Melissa Rubin, DNP, ARNP
3500 SW Alaska Street
Seattle, WA 98126
206.203.2166 (tele)
206.501.4451 (fax)
Melissa@SoundFamilyPsychiatry.com
www.SoundFamilyPsychiatry.com

Sound Family Psychiatry

Disclosure Statement

1. A client is entitled to information concerning any clinician who is providing medication management and/or therapy services to that client.

   Degrees: Doctorate of Nursing (DNP), University of Washington, 2015
   Masters of Nursing (MN), University of Washington, 2003
   Bachelors of Nursing (BSN), University of Pennsylvania, 2000

   ANCC Certification 2016004881: Psychiatric and Mental Health Nurse Practitioner, Across the Lifespan

   Licensure: RN: RN00138445 ARNP: AP 60676456

2. The practice of both licensed and unlicensed person in the field of mental health is regulated by the Washington State Department of Health. Questions or complaints may be addressed to:
   Washington State Department of Health
   Health Professions Quality Assurance
   310 Israel Road, PO Box 47860
   Tumwater, WA 98501-7860
   Email: hpqa.csc@doh.wa.gov
   Phone: 360.236.4700
   Tax: 360.236.4818

3. Client Rights and Important Information:
   - A client is entitled to receive information about the methods of mediation management and counseling; the techniques used; the duration of treatment (if known); and the fee structure.
   - A client may seek a second opinion from another provider and may terminate treatment with any provider at any time.
   - In a professional relationship, sexual intimacy is never appropriate and should be reported to the Health Professions Quality Assurance Commission.
   - Confidentiality of records or information collected about the client will be held or released in accordance with HIPAA standards regarding confidentiality of such records and information. Know your rights: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers
   - State and local laws require that a health care provider report all cases of physical or sexual abuse or neglect of minors or the elderly.
   - State and local laws require that a health care provider report all cases in which there exists a danger to self or others.
4. I have read the preceding information, understand my rights as a client, have received a copy of this disclosure and have been offered a copy of HIPAA information.

Client/Guardian Signature: _____

Client Name (printed): _____ Date: _____

Guardian Name (printed): _____ Date: _____