consult with other Professionals in the field. This is customary in our work and enhances the potential to offer the highest level of care for your needs. In the event that it should be deemed necessary to consult with your Physician or a Psychiatrist regarding your case, I will request a written Release of Information from you for doing so.

VIII. STATE REGULATIONS FOR PROFESSIONAL CONDUCT.

The State of Indiana Department of Health as well as the Indiana Professional Licensing Agency oversees and regulates the practice of mental health counselors in order to ensure the health and safety of the public. If you believe that I have acted unethically or unprofessionally in my work with you, I ask that you address the issue directly with me. Additionally, you may direct a complaint to the authorities of the state:

Office of the Attorney General
Consumer Complaint Division
402 West Washington Street, 5th floor
Indianapolis, IN 46204
(317) 232-6330/1-800-382-5516
http://www.indianaconsumer.com/filecomplaint.asp

IX. ADDITIONAL COMMUNICATION

If you need to communicate with me outside of your scheduled session time, you can call (317) 585-1060 and press "0" for the Receptionist. The office staff of Family Counseling Associates will be available to take your call, or you can leave a message for me on the confidential voicemail (Extension "3505") and I will attempt to return your call with 24 hours. I will generally limit phone communication to emergencies, and reserve the right to charge a fee for the phone call proportionate to the regular session fee. I will limit communication via email for the purpose of transmitting electronic documents/information (i.e. intake form, inventories online, etc.)

X. EMERGENCIES

If you are experiencing an Emergency and cannot reach me via the number listed above, you may call our Main Line (317) 585-1060 and press "1" to reach the Therapist On-Call. The Therapist will return your call within minutes and offer recommendations, however, in the event of a life-threatening Emergency, please call one of the following numbers:

- General Emergencies: 911
- Mental Health Association of Greater Indianapolis 24-hr Hotline: (317) 251-7575

SIGNATURE of RECEIPT AND ACKNOWLEDGEMENT

I have read and understand all of the information presented above in this form, and I have received my personal copy of this document.

My signature below confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand this information to be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain third party payment for my mental health care services.
- Conduct normal mental health care operations such as quality assessment and improvement activities.

I have been informed of Family Counseling Associate's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected mental health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices.* I understand that my mental health provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or mental health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Client Printed Name: _____

Signature: _____ Date: _____

Signature of Parent/Guardian (If Applicable): _____ Date: _____

Family members also covered by this acknowledgement:

_____

_____

_____

_____

FAMILY COUNSELING Associates
Christ centered professional counseling

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