

Dr. Janet Somlyay, DNP, CPNP, PMHNP, PMHS

Child/Adolescent/Family/Adult Psychiatric Nurse Practitioner

Pediatric Mental Health Specialist / Pediatric Nurse Practitioner

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## PROFESSIONAL DISCLOSURE STATEMENT

Welcome to Seasons Psychiatric Clinic! As part of our therapeutic working relationship, I wish to make clear the rights and responsibilities we share. I ask that you read the following information carefully and ask any questions you have about it.

**PROFESSIONAL QUALIFICATIONS:** I graduated from Trenton State College with a Bachelor of Science in Nursing degree in 1984. I was commissioned in the Air Force as an officer and retired as a Lt. Colonel in 2002. I spent my military career working with children and families in the nursery and pediatric settings (hospitals, medical centers, and clinics). I received a Master of Science in Nursing from the University of Utah in High Risk Pregnancy in 1987. I completed the Pediatric Nurse Practitioner course from the Air Force School of Health Care Sciences. I received a post-master's degree as an Adult Psychiatric Mental Health Practitioner when teaching at the University of Wyoming. I received a Doctor of Nursing Practice as a family psychiatric nurse practitioner from Arizona State University. I have completed over 2000 hours of psychiatric clinical work at Wyoming Behavioral Institute, Denver Children's Hospital, Wyoming State Psychiatric Hospital, community clinics and private clinics. My research area was adolescent depression, healthcare technology, and evidence-based care. I was named the American Psychiatric Nursing Association's national graduate student scholar in 2010. I also was a faculty member at the University of Wyoming School of Nursing for many years. I am nationally certified as a pediatric nurse practitioner in primary care, acute care, and as a pediatric mental health specialist. I am also nationally certified in adult and family (child adolescent family) as a psychiatric mental health nurse practitioner. I am a Wyoming advanced practice nurse with prescriptive authority. I am currently the 2013 Wyoming Chapter President for the American Psychiatric Nursing Association. I am also a clinical adjunct faculty member for psychiatric nurse practitioner students at Drexel University in Philadelphia, Pennsylvania.

**Philosophy & Approach:** I believe in assisting my patients (and families) to make positive, healthy, and useful choices for themselves; and in assisting them to discover different, more

effective approaches to their lives. My philosophy is to treat people the way I would want to be treated. I can provide medication management and psychotherapy. I use a collaborative approach to teach coping skills and change techniques – working with patients, their families, therapists, schools, and primary care providers. I utilize medication as well as many theoretical approaches including Cognitive Behavioral, Dialectical Behavioral Therapy, Motivational Interviewing and Supportive Therapy. I am well grounded in the Bowen Family System Theory and Evidence Based Care and use these as a basis for all of patient encounters.

**Therapy:** 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.

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 include a psychiatric mental health evaluation, medication history, developmental history, school history, 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 (or providing deceitful 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.

**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.
- 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 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.
- Let me know 48 hours in advance for appointment cancellations otherwise you will be billed \$50. No shows are also billed \$50. 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:** My Office Manager checks phone messages and email messages throughout the day, Monday through Friday, 8-5pm, except for weekends, holidays, and scheduled vacations. Due to the nature of working with patients, we 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. At most, please allow 24-48 hours for a return call. If your situation is urgent and you are unable to reach me, you should call your primary care provider 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. 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 60 minutes in length. All follow-up appointments are \$100-\$200 per visit depending on time spent, complexity of the visit, medications ordered/refilled, etc. I accept most insurances including Tricare and Medicare.

**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.

By signing below, I request and consent to engage in treatment with Dr. Janet Somlyay, DNP, ARNP, PMHNP-BC, understanding this will be a collaborative 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 Signature or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Somlyay's Signature: \_\_\_\_\_ Date: \_\_\_\_\_