AGREEMENT FOR MENTAL HEALTH SERVICES: ASSESSMENT

This document contains important information about my professional services and business policies. An additional important document that you will receive includes my privacy policies and requirements under the Health Insurance Portability and Accountability Act (HIPAA). Please read it carefully so that you are fully informed about my practice policies. When you sign this document, it will represent an agreement between us.

ASSESSMENT SERVICES
Assessment is the process by which information is gathered from multiple informants to evaluate the current functioning of an individual in a variety of domains. Its goal is to understand, as best as possible, the causes for the individual’s current status, conceptualize the individual’s current strengths and weakness, determine diagnoses, and provide recommendations for intervention. Assessment typically involves a clinical interview and the administration of assessment measures, be they specific tasks or questionnaires. The domains of functioning typically of concern include academic difficulties, learning disabilities, emotional, cognitive, and behavioral difficulties, and/or personality functioning.

Once testing is completed, the data will be analyzed and a report will be written. A separate appointment may be scheduled so that you have the opportunity to meet with me to discuss the results and receive a copy of the report. It is anticipated that this entire process may take one month, but every effort will be made to expedite this process as much as possible.

It is important that you understand custody evaluations are not a service provided. Further, I do not conduct forensic psychological evaluations (i.e., to examine and assess an individual in anticipation of prosecution or litigation). If you seek such services, please consult with other providers who are experts in those areas.

It is possible that some components of the assessment will be administered by doctoral students who are candidates for their Ph.D. in clinical psychology. All students have had other types of clinical training, and have a master’s degree in psychology. In such instances, these individuals will operate under my supervision, and I will always be on-site and readily available for consultation. The final report is the product of my interpretation and summary of data.
Privacy and confidentiality are important to the success of a valid assessment. At the same time, there are legal requirements and limits around confidentiality and privacy that are spelled out in my Privacy Notice.

CONTACTING ME
While I am typically not immediately available by telephone, you may leave messages for me. I routinely check for messages during regular business hours. I will attempt to return phone messages within 24 business hours. If I will be unavailable unexpectedly or for an extended time, I will leave information on my voicemail message to assist you and other callers. Similarly, I will attempt to respond to emails within 24 business hours. **If you experience a life-threatening emergency, go to the nearest hospital emergency room and request to be seen by the mental health professional on duty.**

MEETINGS, FEES AND PAYMENT
The length of the assessment depends upon the referral question and the nature of the assessment. **Once an appointment is scheduled, you will be expected to follow my cancellation policy:** you are required to provide notice of cancellation at least 24 hours prior to the appointment. **If you fail to provide 24 hour notice of cancellation, you will be charged $200. It is important to note that insurance companies do not provide reimbursement for sessions that you did not attend.**

The fees for your child’s psychological assessment are $________. This fee covers the clinical interview, the administration of the assessment measures, a written report (a copy of which will be provided to you), and a feedback session. If other services are required (e.g., extended phone calls, additional feedback sessions), there will be additional fees.

**You (not your insurance company) are responsible for full payment of fees. Full payment is required at the assessment session. A copy of the written report can only be provided upon full payment.**

I will provide you with a receipt of services should you attempt to be reimbursed by your insurance company. It is very important that you find out exactly what mental health services your insurance policy covers. It is also important to receive preauthorization of services if your insurer requires it. If you have questions about the coverage, call your plan administrator. “Managed Health Care” plans such as PPOs often require authorization before they provide reimbursement for mental health services.

You should also be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you, for which you seek coverage. Under the laws of the District of Columbia, the information associated with a psychological assessment that I can provide is limited to diagnostic information. If the insurance company determines that more information is necessary, the insurance company must appoint an independent reviewer and the additional information can only be disclosed to the reviewer. You should also be aware that some self-insured employee benefit plans are not subject to this law. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and becomes subject to their use as for any medical record information.
**PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I keep “Protected Health Information” (PHI) about you in your clinical record as required by federal law. Details about what is contained in the clinical record and your rights regarding this record are detailed in my Privacy Notice document. While trust and confidentiality are important to the success of assessment, there are some limits to confidentiality which are established by state law and professional ethics. For example, legal statutes in the District of Columbia require that confidentiality may need to be broken in certain emergency situations where there is imminent danger to self and/or others, or where there is abuse of a vulnerable party such as a minor child, an elderly individual, or persons with serious developmental disabilities or serious mental illness.

**MINORS AND PARENTS**

Psychologists can provide psychological services to minors without parental consent if the psychologist determines that the minor is knowingly and voluntarily seeking the services and provision of the services is clinically indicated for the minor’s well-being. These services can be provided for up to 90 days, but can be continued if the psychologist determines that the services are still clinically indicated. Parents do not have access to records of this service. Patients under 18 years of age but who are over 14 and who are not emancipated and whose parents have consented to assessment should be aware that parents can only review the child’s records with the written authorization of the child. Children under 14, whose parents have consented to the assessment, should be aware that their parents can examine their child’s assessment records unless I decide that such access is likely to injure the child, or we all agree otherwise.

I, ________________________________, have read, understand and accept the policies described in this agreement.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ABIDE BY ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

______________________________  ______________________________
Signature of parent of a minor child  Date signed

______________________________  ______________________________
Signature of Psychotherapist  Date signed