

## **Adult and Child Testing Services Contract**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

### **Neuropsychological and Psycho-Educational Testing Services**

Neuropsychological and Psycho-Educational Testing is not easily described in general statements. It varies depending on the client and the particular problems that the client brings. Psychologists create batteries of standardized tests to answer specific referral questions. A typical battery provides very specific data on a client's cognitive, neuropsychological and personality functioning. It is not like visiting a medical doctor, in that testing requires a very active effort on your part.

### **Meetings**

Prior to actual test administration, my normal practice is to conduct a 1-hour Diagnostic Interview. During this time, if possible please provide any related materials such as current IEPs, 504 plans, pertinent medical records, etc. If for some reason we are unable to get complete history and background in one appointment an additional appointment may be required.

Once the initial evaluation is complete we may proceed to the "face to face" testing appointments. Typically this is done in one to three weeks with either 3 three-hour appointments or 5 two-hour appointments (it is important to note that the time required for Neuropsychological and Psycho-Educational testing cannot be predicted exactly and it is possible we may need to schedule additional time if we cannot complete the entire testing process within 16 hours). Also occasionally clients are unable to focus on tasks for a 2 hour period and in these cases we may decide to schedule shorter appointments over more days (example: six 90 minute appointments). After "face to face" testing is complete it may take approximately 8 weeks to have a completed report. The administrative assistant will contact you when the report is close to completion.

If you wish you may schedule a 90" office disposition meeting to discuss the results. This service would not be valuable to you if you do not have questions about our report - our reports are understandable to most clients. On the other hand, if you are considering services through the department of special education of your child's school district, you may want have a disposition meeting.

Once any and all appointments are scheduled, you will be expected to pay for it unless you provide *24 HOURS* advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances that were beyond your control. If it is possible, I will try to find another time to schedule the appointment.

**Professional Fees**

Our fee is \$220 per hour for testing, PTC requires 16 hours for a full battery Neuropsychological & Psycho-Educational Evaluation - this is \$3,520 total for the report (additional hours may be required under special circumstances, e.g., review of extensive background information or protracted test administration hours). The 1-hour Diagnostic Interview that is required prior to testing is \$88. Any additional appointments are \$220, with the exception of the optional disposition meeting or my attendance at a school IEP team meeting in which case the rate is \$253 for a disposition meeting and \$253 per hour for IEP team meetings. In addition to appointments, it is my practice to charge \$220 on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 5 minutes, or consultation with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request of me. If you become involved in litigation that requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$297 per hour for preparation for and attendance at any legal proceeding.

**Billing and Payments**

You will be expected to pay \$1,760 at the time of the first testing appointment and \$1,760 at the time the finished report is delivered, unless we agree otherwise. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate an installment payment plan.

**Insurance Reimbursement**

If you have a health insurance policy, with a few exceptions they do not cover Neuropsychological and Psycho-Educational Testing unless they consider it “medically necessary” meaning to aid in the assessment of cognitive impairment due to medical or psychiatric conditions. Examples of this would be stroke, traumatic brain injury, neurosurgery, or epilepsy. Rarely do insurance companies deem testing “medically necessary” in what they view as uncomplicated cases such as ADHD, Pervasive Developmental Disorders and ANY educational reasons. You should carefully read the section in your insurance coverage booklet that describes Neuropsychological and Psychological Testing and medical necessity. If you have questions, you should call your plan administrator and inquire. Of course, I will provide you with whatever information I can based on my experience and will be happy to try to assist you in deciphering the information you receive from your carrier.

As the subscriber to the policy you have the right to appeal a determination your insurance company makes, this includes seeing an out-of-network provider when an in-network provider is not made reasonably available to you. In this case, payment is expected at the time of service. Upon request we are happy to give you a receipt that contains all necessary information commonly required to obtain out-of-network benefits. You may submit this to your insurance carrier and they may reimburse you at least partially. We will try to work with you if you need to submit additional information. Please call your mental health insurance provider for more information about what your plan allows and requires. **However, you, and not your insurance company, are responsible for full payment of the fee that we have agreed to.** Therefore, it is

very important that you find out exactly what if any testing benefits your insurance policy covers.

If it turns out your insurance will offer some benefit in your case, you should also be aware that most insurance agreements require you to authorize me to provide clinical diagnosis, and sometime additional clinical information, or in rare cases, a copy of the entire testing report. This information will become part of the insurance company files, and in all probability, some of it will be confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, I will provide you with a copy of any report that I submit. Also, please be informed that PTC's office manager will have confidential information including client identifying information, medical procedure codes, and diagnosis necessary for billing purposes. Our office manager has been trained on the confidentiality of medical records.

Some insurance companies will allow for out-of-network benefits. This means you go to a non-network provider and the insurance company reimburses you for a portion of what you pay. This benefit varies with each plan: some allow for it, some do not.

### **Contacting Me**

I am often not immediately available by telephone. While I am usually in my office between 8AM and 5PM, I usually will not answer the phone when I am with a client. When I am unavailable, my telephone is routed to voice mail. If you are difficult to reach, please leave some times when you will be available. In emergencies, you can try me at (978) 342-4344. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If I am unavailable for extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

### **Confidentiality**

In general, the confidentiality of all communication between a client and a psychologist is protected by law, and I can only release information to others with your written permission. However, there are a number of exceptions.

In most judicial proceedings, you have the right to prevent me from providing any information about your clinical services. However, in some circumstances such as a child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's services. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.

If I believe a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking

appropriate hospitalization. If a client threatens to harm him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection. These situations have rarely arisen in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult about a case with other professional. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. I may also request medical, counseling and educational records from previous professional contacts. This will require your authorization and will only be requested when there is a reasonable clinical rationale for obtaining these records. Clients who wish not to disclose past medical, counseling, or educational information to me that may be important in their psychological care should be aware of the risks of nondisclosure. These risks include: difficulty coordinating appropriate care with other health care providers; a risk of misdiagnoses; possible mismanagement of client-therapist dynamics in previous counseling relationships; difficulty managing medication side-effects and drug interaction issues; and improper treatment planning.

I may utilize fax, email, or digital cell phone service to communicate clinical information for case management and emergencies. Although the likelihood of interception by unauthorized individual is small, confidentiality with these media cannot be guaranteed. With electronic media there is some risk of miscommunication. PTC keeps a log of miscommunications for your benefit. If you request, I will restrict my communication to traditional methods. Your signature to this document, authorizes my use of digital communication by fax, email or cell phone as needed for authorized disclosures of information. 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 at our next meeting. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, I will provide you with relevant portions or summaries of the applicable state laws governing these issues.

### **Client's Rights/Access**

You have the right to look at or get copies of your health information, with limited exceptions. You may make this request in writing or by phone. It is our security policy that you pick up a copy of your records in person (or someone designated by you in writing) and a photo ID is required. We will charge a reasonable cost-based fee for copies.

### **Disclosure Accounting**

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than clinical, payment, healthcare operations and certain other situations allowed by law. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions**

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication**

You have the right to request that we communicate with you about your health information by alternative means and the request must specify the alternative means or location, and provide satisfactory explanation as to how payments will be handled under the alternative means or location you request.

**Amendment**

You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

**Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your clinical records.

**Confidentiality**

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, there are a number of exceptions including:

1. Judges order (for example, in child custody proceedings)
2. Protection of others from harm (for example, child and elder abuse).
3. Threatening serious bodily harm to another
4. Client threatening harm to him/herself
5. Independent evaluation for public schools when the school district has funded the evaluation.

**Properly Designated Personal Representative**

We recognize the authority of the properly designated personal representative of an individual to act on behalf of the individual in matters pertaining to privacy rights and control of personal health information.

**Notification of Change of Insurance or Address**

Client and/or legal guardian agree to notify PTC of a change of insurance plan or street address as soon as reasonably possible after such a change has taken place.

**Important Note**

PTC has the right to revise any of the policies stated above. Clients will be informed on any changes. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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Client/Parent or Guardian

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Date  
Revised 01/26/2018