

Cara Marks ARNP

509 Olive Way, Suite 204

Seattle WA 98101

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T 206 329 5255 ext. 309

F 206 726 1878

Seattle Area Crisis Clinic: 206 461 3222

I welcome you. Please read the information below.

This practice is dedicated to psychotherapy and medication management as needed. This therapy is to facilitate a growing understanding of yourself and your world. Medication management involves prescribing and adjusting doses or other medications as will suite your needs.

Per rules of the Federal Trade Commission I am required to request your proof of identity to prevent identity theft and/or fraudulent use of health insurance coverage. I will make a copy of your identification as well as your insurance coverage. Please check with your insurance company to determine your benefits for psychotherapy and/or medication management. My billing name is Carolly Marks ARNP.

Professional Background:

I was trained as a Clinical Specialist in Psychiatric Nursing for adults. This training addresses both the psychological and physiological aspects of your health. The goal is to promote growth and self - acceptance. I have been in practice for 25 years.

I participate in continuing education as required by the American Nurses Credentialing Center (ANCC). I belong to the Association of Advanced Practice Psychiatric Nurses and participate in peer consultation groups. I have also completed certificate programs at both the Northwest Alliance for Psychoanalytic Study and the Center for Object Relations. Your anonymity is the goal of all education or consultation situations.

Office Policy:

Visits range from 25 to 60 minutes. The initial fee is \$220.00 to \$275.00 depending on complexity and medication management needed. These charges are based on our medically necessary face to face interactions. The bill will reflect a charge for psychotherapy and as needed, a separate charge for medication management.

*I require a 48 -hour cancellation notice. An \$85.00 fee will be charged for visits cancelled in less time. You, rather than a third party, are responsible for payment of any missed visits.

Other individuals share this office suite and we are all independent practitioners with no professional responsibility for the work of the other providers. The billing office (ABHAS) is solely responsible for submitting insurance bills and balances for which you may be responsible. ABHAS is fully compliant with Federal HIPPA regulations.

Confidentiality:

The law protects confidentiality between provider and client. The information obtained during our therapy/medication management sessions cannot be disclosed unless: 1) you give written consent naming a specific party; 2) it is ordered by a court of law; 3) there is suspected person abuse or danger to self or others or an inability to meet basic needs; 4) if you request insurance reimbursement and are associated with a managed care company, it would allow for disclosure of diagnosis, dates and types of service, treatment plans and fees to those entities.

Consistent with HIPPA regulations your referring provider may also be informed of your diagnosis and treatment. Your signature is required if you name any others to know of your treatment or wish anyone

to inquire about your billing. Any changes in your permission for your provider or designated contact person must be a written notice signed and dated.

As required by regulations of the Washington State Department of Health, I am required to report myself or any other health care provider in the event of determination of unprofessional conduct, a determination of risk to patient safety due to mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. Consistent with these professional standards, sexual innuendos or advances between client and therapist are not allowed. Additionally, it is considered unethical for me to accept gifts of any sort. If you have concerns about these regulations, please feel free to discuss it with me.

Professional Standards:

As an informed consumer you are encouraged to ask questions about the treatment. If you wish to terminate I will offer to help you find another provider. You have the right to refuse any recommendations or referrals I may make. I may legally find it appropriate to terminate therapy if it appears your refusal of recommendations may endanger the health of you or others.

If you wish to file a complaint or have questions about Washington State Law regarding counseling processes, you may call the Department of Health, Professional Licensing Services.

To make or cancel an appointment or have questions, please telephone me at 206 355 1776. I will return your phone call as soon as possible. Please leave your phone number in your message. If I do not return your call in 24 hours, please phone again as messages may have been garbled or cut off.

In an emotional crisis please phone the Seattle Area Crisis Clinic as noted above (206 461 3222) or go to your local emergency room.

Frequently I will have a dog providing therapeutic services in my office. If you are allergic, please inform me.

I look forward to our work together.

Cara Marks ARNP

Identity Theft Program for staff person Cara Marks ARNP:

- A. Staff will ask patients to provide identification at the first session. Staff will request documentation of identity and make a photo copy of the identification provided. Identification may be driver's license, passport or government issued photo ID. If photo ID does not have current address, please provide other evidence of current address. Also copied will be evidence of insurance.
- B. Staff will be alert to and act on evidence of fraud. Suspicious activity may include documents that may appear altered or forged, inconsistent information and suspicious change of address, evidence that papers or electronic records have been compromised. Staff shall act upon such suspicious activity by checking with other providers in the building and or with referring providers. If a suspicious change of address occurs, staff will consider whether such a change is consistent with information provided in therapy. Staff will contact the client to verify the suspicious information. If suspicions remain after the above measures, local law enforcement may be notified with client permission. Additionally, passwords on electronic records that may have been compromised will be changed and clients will be notified when it appears they may have been victims of identity theft.
- C. Staff will respond to reports of identity theft to clients, law enforcement agencies or others as appropriate including the identifying situations previously listed.

- D. If business associates (billing services, collection agencies, accountants who handle patient information) they will be asked to sign an addendum to the business contract that is already in place as a part of the HIPPA Privacy Rule/Security Rule compliance. If no such contract is currently in place the associate will be asked to sign a standalone agreement or provide a copy of its own Red Flags Program and state that such Program meets the requirements of the Red Flag Rules.
- E. Staff will reevaluate these policies periodically. Annually policy will be evaluated for effectiveness based on staff's actual experience with suspected or real identity theft and in light of any new information learned by staff regarding identity theft risks.

Client Statement:

I have read and understand the HIPPA and Disclosure statement of Cara Marks ARNP. I agree to these terms.

Name _____ date _____

Address _____

City _____ State _____ Zip code _____

Message phone _____

Emergency contact _____

The following party may discuss my care or billing issues with Cara Marks ARNP

Name _____

Phone number _____