



Erin Jacobson, ARNP

12 Bellwether Way STE 223, Bellingham WA 98225
Ph. (360)707-7608 FAX (360)707-7648 kidspsychiatry.com

INFORMATION FOR NEW CLIENTS

Welcome! I hope the following information will clarify any questions you may have and provide you with an overview of my practice. Please read the following carefully, ask any remaining questions and then sign that you understand and accept the conditions of my practice and our working relationship. Any future questions or concerns while in therapy with me will be best addressed directly with me as this prevents any confusion or misunderstandings.

Services:

I have a small part time practice in Bellingham where I provide psychiatric services for children and adolescents which includes psychiatric evaluations, medication management, telepsych, and brief therapy. I also offer guidance on school related issues such as IEPs/504 accommodations and development of behavior plans. I support parents in their child rearing strategies and advise on developmental issues. I generally see school age children but my practice extends from age 4 ½ through ‘adolescence’ (defined as still living at home, in school, dependent) and not usually beyond 18 years of age.

I have designed my practice with a focus on quality care delivered in a more relaxed manner. This means I do not see patients every 20 minutes nor do I double book appointments. I do not see patients on weekends and I no longer work with the critically ill (even though I have such experience). Potential patients are referred by their therapist. As my patient you can expect time in session to be devoted exclusively to you and between sessions, I coordinate care with your therapist as well as school or others as agreed. I believe your healing and over all wellbeing is optimized when this level of care is provided.

I do NOT provide legal testimony for court related issues. My practice is not designed nor equipped to help those with complex family issues, parenting disputes that have escalated to require legal authorities. If such issues arise or other complexities develop that are beyond the scope of my practice or training then it is best for all that a more appropriate resource be sought out. Engagement of services with me is with the understanding that you will not request copies of chart notes, written reports of treatment for any court related issues. If the services of a mental health professional are considered desirable for the purposes of litigations, either as an advocate or as an impartial, the services of another person other than Erin Jacobson, ARNP will need to be enlisted.

Professional Experience: I worked as a Registered Nurse for many years in the hospital setting including the operating room and outpatient clinics. I returned to the University of Washington to pursue my master’s degree in psychiatric nursing after my children entered school and heeding the nudge of earlier professors.

I feel called to do this work. It is delightful engaging in all the ways children present at their appointments, whether that be silly, angry, worried, sad, even indifferent. A bit of fun can be discovered in the midst of serious concerns. My work with children informs me of a world that is full of mystery, awe and resiliency beyond imagination.

I appreciate your trust in me to work with your child. My professional experiences extend 40 years and include working as a nurse practitioner in private practice, Seattle Children’s, residential treatment, as well as a Behavior Specialist in special education.

Professional Training and Licensure:

I am licensed as a Psychiatric Nurse Practitioner and certified as a Child and Adolescent Psychiatric and Mental Health Specialist.



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ARNP, with prescriptive authority, Washington State License #AP30004784
ANCC certified in Child & Adolescent Mental Health, 1998

Masters in Nursing University of Washington, 1997
Bachelors in Nursing University of Washington, 1995
Associate Degree in Nursing Highline Community College, 1979

Treatment Philosophy: I believe that optimal health is best achieved when we respect the complexity of our body and appreciate that wellness is most complete when we take a comprehensive approach. Frequently, our health goes awry due to multiple causes (our genetics, life style, experiences, thoughts/perceptions) and it takes a “multimodal” approach (psychotherapy, medications, school/home interventions, personal faith, diet, and exercise) to help put things back on track. Active involvement in your care will mean better outcomes in your mental health and better functioning. I will offer you information, provide options and make recommendations, as well as tools/skills to assist you in meeting your goals. I understand that this may be a new process for you, and your healing and growth will take a course unique to you and I will respect you in that process. I will provide you with a safe environment to express your thoughts and feelings. I look forward to getting to know you and I appreciate the opportunity to work with you.

Treatment Process: The long-term goal of therapy is to help you to feel better and relate more effectively with those around you including those in your family, and improve function in school and work by understanding and managing your feelings and behaviors in healthy ways. Short-term goals will be identified to address how to meet your long-term goal(s). The therapeutic techniques used in the counseling process may include: processing events and feelings through dialogue and play; learning new ways to communicate; stress management techniques; gaining insight through cognitive and behavior counseling; Solution Focus therapy, collaboration with school; and medication management to help with symptoms such as depression, anxiety, distractibility/inattention/poor impulse control, obsessions and compulsions, and unclear disorganized thinking.

When working in tandem with another therapist, my focus will be diagnostic clarification, treatment recommendations and medication management. If psychiatric medications are deemed appropriate then the focus of subsequent appointments will include: education about the recommended medication, starting a medication, adjusting as warranted and monitoring at regular intervals.

Confidentiality: As a client in counseling, you have “privileged communications” under state law. This means that you have the right to have information you share with me held in strict confidence. All information shared in counseling is confidential *unless* you sign a release of information form authorizing me to share information with someone else. **Children age 13 and above** are allowed specific rights in regards to receipt of mental health care in Washington State. My personal philosophy respects your individual rights but encourages collaboration with supportive people. I encourage a ROI be in place with you and a parent(s) allowing at a minimum disclosure is possible between me and them regarding medications. I am required by Washington State Law to disclose to the appropriate authorities if you are in danger of harming yourself or others; if you have committed or may commit a crime or harmful act; or if you are involved in child abuse.

If you become involved in a legal process your record may be subpoenaed. In order to bill your health insurance a diagnosis code is submitted. In addition, if your mental health insurance benefits are through a managed care plan, ongoing treatment plans are usually required. If you have been directly referred to me, I may as a good business practice, acknowledge to them that you have contacted me and thank them for the referral. Further discussion would involve your written permission. I regularly



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consult with colleagues; however, in these situations without your permission I would not disclose any identifying information or names.

Patient Records:

You may get copies of your medical record at your own expense and ask that factual errors are corrected. Parts of your record that could potentially be more detrimental than helpful to your psychological well-being, or that were asked to be kept confidential by the provider, may be withheld. Your records are kept for 7 years. You may authorize in writing that copies of these records by released to entities that your designate. There is a \$25.00 fee for records when requested by the patient. Records sent to other mental health care providers, primary care providers, and therapists will be provided fee of charge unless exceeding 75 pages, in which case a nominal fee will be charged.

Termination: You have the right to terminate treatment with me at any time. However, before coming to this final decision, participate in a couple therapy sessions with me. It is important to note that many people feel awkward as they commence with therapy. These feelings do not necessarily mean that you need to cease your therapy. If either one of us feels that a different approach to your care, provided by someone else, would be beneficial to further your progress, we will discuss this in session.

If medication is part of your treatment it is important that you do not stop taking your medicine suddenly and ensure that a qualified professional manage that aspect of your therapy if not with me.

Your ongoing care with me becomes jeopardized and may result in termination of services if you intentionally misuse your medication.

There may come to a time when you no longer need my services and I will do my best to help you feel comfortable with that transition.

Appointments and Fees:

All sessions are arranged by appointment only. With your consent your therapist will contact me to discuss the possible benefit of having a psychiatric evaluation and if felt to be appropriate then either myself or my biller will be in contact with you to obtain some preliminary information prior to scheduling a Psychiatric Evaluation. The intake process usually occurs over 2 to 3 appointments and will involve meeting with parents and the child as well as my time to review documents. Please note: *The waiting area is not designed for young children to be left unattended. Please make child care arrangements in advance.*

Cost for your **initial intake appointments (99204, 90792, 99214 & 90836)** varies based on your insurance, deductible and co pay/co insurance amount. The first appointment is billed at \$250.00 but what you pay is a function of the above variables. If you are not using your insurance benefits, and we are not billing your insurance, then I offer a 'cash discount' when services are paid in full at the appointment.

Subsequent medication/counseling appointments (99214 & 90836, 99213 & 90833) are to follow up on treatment, confirm goals and clarify progress. Test results and changes in your health are reviewed at this time. Any changes to treatment, including modifications to medications, occur at these appointments. The appointments are scheduled for 30 or 45 minutes and initially are more frequent and with increasing stability medication follow up appointments progress to shorter sessions every 2-3 months.

Payment of any outstanding balance as well as any co pay/co insurance is due at each appointment.



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If you pay by credit/debit card, you may incur a nominal processing fee. Outstanding account balances beyond 30 days are subject to interest charges and accounts in arrears beyond 60 days will be turned over to collections unless prior arrangements have been discussed and agreed by me.

I do not charge for telephone calls less than 5 minutes. Beyond 5 minutes, calls are billed at \$35.00/15 minutes. I charge for my time to review records, prepare documents, outside of your scheduled appointment. As these expenses are frequently ‘out of pocket’ it may be most efficient to combine the time to complete school forms, etc at the same time of a regular medication appointment. Just ensure that enough time is reserved so that we can accomplish all that is needed to get done (will require no less than a 45’ session).

Changes to medication doses or stopping and starting a new medication require an appointment. Both the patient and parent need to attend the appointment.

My biller can help to determine what your out of pocket cost may be and remaining deductible amount. However, **it is ultimately your responsibility to verify the extent of your insurance benefits.**

It is your responsibility to keep my biller updated with any changes to your insurance, contact information and mailing address so that she can provide accurate billing services on your behalf.

Scheduling: The first appointment will be arranged after I have received your paperwork and your insurance benefits have been determined. Follow up appointments are scheduled at the **end** of each session. **Changes** to appointments can be requested via the Patient Portal. Instructions will be emailed to you regarding logging onto the Patient Portal.

Use of the Patient Portal is **best** used to:

1. request an appointment or changes to an existing appointment (provide 3 alternate days & times in your message)
2. share updates on general health

The Patient Portal is **not** intended as:

1. emergency advice/care
2. long dialogue about your concerns

For Emergency situations please go to the local ER and/or call 911
or contact Compass Health Crisis & Intervention Team at #1-800-584-3578
or National Suicide Prevention Hotline at #1-800-273-8255

For non-emergent medication concerns please request an appointment via the Patient Portal.

Cancellation Policy: I require a 24-hour notice of cancellation. Please send a message on the patient portal or leave me a voice mail at #360-707-7608. As the office is not open on Fridays, any change to a Monday appointment needs to be requested no later than midday Thursday.



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I do not double book appointments and hence a 'no show or late cancel' limits other patients access to appointments. Furthermore, attending your appointments is critical to your improvement and if you have a 3rd 'no show' or 'late cancel' it may be determined that ongoing care with me is no longer feasible.

The \$100.00 'no show' or 'late cancel' fee is usually not covered by insurance and this out of pocket expense needs to be paid prior to your next appointment

Medication concerns and After Hour and Emergency Care: If you have a medical emergency (regardless of my office hours) call #911 or go to your local emergency room. If you have questions about your medications please send me a message on the Patient Portal or leave me a voice mail which includes: your name, your child's name and DOB, contact phone number, a brief description of your concern and days and times you could be available for an appointment. I check messages during office hours and endeavor to respond to your need as soon as feasible but no later than 24 hours for non-urgent issues.

Support and instructions for urgent mental health needs should be coordinated with your therapist. Additional resources include: 24 Hour Mental Health Crisis Line #1-800-584-3578 or #425-258-4357

National Suicide Prevention Hotline #1-800-273-8255

Compass Health Crisis & Intervention Team #1-800-584-3578

Medication Refills and Medication Policy: It will be important for you to monitor and keep track of the number of pills you have remaining and *call your pharmacy* for a refill **prior to running out of medication.**

Medication refills should be requested 7 days before your last pill. Refills can frequently be filled earlier but cannot be guaranteed. Medication refills for *lost prescriptions* and/or as a result of missed/*no show appointments* will be charged \$10.00. It is important to take your medication as prescribed as well as not miss doses. Effective medication management requires you reporting the benefits as well as any side effects of your medication to me at your appointment. **It is expected that parents dispense/monitor medications and ensures that prescriptions be kept in an appropriate and safe location** (regardless of the child's age).

Changes to this Office Policy:

From time to time I may change the business policies described in this document and I will attempt to inform you of the relevant changes.



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Client Consent to Treatment:

I have read and understand the information above. I understand that I can ask any questions at any time about my treatment and that I have the right to terminate treatment at any time however, it may not be in my best interest to terminate care suddenly.

By your signature below you note that you understand and agree to the policies and procedures of the private practice of Erin Jacobson, ARNP and have a copy of this agreement for reference.

Client Name: _____ Date of Birth: _____

Client Signature: _____ Today's Date: _____

Parent/Guardian Signature: _____ Today's Date: _____