

Family Life Matters, LLC



Holistic Care for the Whole Person

*Caryn S Gonzales, ANP, PMHNP-BC, FNP-C
Psychiatric and Family Nurse Practitioner*

Welcome to Family Life Matters, LLC, the practice of Caryn S. Gonzales. Prior to your initial evaluation, I would like for you to be aware of the following information:

- ❖ I am licensed as Caryn S. Gonzales by the State of Alaska as both a Psychiatric Nurse practitioner and a Family Nurse Practitioner (NUR R 10727 and NUR U 858). I have a Master's of Science Degree in Nursing from California State University, Dominguez Hills as a Family Nurse Practitioner, and I have a Post Master's Certification as a Psychiatric Mental Health Nurse Practitioner from Saint Louis University. I am nationally certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners, and am nationally certified by the American Nurses Credentialing Center as a Psychiatric Mental Health Nurse Practitioner. In these capacities, I can lawfully assess, diagnose, and treat with medications, therapies, treatments and referrals, as required.
- ❖ I have nearly 40 years of experience in working with individuals of all ages and families, as an RN, a Nurse Practitioner, a childbirth, breastfeeding and parenting educator, and have also taught for the University of Alaska in the nursing and psychiatric nursing areas.
- ❖ Particular areas of interest and expertise include working with: adolescents, childbearing aged women and families in the psychosocial areas surrounding issues of family life. I utilize a mind/body connection approach
- ❖ I am also interested in helping individuals and families maintain wellness of mind and body, as well as working with individuals and families who are presented with the challenges of managing chronic illness. I desire to help individuals manage stress, and work on troubling issues of past and present, to enhance their present wellness.
- ❖ Additionally, I have experience and expertise in working with seniors in the areas of loss, grief, depression, and life transitions. I greatly value the contributions that our seniors have made in our community, and I look forward to working with these individuals to help them maintain a vibrant and meaningful life. I am a Medicare provider.

Initial: _____

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- ❖ **THIS IS NOT A 24 HOUR SERVICE:** As a small office that is committed to high quality care, I want you to understand that in the event of an emergency, you will need to call 911 or go to the nearest emergency room. If you require 24-hour availability, this may not be the best practice to serve your needs. Phone messages may be left on weekends and will be replied to on the next business day. I am also available via email. Your understanding of this is very important.
- ❖ Questions or concerns about your medications may be addressed by calling 631-3684. I will respond as soon as possible, as my goal is for you to have your questions and needs addressed in a timely way. Refills need to be taken care of at your appointment or by having your pharmacist fax a refill request to my attention at 631-3685. It is **your** responsibility to plan ahead, so that you do not run out of your medications.
- ❖ Payment is due for the services provided at the time of the appointment. I accept cash, credit cards (Visa, Mastercard, and American Express), Medicaid, Medicare, Denali Kid Care, and most forms of insurance. If you have insurance, you are responsible for your co-pays, deductibles, and whatever your insurance company does not cover for your services. Questions about your billing or insurance can be directed to Elaine at her billing number: 745-1791.
- ❖ Missed appointments, without a call to cancel ahead of the appointment, may result in a charge of \$50.00 (not billable to insurance, as we cannot bill insurance for a service that was not provided) at the next visit. Two or more missed appointments without a call ahead, may result in a referral to another provider and a discontinuance of services at Family Life Matters, LLC.

My signature below indicates my understanding and agreement with the above information on page one and two of this document.

Name _____

*Date*_____