



NW Medical Hypnosis, LLC

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Professional Disclosure Statement with Consent to Treatment

Contact Information: NW Medical Hypnosis, LLC, Debbie Nesbitt ARNP, PMHNP-BC, ABMH located at 10000 NE 7th Avenue, Suite 330-D, Vancouver, WA, 98685.

Phone number: 360-513-9567
Website: www.NWMedicalHypnosis.com

Registrations: Washington State: Advanced Registered Nurse Practitioner (Family Psychiatric Mental Health), Registered Nurse, Registered Hypnotherapist.

Education and Training: I hold a Master of Science Degree in Nursing from Gonzaga University and am licensed as an Advanced Registered Nurse Practitioner. I am ANCC board certified as a Family Psychiatric Mental Health Nurse Practitioner. I also have an Applied Science Degree in Nursing and an Associate's Degree from Clark College.

I have received hypnosis education, training and certification from a number of sources including the American Society of Clinical Hypnosis (ASCH), Oregon Society of Clinical Hypnosis (OSCH), and Apositiva in Portland, Oregon. I am certified in Neuro-Linguistic Programming (NLP), HypnoBirthing®, Hypnosis for Fertility, Complementary Medical Hypnosis, Meta States, and Pain Management. I hold a certificate of completion for Emotional Freedom Technique (EFT) and have been trained in the use of biofeedback.

I have passed the prestigious American Board of Medical Hypnosis exam and hold the highest level of certification available within the American Society of Clinical Hypnosis (Diplomate status). Through ASCH I am certified in Clinical Hypnosis and recognized as an Approved Consultant.

As the state of Washington has not adopted educational and training standards for the practice of hypnotism, this statement of hypnosis training is for informational purposes only. Hypnotism is a self-regulating profession and its practitioners are not licensed by most state governments.

I practice within the scope and standards of practice for advanced registered nurse practitioners. I maintain a high level of expertise through regular participation in a variety of professional courses, conferences, and professional organizations. I am required to have 45 continuing education credits every two years to maintain my advanced practice license.

Professional Memberships: I am a member in good standing of the American Psychiatric Nurses Association, American Holistic Nurses Association, American Society of Clinical Hypnosis, and the Oregon Society of Clinical Hypnosis (serving as President for 2010-2012).

My Philosophy & Approach: As a holistic nurse practitioner, I see my patients as unique and valuable individuals, with whom I partner together in treating the whole person; mind, body, spirit, and energy. I use a strengths-based, personal, one-on-one, client-oriented approach to help each patient identify core problems, and more importantly, to work together on solutions to help them achieve their goals. Utilizing principles from evidence-based therapies such as psychodynamic psychotherapy, interpersonal psychotherapy, cognitive behavioral therapy, hypnotherapy, and pharmacological interventions, I seek to create a safe, healing environment in which the patient can discover and explore those modalities which will best meet their needs. I offer hypnosis, NLP, EFT, biofeedback, counseling, and stress management services. Medication management is offered in the context of a holistic treatment plan, including therapy with review of diet, exercise, sleep, supplements, stress management, and personal support.

Therapy and Hypnosis Services: The primary objective of treatment is self-improvement and increasing quality of life. You, as the patient, are actively involved in the process and ultimately responsible for the number of sessions and the changes you wish to make. As we work together, there may be exercises for practicing new skills, reading assignments, and homework assigned to be done outside of session time which you are responsible for. ***I cannot and do not guarantee or promise any specific outcomes from our work together.***

By the end of the first or second session, *after completing an assessment*, I will share with you my thoughts about your case and collaborate with you on how we should proceed, including an approximate number of sessions, and if we are a good fit to work together. If we both mutually agree, after the assessment, that this is a good fit, then you will be accepted as my patient. If not, I will do what I reasonable can to help you find the appropriate practitioner. In everyone's best interest, I do not take on clients I do not think I can help. At any time I may refer you to other practitioners for additional allopathic or complementary services that I do not offer.

The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. You are ultimately responsible for choosing the provider and treatment modality which best suits your needs and you always maintain the right to refuse services at any time. If you wish to stop therapy, I ask that you agree now to talk with me first so we can plan for termination in a way that is most helpful and supportive while coordinating transfer of services to another provider.

Treatment Consent: My services may include a psychiatric mental health evaluation, evaluation of lifestyle, diet, nutrition, sleep habits, substance use, physical activity, relationships, work, spiritual practices, and hobbies in light of how they impact health, collaboratively developing a treatment plan to attain mutually agreed upon goals, initiation of interventions including both pharmacological and non-pharmacological to make progress toward your goals, and re-evaluation of interventions at appropriate intervals.

While I will seek to do everything I can to maintain therapeutic progress, it is dependent on several factors, some of which are out of my control. Conditions under which treatment may be terminated include but are not limited to:

- Inability to establish and maintain a therapeutic relationship.
- Lack of progress toward therapeutic goals.
- With-holding of information deemed necessary to the therapeutic process.
- Engaging in substance use/abuse or other activities destructive to the therapeutic process
- Failure to follow treatment plan
- Failure to keep follow-up appointments, two consecutive missed/no show appointments
- Failure to keep account balance current
- Using prescribed medications in any illegal manner
- Hostile or aggressive behavior deemed unsafe for the ARNP, staff, or other patients.

Risks & Benefits: All hypnosis is considered self-hypnosis. It involves narrowing your scope of focus. In this state of focused attention an individual may be highly responsive to suggestion. Hypnosis, counseling, and therapy can bring up negative feelings, emotions and memories. There are times when symptoms may actually appear to worsen before they improve. The change process may disrupt relationships, work or school. It is important for you to immediately communicate with me throughout the therapeutic process and share any questions or concerns you have.

There are many potential benefits of therapy that have been reported in hundreds of well-designed research studies for a variety of issues such as anxiety, depression, phobias, and trauma. Benefits may include resolving past issues or trauma, reducing anxiety or depression, and improving quality of life. I will share with you the risks and benefits for the specific treatment options and medications we discuss so you can make an informed decision if this treatment is the right choice for you.

Patient Rights and Responsibilities:

As my patient, you have the right to:

- Be treated with respect, free of physical, verbal and sexual abuse or discrimination.
- A copy of the acts of unprofessional conduct as listed in RCW18.130.180 which is provided in the 'Counseling and Hypnotherapy Clients' handout on my website: www.nwmedicalhypnosis.com.
- Know the estimated duration of treatment and approximate cost before treatment begins.
- Terminate treatment at any time; I will help with transfer of care to another practitioner.
- Assert any right without fear of retaliation.
- Understand risks and benefits for receiving or refusing treatment.
- Be assured your personal health information is handled confidentially as outlined in the "Notice of Privacy Practice" handout you received, read, understood, and signed.

As my patient, you have the responsibility to:

- Keep all appointments as scheduled.
- Commit to your therapy and treatment plan by following through on all homework assignments, exercises, and if applicable following medication management instructions.
- Pay in full each session (cash, check, VISA, MasterCard) unless other arrangements have been preapproved, as I do not bill insurance. I will provide a receipt.
- Let me know 48 hours in advance for appointment cancellations otherwise you will be billed \$115. No shows are also billed \$115. These fees will be due within two weeks of the originally scheduled appointment or by the next appointment, whichever comes first.
- Let me know at any time questions or concerns you have regarding any aspect of your treatment so I can work toward a satisfactory resolution.
- Make sure you have enough medications between appointments to prevent running out. Regular medication check appointments will be scheduled to monitor desired effects, review side effects, make dosage adjustments, and write prescription refills.
- Update me with changes in contact information, medical/psychological health conditions, ability to pay for services.

Crisis & Emergencies: I check my phone and email messages throughout the day, Monday through Friday, 8-5pm, with the exception of weekends, holidays, and scheduled vacations. Due to the nature of working with patients, I may not be able to answer your call immediately but will try to get back to you as soon as possible, usually within the same working day.

If your situation is urgent and you are unable to reach me, you should call your primary care provider, the Clark County Crisis Line at (360) 696-9560, Washington County Crisis Line at (503) 291-9111, or dial 911. You can also go directly to the emergency department of the nearest hospital. For medication questions you may consult your pharmacist, physician, or 911.

There may be times when I am out of the office on vacation or leave, that I will have another ARNP or Psychiatrist covering for emergencies. If that is the case, I will leave a contact phone number on my answering machine. Your signing of this document gives me permission to share your health information with this provider during my absence. They are also bound to the same privacy laws that I am.

If you are having an allergic reaction to medication such as skin rash, hives, itching, swelling, or difficulty breathing or swallowing, stop taking the medication and seek medical attention immediately.

Fees: The initial appointment is \$250 and is usually about 2-2.5 hours in length. All following therapy appointments are \$115 per hour.

Follow up medication checks are \$75 (maximum 30 minutes).

Medication checks combined with therapy are \$50 in addition to the \$115 per hour appointment cost.

Smoking cessation sessions are \$325 and usually consist of a three hour session, an hour follow-up session, handouts, and two self-hypnosis CD's for ongoing reinforcement and support.

Classes are priced separately and are payable at the beginning of the class. See website for class schedules and prices. Prices are subject to change without notice.

Payment options include cash, check, or credit card (VISA, MasterCard). An additional \$4 processing charge is applied to all credit card payments. A receipt will be provided. I do not bill insurance, Medicare, or Medicaid at this time.

All fees are subject to change without notice.

Cancellation & Rescheduling Policy: No problem for appointments that are cancelled or rescheduled with at least 48 hours notification. No-shows or appointments changed with less than 48 hours notice will be billed \$115. Please let me know if there are extenuating circumstances which result in a missed appointment. These fees will be due within two weeks of the originally scheduled appointment or by the next appointment, whichever comes first.

Confidentiality: Health care information is protected by law and requires your authorization for disclosure except for information needed to facilitate treatment planning, payment, or health care operations. The law also mandates I release information in the following circumstances without your permission: cases of suspected child/elder abuse, imminent danger to self or others, and subpoena for legal proceedings. You will find a copy of the "Notice of Privacy Practices" in your New Patient Intake Packet and on my website at www.nwmedicalhypnosis.com under "forms". Please read it carefully.

After receiving, read/have read to you, and been given an opportunity to ask questions, please initial indicating that you are of sound mind, understand the material given, agree to, and are signing voluntarily:

- _____ New Patient Intake Form
- _____ Notice of Privacy Practices
- _____ Consent to Use and Disclose Your Protected Health Information
- _____ Professional Disclosure Statement with Consent to Treatment

By signing below, I request and consent to engage in treatment with Debbie Nesbitt, ARNP, PMHNP-BC, understanding this will be a holistic approach, including but not limited to, the services and therapies referred to in this document. I have discussed any concerns about the treatment process and I agree to the contract terms as stated above.

Client Name: (print) _____

Client Signature or representative: _____ Date: _____

ARNP Signature: _____ Date: _____