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PROFESSIONAL PRACTICE STATEMENT

In this document, I have written important information about my clinical and business policies. Please read it carefully. I am happy to discuss any questions you might have with you. When you sign this document, it represents an agreement between us.

THE TREATMENT PROCESS. Entering into the therapy process can be uncomfortable, especially as you share personal feelings and life events. However, therapy typically leads to significant reduction in feelings of distress, effective solutions to personal problems, and more satisfying and meaningful relationships. Therapy involves a personal, collaborative working relationship in which the relationship itself is a factor in the success of treatment. Although results cannot be guaranteed, outcome is greatly facilitated by, active participation on your part. In general, for therapy to be most effective, you will need to reflect upon issues both during and in between our sessions.

MEDICATION. I will provide a thorough psychiatric evaluation. This may include gathering information from prior clinicians including mental health providers and primary care providers. Finding the right medication and dosage for your individual neurochemistry may take several months. It is a process and we will develop a plan together to achieve the best results. We will always discuss each medication considered, its potential benefit for you as well as common side effects and how to manage them.

If we decide on a particular medication plan, I expect that you will take your medication only as prescribed, and if you feel a change or discontinuation is necessary you will discuss this with me.

Medication management appointments are scheduled as often as needed initially until stability is reached. Once you are stable on your medication, follow-up appointments are made at least every three months to monitor ongoing therapeutic and adverse responses. If you miss your medication follow-up appointment, I generally do not “call out” a refill over the phone. You will need to reschedule your appointment.

CONFIDENTIALITY. By its very nature, psychotherapy and medication management involve sharing of personal information. Therefore, I want you to know that one of your important rights involves confidentiality. The information you share in therapy or medication evaluation is confidential and will not be shared with others without your written permission. If you have insurance that covers a portion of mental health treatment, and you choose to use your insurance to partially pay for your care, the insurance companies typically require a diagnosis and occasionally detailed information. This is discussed more fully in my Financial Policy and Agreement. Please read that document carefully. There are a few legal and ethical exceptions to confidentiality:

- a) If I believe that a child, elderly person, or disabled person is being abused or neglected, I am required to report this to the appropriate authorities or the police;
- b) If I believe that you are threatening serious bodily harm to yourself or someone else, I am required to take protective actions;
- c) If I receive a legal subpoena, I may be required to release certain information;
- d) If there were a medical emergency that required a call to emergency personnel for assistance in my office building.

Situations such as these that require me to break confidentiality are very rare. Should a situation like this occur, I will make every effort to discuss it with you prior to taking any action.

CONTACTING ME. I can be reached at 748-1477. Because I am often with clients, my number goes directly to my voicemail, where you can leave a confidential message. I check my messages frequently during business hours, and I will return your call as soon as possible. Since I also check messages from other locations, please be sure to leave phone number(s) where you can be reached during daytime hours and, **be sure that the number you are calling from accepts blocked calls.** If you feel that your call is regarding a life threatening emergency (eg; you are having suicidal thoughts that will not go away, or that you might act upon, or you are having a reaction to your medication) please call my office number and listen to my voicemail for instructions.

CANCELLATIONS. If you need to cancel an appointment, please call 24 hours in advance so that the time can be re-scheduled for someone else. I do not “double book” appointments therefore, the time you have scheduled is yours. Since I only have a limited number of appointments available during the week, you will be charged for missed appointments or those not cancelled 24 hours in advance (Monday appointments need to be cancelled by Friday.) This includes initial evaluation appointments, therapy and medication management appointments.

TREATMENT OF CHILDREN/ADOLESCENTS. All clients under the age of 18 must be accompanied by a parent or legal guardian to the initial evaluation and all medication management appointments. I will not prescribe or make adjustments to any medications without the consent and presence of such. If I am seeing your child for therapy as well as medication management, they may come to subsequent *therapy* appointments unattended. However, if it is determined, in the appointment, that a change in medication or dosage is needed, I will contact you by telephone to obtain consent to do so prior to making the change.

Generally, I will ask for written permission to obtain information from primary care provider/pediatrician, the school, previous treatment providers, probation officers or other legal persons which your child or family may be involved with, and anyone else who may have pertinent information that may be helpful in determining the appropriate diagnosis and treatment plan for your child. This may take several weeks to gather all of the information. Making sure to obtain all pertinent information will result in better treatment for your child. Any information that you are able to obtain and bring with you to your appointment will hasten this process.

If I am providing therapy for your child, I will keep his/her confidentiality as much as possible in order to develop trust in the therapy relationship. Sometimes parents may feel frightened by this process. It is very important for your child to feel that they can trust me and have a safe place to discuss their personal feelings and life events. However, confidentiality is limited to the above stated terms. I will discuss in general terms how your child’s therapy is progressing, and address concerns you may have. This will take place during the first or last 15 minutes of the appointment. I may ask for a family or parent/child session from time to time if it seems appropriate for your child’s treatment.

I have read and understand the Professional Practice Statement, and I consent to treatment under the conditions and terms of the agreement:

Signature of Client _____
Date

Signature of Parent or Legal Guardian (if client is a minor) _____
Date

Witness _____
Date