

DISCLOSURE STATEMENT
Nicholas Garmon, ARNP, PMHNP-BC, FNP-C
INVIGORATING PSYCHIATRY PLLC
6100 219th Street S.W. Suite 480
Mountlake Terrace, WA 98043
Phone: 206 - 603 - 5725
Fax: 206 - 603 - 5735
Email: info@invigoratingpsychiatry.com

Agreement Regarding Services, Fees, and Clients' Rights and Responsibilities

Disclosure statement and client agreement:

In accordance with chapter 18.225.100 (Revised Code of Washington), the following is the Client Disclosure Information that both client and the healthcare provider must sign.

The client's signature signifies that they have read and understand the information provided.

Purpose of State and Federal Laws Regarding Disclosure:

The purpose of state and federal laws regarding disclosure is to provide protection for public health and safety and to ensure the maintenance of client confidentiality. The Washington State Department of Health licenses mental health professionals and provides a complaint process against those providers who would commit acts of unprofessional conduct. Clients have the right to choose the healthcare professional who best serves their needs. Clients/families have the right to refuse treatment.

SERVICES OFFERED

Scope of Practice:

Invigorating Psychiatry PLLC aims to provide seamless access to patient care. The company's goal is to provide access to mental health treatment that is strait forward and not convoluted.

I specialize in utilizing pharmacotherapy and brief supportive psychotherapy to treat the following:

- ADHD
- Depression without Active Suicidal Ideation (plan, intent, means, or resources)
- Insomnia
- Anxiety Disorders
- Bipolar Disorders
- OCD
- Binge Eating Disorder
- Bulimia
- Pseudobulbar Affect.

I also provide the following services:

- Emotional Support Animal letters for housing
- ADHD accommodation letters for school
- Qb Check (ADHD testing) Interpretation
- Genetic test interpretation

Medications/Services That Are Not Offered:

As a healthcare provider, I prioritize offering my clients the best possible care. I am dedicated to providing ethical and unbiased healthcare services. While certain services and medications may effectively treat psychiatric disorders, they may not be suitable for everyone. Furthermore, there may be instances where these treatments can have negative consequences and potentially harm the therapeutic relationship between myself and the client. As such, I have carefully evaluated which services and medications to offer. I will not be providing the following services or medications. I aim to create a supportive and welcoming environment for all my clients, and this decision aligns with that goal.

I do not provide the following services:

- Letters requesting Leave from Work
- Completion of Short-Term Disability Paperwork
- Completion of Family Medical Leave Paperwork
- Completion of Long-Term Disability Paperwork
- Return to Work Evaluations
- Disability Evaluations
- Concealed Weapon Evaluations
- Anger Management Counseling
- Domestic Violence Treatment
- Psychological Evaluations for Legal Proceedings
- Court-ordered Treatment
- L&I Evaluations
- Custody or Parenting Plan Assessments

I do not prescribe the following medications:

- **Barbiturates**
- **Benzodiazepines**
 - Alprazolam (Xanax), Chlordiazepoxide (Librium), Clonazepam (Klonopin), Clorazepate (Tranxene), Diazepam (Valium), Estazolam (ProSom), Flurazepam (Dalmane), Halazepam (Paxipam), Lorazepam (Ativan), Oxazepam (Serax), Prazepam (Centrax), Quazepam (Doral), Temazepam (Restoril), and Triazolam (Halcion).
- **Greater than FDA-approved dosing of ADHD medication.**
- **Desoxyn (Methamphetamine)**
- **Hormone Replacement Therapy**
- **Ketamine**
- **Non-Psychiatric Medications**
 - (i.e., blood pressure, diabetes medications)
- **Opioids**
- **Psychedelics**
- **Monoamine Oxidase Inhibitors**
 - Phenelzine, Selegiline, Tranylcypromine
- **High Dose Tricyclic Antidepressants Unless Warranted**
 - Amitriptyline, Doxepin, Nortriptyline, imipramine, Protriptyline, and Clomipramine.

Paperwork Policy:

I want to clarify that the services I provide are strictly clinical. This means I am not equipped to handle **L&I or state/federal disability claims, nor can I provide services for legal purposes such as court-**

mandated treatment or performing custody/parenting plan assessments.

Emergency Services:

It is important for me to inform you that I do not provide Emergency Psychiatric Services or Crisis Coverage. The client or client's parent must contact the client's therapist for any emergency or crisis unless it may be medication related. Emergent events include a client feeling suicidal or homicidal or having a medical emergency. Clients or the client's parents can also contact the **Suicide and Crisis Lifeline at 988** if they have a Mental Health Crisis or Suicidal Ideation. **If there is a potential physical danger to the client, their child, or others, the client or client's parents should call 911 immediately or the client should go to the closest emergency room.**

Examples of Services Requiring Emergency Intervention include an increase in Suicidal Thoughts with an Intent or Plan, Hallucinations or Psychosis, Euphoria, Risk-taking behavior, Chest Pain, Chest pain with Shortness of Breath, Shortness of Breath, Irregular Heart Rhythms, Facial Swelling, Neck Swelling, Systemic Rash, Seizures, Acute Dystonia, etc.

- *Acute Dystonia is a neurological movement disorder characterized by sustained or repetitive muscle contractions, often involving the face, neck, tongue, or back. These contractions can cause involuntary movements or abnormal postures.*

Inpatient Hospitalizations

I do not provide or refer to inpatient hospital care or arrange such care for my clients. Additionally, I am not affiliated with any inpatient facilities or on staff at any hospitals. It is also important to note that I cannot guarantee the quality of care a client may receive if they seek hospital care.

APPOINTMENTS

New Clients:

The 1st two visits with me will be strictly dedicated to finding an appropriate and accurate diagnosis. This means that medication will not be prescribed during these visits. Each visit will last approximately 60 minutes. To achieve the highest diagnostic precision, all new clients will perform **mandatory ADHD testing through QbCheck and undergo a brief Physical Assessment** during their second visit.

Returning Clients:

Subsequent visits will range from 20 to 60 minutes, depending on the client's needs and preferences. During these appointments, I will evaluate the client's mental health status, reevaluate their diagnosis, and engage in brief supportive psychotherapy. We will also discuss the efficacy and potential side effects of prescribed medication(s). The client's treatment goals and overall mental health will determine the optimal frequency of appointments. In some cases, I will suggest seeing a client weekly to twice monthly until their symptoms have stabilized or resolved.

For clients being prescribed controlled substances, i.e., ADHD medication, benzodiazepines, or sedatives, they will need to be seen at least once monthly for the 1st twelve months of treatment and at least every two months after that to ensure their medications are safe and effective and that we are appropriately treating symptoms.

In Office and Telemedicine Appointment Policy

I understand that appointment preferences vary, and I am committed to meeting my clients' needs by offering telemedicine and in-person consultations. The DEA requires clients to meet at least once in person for a medical evaluation before allowing controlled substances to be prescribed to them. Also,

some pharmacies and insurance companies have a policy that mandates clients to attend one or multiple face-to-face meetings with their prescriber yearly to receive controlled substances. Therefore, please be prepared to visit the office at least once or more every year for a medical evaluation to fulfill requirements set forth by your insurance company, the DEA, or your pharmacy.

Late Appointment Policy:

In case of being late for an appointment, it's important to note that clients may lose some of their designated time because their appointment time won't be extended.

- If a client has yet to check in within 5 minutes of their scheduled start time, they will receive a text message reminder to begin the appointment.
- If a client doesn't respond to this text message within 10 minutes of their scheduled start time, the appointment will be considered a no-show, and they will incur cancellation fees.
- However, if the client responds to this text message within 10 minutes of their scheduled time, they will be given until the 15-minute mark from the appointment's scheduled start to join.
- If the appointment has yet to start 15 minutes after the scheduled start time, then the appointment will be considered a no-show, and the client will incur cancellation fees.

Scheduling or Rescheduling Appointments:

Clients will utilize one of the following options to schedule or reschedule their appointments.

1. During the appointment with the provider (preferred method)

2. Utilizing the **IntakeQ portal**

- Click the "Book" tab to book a new appointment.
- Click the "Appointment" tab to reschedule or cancel an appointment.
 - Clients should email me **info@invigoratingpsychiatry.com** if they are having difficulties accessing the portal system.

Please understand that unexpected situations, such as illness or parenting responsibilities, can arise, and I will make every effort to notify clients if I need to reschedule their appointment.

Appointment Cancellation Policy:

Appointment times are exclusively reserved, and I never double-book clients. Therefore, if a clients needs to cancel their appointment, they should cancel at least 48 hours ahead of their scheduled start time.

- Failure to provide a 48-hour notice will result in a missed appointment/late cancellation fee, which will be charged to the credit card on file.
- This fee is \$50 for the 1st missed follow-up appointment, \$100 for subsequent missed follow-up appointments, and \$300 for a missed initial evaluation.

Suppose there is a repeated pattern of canceled appointments. Regardless of the notices given, I will discontinue services and cancel future appointments to accommodate clients committed to their therapeutic process. However, I will initiate communication with the client to assess whether we are a good fit before discontinuing services.

Vacation Policy:

As a psychiatric mental health nurse practitioner, I recognize the importance of taking time off to rest and recharge to provide the best possible care to my clients. To ensure that my clients receive uninterrupted and high-quality psychiatric care, I have established the following vacation policy:

I will notify my patients before any scheduled time off, including the dates of my vacation and any appointments that may need to be rescheduled.

If a client has an urgent psychiatric need during my absence, they should contact their primary care physician, go to their nearest emergency room, or contact a crisis helpline for assistance. For non-urgent matters, I will respond to client messages or call client when I return to the office.

Please note that the office may be closed during certain holidays or for other events. I will provide advance notice of any planned closures.

I appreciate the understanding and support in allowing me to take time off to recharge to provide clients with the best possible psychiatric care.

Termination Policy:

At any point, either the client or the provider can initiate the termination of psychiatric services. I may end services when I feel another provider will better meet the client needs. In that case, I will provide client with three appropriate referrals. I will always communicate with clients about this potential decision and assess whether we are a good fit before terminating services.

- Clients not seen in at least 6 months will be automatically discharged from the practice.
- Clients who miss more than 2 appointments without notice within 12 months will be automatically discharged from the practice.
- Clients with accounts in arrears past 120 days will be automatically discharged from the practice.

COMMUNICATION

Methods of Communication:

Portal: [IntakeQ Portal](#)

The preferred method of communication with our office is through the IntakeQ portal, which ensures encrypted communication and streamlines all clinical correspondence into a single channel.

Email: info@invigoratingpsychiatry.com

Please reserve **email** for situations requiring assistance regaining access to the IntakeQ portal system.

Text: [206-603-5725](tel:206-603-5725)

Text messaging should be reserved for when clients are running late to an appointment, not for clinical purposes. Additionally, text messaging can help enforce the late appointment policy, as it provides a clear record of the communication time. Text messages for all other reasons will be responded to with an automated response requesting the client to follow up in the **IntakeQ portal** to message their provider.

Phone: [206-603-5725](tel:206-603-5725)

Please note that **phone calls** are the least preferable mode of communication. Due to my focus on providing care, it may not be feasible for me to answer phone calls promptly before their next appointment. Therefore, please note that phone calls have the lowest likelihood of being returned. It is highly recommended to use alternative communication modes, such as the **IntakeQ portal system** or **email**.

Hours of Communication:

I am available to communicate with clients during the business hours listed on the **Invigorating Psychiatry PLLC website (www.invigoratingpsychiatry.com)**. So please take note that I will only respond to client inquiries during these hours.

For after-hours, weekends, or if a client needs help immediately, clients should call the crisis

lifeline (988), call 911, or go to the Emergency Room. Please kindly note I am in private practice. Therefore, I do not have on-call coverage for emergencies or outside prescribers supporting emergent needs.

Reasons for Communication:

Please note: Most issues should be shared during your appointment with me.

If a client requires consultation outside of a scheduled appointment, such as for medication side effects or worsening of symptoms, please initiate communication with me through the **IntakeQ portal**. However, if a client has multiple questions, are experiencing severe side effects, or their symptoms have significantly worsened, we will arrange another appointment to address their concerns adequately, or they will be directed to the emergency room.

Examples of Severe Side Effects, Worsening Symptoms, or Emergency include an increase in Suicidal Thoughts with a Plan, Hallucinations or Psychosis, Euphoria, Risk-taking behavior, Chest Pain, Chest pain with Shortness of Breath, Shortness of Breath, Irregular Heart Rhythms, Facial Swelling, Neck Swelling, Systemic Rash, Seizures, Acute Dystonia, etc.

- *Acute dystonia is a neurological movement disorder characterized by sustained or repetitive muscle contractions, often involving the face, neck, tongue, or back. These contractions can cause involuntary movements or abnormal postures.*

Fees for Communication:

Please note: Most issues should be shared during the appointment. Seeking to regain access to the Invigorating Psychiatry PLLC portal will never incur a fee.

Routine Messaging

Routine messages will be answered in 3 to 5 business days. If the answer to a question is not resolved within 2 to 3 messages, I suggest booking another appointment. If a client has multiple questions between appointments, I recommend booking another appointment.

Pharmacy Change Requests

Clients will be allowed **2 free pharmacy change requests** between appointments. Please allow 3 to 5 business days for routine pharmacy change requests to be completed. Subsequent pharmacy changes will require another visit or incur a **\$20 cost**. **Invigorating Psychiatry PLLC will always give clients advance notice before offering and charging them for this service. This fee is not covered by insurance.**

MEDICATION

Medication Policy:

All prescriptions are electronically sent to a client's pharmacy on the day of their appointment. These prescriptions are "on file" with their pharmacy and can be filled once every 28 days. Sometimes, prescriptions will only be filled for 1 to 3 weeks to help facilitate faster medication adjustments and improvement.

Refill Policy:

Medication prescriptions should be requested during our sessions together. This allows us to discuss how the medications work and how long a client should take them. Very occasionally, a client may need a refill

between sessions. Clients should call their pharmacy first because the pharmacy most likely already has refills on file. Client should keep an eye on the amount of medication they have on hand to avoid a rush and give the pharmacy and me enough time to process your refill. Please allow **3 to 5 Business Days** for medications requested outside our appointments to be refilled. I will not authorize refills if a client does not have a future appointment on file since **I am legally required to ensure that clients are in active treatment to prescribe medications for them.**

Please note that in the event of a missed or canceled appointment, a client's medications will not be refilled. If there is a pattern of repeated refill requests followed by rescheduling or canceling appointments, then I may consider discharging the client from the practice. I will always communicate with clients about this potential decision and assess whether we are a good fit before terminating services.

I cannot provide refills of medications provided by other providers or for other medical conditions, including narcotic pain medications. I will not prescribe any medications on a client's first two visits to our office.

If a client is traveling out of WA State, please be aware that ARNP prescribing laws vary between states, and I cannot fill medications outside of WA.

Clients are responsible for keeping track of their medications. Controlled medications that are lost or stolen will not be refilled early. The client must wait for the following eligibility date to refill the prescription. Any script for a controlled substance prescription that has expired requires a return appointment.

Controlled Substance Policy:

Strict regulations prohibit the prescribing of controlled substances beyond 90 days after their most recent appointment. Therefore, clients will need to be seen every 30 to 90 days who are being prescribed controlled substances. The frequency of visits depends on how long they have been a client at the practice, how well the medications are working, and if we are experiencing any side effects. If a controlled substance prescription has expired, a new appointment is required to obtain a new prescription.

It's no longer permitted for providers to issue paper prescriptions for controlled substances or send them to the pharmacy via fax or phone. The only accepted method for sending controlled substances to the pharmacy is electronic.

Clients are responsible for keeping track of their medications. Controlled medications that are lost or stolen will not be refilled early. The client must wait for the following eligibility date to fill their prescription.

PHARMACY

Pharmacy Policy:

Clients need to establish a rapport with their local pharmacy and know which pharmacies carry their prescribed medication. As the provider, I cannot guarantee the availability of medications at different pharmacies. Therefore, the client must ensure that their chosen pharmacy has their medication in stock.

In light of medication shortages, clients sometimes request to switch pharmacies between appointments. While sending medications to a different pharmacy may seem straightforward, it is time-consuming. The provider must check prescription records, cancel the script at the previous pharmacy, and then write a new prescription. For this reason, **I allow two free pharmacy changes in-between appointments. Pharmacy changes may take three to five business days to be completed. A \$20 fee will be**

applied, or another appointment will be requested if a client requests additional pharmacy changes. **Invigorating Psychiatry PLLC will always give you advance notice before offering this service and before charging you for it. This fee is not covered by insurance.**

Single Pharmacy Policy:

We must designate a primary pharmacy where medications can be obtained as part of their ongoing treatment plan. Invigorating Psychiatry PLLC offer e-scripts as a convenient way to facilitate medication refills and insurance prior authorizations. **I kindly ask my clients to utilize only one pharmacy while receiving treatment at the clinic.** However, if exceptional circumstances necessitate obtaining prescriptions from a different pharmacy, we will evaluate these requests individually.

LABS

Lab Policy:

1. Serum lab draws may be necessary to identify the underlying causes or factors contributing to certain psychiatric conditions.
2. Certain psychiatric medications may require periodic serum lab draws to monitor their therapeutic levels and potential side effects.
3. Serum lab draws may be required before starting a new medication, periodically during treatment, or if there are concerns about the medication's efficacy or safety.
4. The frequency of serum lab draws will be determined by the prescribed medication, the client's medical history, and any co-existing medical conditions.
5. It is the client's responsibility to schedule and attend all necessary serum lab draws as prescribed.
6. The patient's insurance may cover the cost of a serum lab draw, but clients should verify the price with the insurance provider before scheduling the lab draw.
7. If the patient misses a scheduled serum lab draw, I may withhold further prescriptions until the lab draw is completed.
8. I will review the results of a serum lab draw and communicate any necessary medication adjustments or recommendations to the client.
9. Upon request, the patient will receive a copy of all serum lab draw results.
10. The serum lab draw policy may be updated or revised as necessary, and any changes will be communicated to the client.

Drug Testing Policy:

I reserve the right to drug test clients before or during medication management. Illicit substances, including cannabis and alcohol, interfere with the efficacy of psychotropic medications. Adequately screening for substances that may interact dangerously, like illicit and prescribed drugs, is essential to prevent severe injury to our clients. I may not initiate medication or may ask for sobriety before initiating medication if substance abuse is evident.

WEAPON POLICY

Under no circumstances are firearms or weapons permitted in my clinic location. Regardless of personal carry license status, I do not allow possession of firearms or weapons inside Invigorating Psychiatry PLLC facilities or on its premises.

AI-POWERED MEDICAL DICTATION

As part of my clinical practice, I may use artificial intelligence powered tools to assist with clinical documentation. By using such tools, I am able to more effectively and accurately document the content of your sessions. Any such tools that I use will be secure and HIPAA compliant. The artificial intelligence powered tool will provide only a rough first draft of my clinical documentation. I personally review the rough drafts and I personally create a final version to ensure completeness, accuracy, and clinical appropriateness. No raw data from our sessions will be maintained and/or stored. I will never make use of Artificial Intelligence to deliver any direct clinical services, nor will I use artificial intelligence to make any decisions about you or your clinical care. Please let me know if you have any questions or concerns about this process.

MEDICAL RECORDS

Medical Records Request

Clients have the right to a copy of their medical records at any time. We will respond to requests within 15 working days, in accordance with RCW 70.02.080.

If a client finds it necessary to change mental health providers and require records to be sent from Invigorating Psychiatry PLLC, their account must be paid in full before their records are released.

Medical Records Requests by Medical Providers, Insurance, Payers, and Federal, State, or Local Governmental agencies will not be subject to reimbursement for labor, supplies, or postage. All other Medical Records requests will be subject to labor, supplies, and postage reimbursement.

Confidentiality:

The information discussed during the course of therapy is confidential. By law, information concerning treatment may be released only with the consent of the person treated (or the their guardian, if applicable). In the event where there is suspected child abuse, neglect, exploitation (RCW 26.44), or imminent danger of harm to oneself or others, the law requires the release of confidential information. In these instances, we are required to make a report to the appropriate authorities. In addition, the courts may subpoena treatment records in certain circumstances. Any type of release of confidential information will be discussed with the client. We are compliant with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding personal health care information (PHI). HIPAA requires that we provide clients with a Notice of Privacy Practices. This notice, which is attached to this agreement, explains HIPAA in detail and its application to their personal health care information.

Notice of Privacy Practices:

Client Information - Client Rights - My Responsibilities **Please review carefully.**

Under Washington Administrative Code (WAC) 388-877-0600, clients have the right to:

- Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability.
- Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
- Be reasonably accommodated in case of sensory or physical disability, limited communication ability, limited English proficiency, and cultural differences.
- Be treated with respect, dignity, and privacy, except that staff may conduct reasonable searches to

detect and prevent possession or use of contraband on the premises.

- Be free of any sexual harassment.
- Be free of exploitation, including physical and financial exploitation.
- Have all clinical and personal information treated in accordance with state and federal confidentiality regulations.
- Review their clinical record in the presence of the administrator or designee and be allowed to request amendments or corrections.
- Receive a copy of agency grievance system procedures upon request and file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated.
- Lodge a complaint with the Washington State Department of Health when they feel the agency has violated a WAC requirement regulating behavioral health agencies.
 - Washington State-Department of Health
 - Health Systems Quality Assurance (HSQA)-Complaint Intake P.O. box 47857 Olympia, WA 98504-7857
 - Email: HSQAcomplaintintake@doh.wa.gov

My Responsibilities as your clinician:

- I am required by law to maintain the privacy and security of clients protected health information.
- I will let clients know promptly if a breach may have compromised their information's privacy or security.
- I must follow the duties and privacy practices described in this notice and give them a copy.
- I will not use or share client information other than as described here unless they tell us we can in writing. If they tell us we can, a client may change their mind anytime. Clients should let our office know in writing if they change their mind. For more information, see:
www.hhs.gov/ocr/privacy/hipaa/...

Response to lawsuits and legal actions:

I can share health information about clients in response to a court or administrative order or a subpoena. If there will be sharing of client health information, I will provide a Release of Information to request specific information and with whom for the client to sign consent.

Minors:

In accordance with RCW 71.34.530; Any minor thirteen years or older may request and receive outpatient mental health treatment without the consent of the minor's parent(s). Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen.

Changes to the Terms of this Notice:

I can change the terms of this notice, and these changes will apply to all information we have about the client. The new notice will be available upon request in our office and on our website. This notice of privacy practices is effective as of 07/23/2023 and applies to the following:

Invigorating Psychiatry PLLC
6100 219th Street S.W. Suite 480
Mountlake Terrace, WA 98043

Client Name: _____

Provider: Nicholas Garmon, ARNP, PMHNP-BC, FNP-C

Client Agreement

By signing below, I hereby acknowledge and confirm the following:

1. I have thoroughly read and carefully examined Nicholas Garmon's Invigorating Psychiatry Disclosure Statement in its entirety.
2. I possess a complete understanding of Nicholas Garmon's Invigorating Psychiatry Disclosure Statement.
3. In my capacity as a client of Nicholas Garmon at Invigorating Psychiatry PLLC, I hereby confirm my consent and commitment to abide by the terms and conditions delineated for clients within Nicholas Garmon's Invigorating Psychiatry PLLC Disclosure Statement.
4. I have been provided with a printed copy of Nicholas Garmon's Invigorating Psychiatry PLLC Disclosure Statement upon request.
5. I acknowledge that Invigorating Psychiatry PLLC operates as an independent business responsible for delivering mental healthcare services.
6. I hereby grant authorization to Invigorating Psychiatry PLLC to furnish mental health services to me.
7. I authorize my provider, Nicholas Garmon, ARNP, PMHNP-BC, FNP-C, and Invigorating Psychiatry PLLC, to release information to the listed insurance carrier(s) and be paid directly by the insurance carrier(s) for services billed.
8. I have received a Notice of Privacy Practices that elucidates HIPAA regulations.

Signee Relationship to Client:

Guardian signature required when the client is an unemancipated minor or incapacitated

Client or Guardian Full Name

Client or Guardian Signature

Date

Provider Signature

Date