

Julie L. Anderson, ARNP, LLC

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Practice Information

Appointments: Regular office hours are Monday through Friday 9:30 am - 4:30 pm, with some weekend availability by special appointment only. Appointments are necessary for all sessions, no exceptions. Emergency phone appointments are available. Emergency therapy sessions are dependent on schedule availability.

Cancellations: Full 24 hours advance notice is required for a non-fee cancellation. Missed appointments will accrue a missed-appointment fee of 45.00. If a last minute cancellation or change of schedule can be accommodated, no additional fee will be assessed.

Fees: There is a charge for all scheduled appointments. The current rate is \$45 per 15 minutes, or \$175 per hour for consultation; individual therapies are charged dependent on treatment. Full-fee payment is expected at the time of service unless prior arrangements have been made. Phone calls lasting more than 5 minutes will be billed at a prorated consultation rate. Visa, MasterCard, cash and checks are accepted.

Insurance: Payment is expected at the time services are rendered. We do not bill your insurance company, but we do provide you with two copies of an itemized receipt for services, which you may be able to submit for reimbursement from your insurance company, depending on your plan. Please note that I have opted out of Medicare and Medicaid, so none of my services are reimbursable through those plans. If you are eligible for Medicare services and want to become a patient, you will need to fill out the Medicare Contract form.

Confidentiality: As a client, you have a right to privacy. Generally our discussions, clinical assessments, and records thereof are held as confidential communication. Written notes are secured in a file. Requests for information will only be released with your informed and signed consent. There are, however, limits to confidentiality, guided by law and clinical ethics.

1. In instances that the client or another person is in a life-threatening situation, a report must be made to an appropriate authority in order to protect the person at risk.
2. If a client has reported physically or sexually abusing a minor, an elder, or a developmentally disabled person of any age, law requires that such abuse be reported to state authorities. If clear current threat of such abuse is present, action will be taken to protect the individual(s) involved from additional abuse.

Confidentiality and Insurance: Insurance requires periodic progress and process reports that become part of your permanent medical record. Minimally, a diagnosis is required. Often, goals of therapy and progress towards these goals are required to be reported. If you sign the standard insurance waiver of confidentiality, whatever information your insurance company requests must be sent to them.

Declining Services: The right to decline delivery of services is reserved. A referral will be made in the instance where your best interests as a client are not being served at this office.

Non-exploitive treatment is expected of the client. If necessary, resolution will be solicited, services may be declined, and appropriate intervention may be pursued should exploitive treatment occur.

Supplements: Supplements are available for your convenience. It is not necessary to purchase them through this office in order to be a client in this practice. Please call prior to visiting the office to assure that the supplements you would like to purchase are in stock and available. As all supplements are prescribed, no sales tax is added to the price. Supplement returns are accepted within 90 days of purchase if unopened, subject to a 25% restocking fee. Special orders and items requiring refrigeration are not returnable. Shipping and handling fees are non-refundable.

Philosophy of Practice: To bring the best knowledge available at the time of your appointment; to join in a partnership with you as a client with the goal of improving your health. There is no promise to cure any disease, but there is confidence to improve almost any condition, together with your cooperation and attention.

I have received and read a copy of this information sheet. _____ Date: _____
Client signature & date
(or legal guardian if client is under 18 or unable to sign for self.)