



## **OUTPATIENT SERVICES CONTRACT**

Welcome to Child and Adolescent Neuropsychology, LLC. This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

### **Psychological Services**

Neuropsychological assessment is not easily described in general statements. It varies depending on the needs of the patient, and the particular questions you bring forward. There are many different methods we may use to assess or evaluate the questions that you hope to address. Neuropsychological assessment is not like a medical doctor visit. Instead, it calls for a very active effort on the part of the person being assessed. In order for the assessment to be most successful, the person being assessed will have to cooperate with the evaluation and participate to the best of his or her ability.

Neuropsychological assessment can have benefits and risks. The person being assessed and/or his or her family may be required to discuss some difficult aspects of life, and may be asked to participate in tests that measure areas of difficulty for the person. Some tests may seem long or boring, and some may seem difficult. Many people enjoy parts of the assessment, but there are no guarantees of what you will experience. My goal is to try to answer the questions you bring to the evaluation, and to determine the neuropsychological strengths and weaknesses of the person being assessed. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another neuropsychologist for a second opinion.

### **Meetings**

I conduct an evaluation that typically last from 1 to 4 sessions. I usually begin with a first meeting of about an hour to discuss your main concerns and what you hope to get out of the evaluation. Depending on the age and developmental level of your child, he or she may or may not be present for this initial meeting. Once this initial meeting is complete, we will discuss a plan for testing. For most new clients, this will require about two testing sessions for your child, each lasting for about 3 hours. For children who have already undergone significant testing or are returning for follow-up, we may be able to shorten the amount of testing required here. Once testing is complete, we will schedule a final appointment of about an hour to review the results of testing. You can then expect to receive a complete written report documenting the evaluation, including all test scores and recommendations within a few weeks.

### **Professional Fees**

My fee is \$250 per hour of contact time. Included in this fee is the time I spend preparing for our sessions, scoring tests and writing the report. In addition to this, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized (e.g., school IEP meetings, team meetings with medical providers), and the time spent performing any other service you may request of

me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.]

### **Billing and Payments**

You will be expected to pay for each session at the end of the session. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

### **Insurance Reimbursement**

I do not take insurance. However, I am happy to help you fill out any forms your insurance company may provide for you to request out of network coverage for my services. However, these forms and any insurance reimbursement are your responsibility, and you (not your insurance company) are responsible for full payment of my fees.

You should be aware that if you choose to seek any reimbursement from your insurance company that most insurance companies require you to allow me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as test results or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

### **Contacting Me**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I try to monitor frequently. You may leave a message for me. No one else will listen to these messages. I will make every effort to return your call within 48 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call.

### **Professional Records**

The laws and standards of my profession require that I keep records of my evaluations. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted, confusing and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

**Confidentiality**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which the patient’s emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child [or elderly person, or disabled person] is being abused, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
CHILD’S NAME

\_\_\_\_\_  
CHILD’S DATE OF BIRTH

\_\_\_\_\_  
YOUR NAME

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED