

Austin Trauma Associates, PC
Bobby(Barbara)Macpherson, MSN RN CNS PMHNP
Adult Clinical Nurse Specialist
Adult Psychiatric Mental Health Nurse Practitioner

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CLIENT INFORMATION

- Description of Services** I provide medication management and psychotherapy services to clients 17 years and older. These may include: initial assessment and evaluation, consultation, individual therapy, group therapy, telephone conferences, and coordination of treatment with other professionals, (physicians, advanced practice nurses, psychologists, social workers, professional counselors). Goals and objectives are developed with the client. An environment of hope, trust and safety is important for gaining meaning and insight. All therapies used address body, mind and spirit and provide relief without retraumatization.
- Appointments** The first appointment includes completing the **registration information** by the client, reading the **Notice of Privacy Practices**, completing some **assessment tools**, and an **initial evaluation**.
- Cancellation and Missed Appointments Policy** Clients are expected to notify me 24 hours in advance if they must cancel. Missed appointments or those cancelled with less than a 24hour notice will be charged.
- Length of Treatment** Brief therapy is desired, usually by the client and the insurance companies. This is not always the case and the client may benefit from longer therapy, depending upon the client's goals. Appointments may be twice a week, once a week, once every two weeks, once a month, or on a timetable to be agreed upon.
- Confidentiality** Professional ethics and federal and state law require complete confidentiality of information shared as a result of services rendered. Cases will not be discussed with anyone without written consent, except as follows: (a) if contact reveals that the client is a danger to self or others, (b) if abuse of a minor, elderly, or disabled person is suspected, or if the client divulges such information, (c) to insurers for claims payment, (d) as required by state or federal law, (e) if the professional was appointed by the court to evaluate the client, (f) if the client files a suit against the professional for breach of duty. See the **Notice of Privacy Practices** for more information.
- Payment for Professional Services Rendered** Payment is required at the time services are rendered, unless prior arrangements have been made. Basic fees are: \$200.00 for an initial evaluation, \$90.00 for medication follow-ups, \$120.00 per hour for psychotherapy. Charge cards, debit cards, and checks are accepted. I take insurance as an out of network provider and accept Medicare/Medicaid. I can provide documentation of appointments, charges and fees paid, per a ledger statement.
- Professional Standards** Guiding standards include: The American Nurses Association's **Scope and Standards of Advanced Practice Registered Nursing**, and **Scope and Standards of Psychiatric-Mental Health Nursing Practice**, by the American Nurses Association, the American Psychiatric Nurses Association, and the International Society of Psychiatric-Mental Health Nurses. I adhere to the **Texas Nursing Practice Act, the BNE Rules, Laws and Rules Governing Advanced Practice Nursing**. The address for the Board of Nurse Examiners for the State of Texas, is PO Box 430, Austin, Texas, 78767-0430, (512) 305-7400 www.bne.state.tx.us
- My signature attests to the following - I have read this information and I consent to engage in services.

Client Signature _____ Date _____

Parent/guardian/representative _____ Relationship _____

Printed name of above _____