



## PSYCHOLOGICAL ASSESSMENT CONTRACT & AGREEMENT

This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between you and Inner Life Psychological Services. With your evaluator, you can discuss any questions you have when you sign them or at any time in the future.

### PSYCHOLOGICAL TESTING SERVICES

An Inner Life evaluator will evaluate you or your child in an attempt to answer the questions that led you to seek this assessment. Evaluations may address concerns about psychological diagnoses, personality functioning, and academic functioning such as learning disabilities and/or giftedness. Evaluations generally include the elements listed below. The components and order of administration may vary based on the type of evaluation you are seeking. Depending on individual assessment needs, you or your child may complete testing in one day or you may be asked to complete testing over several sessions.

- We begin an evaluation with a review of available records and may conduct collateral interviews with family members or other people connected with your case (if applicable) to collect background information relevant to the reason for referral.
- We utilize a clinical interview to obtain information regarding developmental, social, academic, medical, mental health, and academic/employment histories. We also may conduct a mental status exam.

- We administer a test of cognitive abilities that provides a measure of overall intelligence (IQ) and/or neuropsychological abilities that are relevant to your case. Additionally, we may administer tests of academic achievement.
- We assess social-emotional characteristics, personality traits, behavioral functioning, and overall mental health. Assessment methods may include standardized self-report inventories, parent or teaching rating scales, and projective tests.
- Finally, we integrate and summarize results from testing, rating scales, and interviews in a comprehensive report. Because every assessment battery is individualized, we provide an in-depth description of any diagnoses given and specific recommendations based on your (or your child's) unique pattern of strengths and weaknesses.
- We then meet with you for a feedback session to explain the findings, treatment recommendations, and real-world implications of the results. We are available to consult with other mental health professionals, schools, or other agencies regarding the findings. The turn-around time for reports is typically 2-4 weeks, depending on the complexity of the evaluation.

Please note: No specific guarantees are made about the results of the evaluation (including diagnoses) or the number of sessions necessary for the assessment to be completed.

#### APPOINTMENTS

Assessments are typically scheduled in 4-6 hour blocks. This may vary based on age, need, and clinical concerns. The time scheduled is blocked for you (or your child's appointment) only. If you need to cancel or reschedule a session, we ask that you provide 24 hours' notice.

#### CANCELLATION POLICY

If you miss a session without canceling, or cancel with less than 24 hour notice, our policy is to collect the full-fee for the session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, we will try to find another time to reschedule the appointment. In

addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

The exceptions to being charged are as follows:

- Significant illness or family emergency and you call me to cancel before the appointment time
- Conditions exist, such as severe weather, which make it impossible for you to attend
- You provide me with at least 24 hours' notice

#### PROFESSIONAL FEES

A fee structure will be provided to you during your initial consultation. Evaluation fees are billed at an hourly rate for all assessment procedures, including time spent reviewing records; conducting interviews; administering, scoring, and interpreting assessment measures; consulting with applicable professionals; writing the report; and conducting a feedback session. Comprehensive evaluations usually range from \$2,500 to \$3,500. We will provide you with an estimated cost of your evaluation during your initial consultation. Partial payment of \$1,000 must be paid at the initial testing session, with the balance due at your feedback session. Payment must be made by cash, check, Visa, MasterCard or Chase QuickPay. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that we incur. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment. Please note that some services, such as phone sessions, school observations, attendance at a child's school meeting are not covered by your insurance but are available to you for a self-pay rate of \$175 per hour (on a prorated basis). In addition, if you become involved in legal proceedings that require my participation (even if another party compels me to testify), you will be expected to pay for professional time at the full self-pay rate of \$300 per hour, including preparation and transportation costs. If you anticipate becoming involved in a court case, we recommend that we discuss this fully before you waive your right to confidentiality.

## INSURANCE

We use D.A.S. Billing to do all of our insurance billing. We provide a courtesy to clients to check insurance benefits, but this does not guarantee coverage. Clients are ultimately responsible for paying for all fees incurred even in the event insurance does not cover services. We also reserve the right to bill clients for balances in the event that insurance does not pay in a timely manner. We will bill out-of-network insurance as a courtesy for you. If you have any questions about billing, it is most helpful to contact D.A.S. Billing directly at 630.862.4502.

You should also be aware that your contract with your health insurance company requires that you authorize me to provide it with information relevant to the services that we provide to you. If you are seeking reimbursement for services under your health insurance policy, your consent and signature below allows me to provide such information. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we 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 will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we 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.

We will provide you with a copy of any report we submit, if you request it. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. If you would prefer to self-pay for your sessions and do not want me to inform your health plan that you are receiving psychotherapeutic services, please inform me of this preference and we will not bill your insurance company. Please note that some services, such as phone check-ins, school observations, attendance at a child's school meeting, or any type of formal report writing (other than formal testing reports) are not covered by your insurance.

In addition, if you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time at a full

self-pay rate of \$300 per hour, including preparation and transportation costs, even if we are called to testify by another party.

## PROFESSIONAL RECORDS

The laws and standards of mental health professions require that Protected Health Information about you is kept in your Clinical Record. You may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with your therapist or accept a written treatment summary. If you want a copy of your medical record, you must pick it up in person at the clinic to ensure security of the record. MINORS: Clients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between the ages of 12 and 17 cannot examine their child's record unless the child consents and unless the therapist finds that there are no compelling reasons for denying any access. Parents have a right to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, progress updates and services needed. Any other communication will require the child's (ages 12-17) authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of the concern. Before giving parents any information, we will discuss the matter with the child, if possible, and, to the best of our ability, handle any objections the child may have. Regardless of a child's legal age, we take the confidentiality of a minor's record seriously. Without confidentiality, children have difficulty trusting, which can interfere with treatment progress. Therefore, whenever possible, we encourage parents to accept a brief written therapy progress update (for no charge) or an in-person meeting that can answer the questions they have in place of a copy of the child's record. We believe this meets the needs of the parents and other providers, while also protecting very private information for the child and ensuring that the record is kept safe. Further, treatment progress summaries are often times more helpful to parents because it provides a comprehensive description and overview of the child's treatment progress. In the event that a parent still requests a record, we ask that the parent come in person to the clinic to pick up the record to protect the confidentiality of the record.

## CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a mental health professional. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Illinois law. However, in the following situations, no authorization is required:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we will make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential.
- We will need to share protected information with third parties for the purposes of scheduling and billing. All third party business associates are bound by the same rules of confidentiality.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege. We cannot disclose any information without a court order.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them. There are some situations in which we are legally obligated to take actions, which are necessary to attempt to protect your child and others from harm.
- If we have reasonable cause to believe that a child under 18 whom we know within a professional capacity to be an abused or neglected child, the law requires that we file a report with the local office of the Department of Children and Family Services. Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law requires that the therapist file a report with the agency designated to receive

such reports by the Department of Aging. Once such a report is filed, we may be required to provide additional information.

- If you (or your child) have made a specific threat or violence against another or if we believe that you (or your child) presents a clear, imminent risk of serious physical harm to another, we may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you (or your child).
- If we believe that you (or your child) presents a clear, imminent risk of serious physical or mental injury or death to themselves, we may be required to disclose information in order to take protective actions. These actions may include contacting emergency services, or seeking hospitalization for you (or your child).
- If such a situation arises, we will make every effort to fully discuss it with you and your child before taking any action and will limit disclosure to what is necessary.

#### ELECTRONIC COMMUNICATION

Please be advised that emailing and texting are not secure forms of communication, and therefore, we cannot ensure confidentiality of any information sent via email/text. If you choose to contact an Inner Life contractor by email/text, in order for them to respond to you by email/text, you must authorize us to do so (see below). Because email/text is not secure, it is best not to email/text detailed or personal information and to use email/text only for brief and logistical issues such as scheduling. We will not conduct therapy through email/text communication (i.e., will not respond to clinical concerns or questions via email/text). Please discuss clinical matters in person or over the phone, including emergencies (never use email/text to communicate emergencies).

We have a social media policy that does not allow us to accept contact requests from clients on any social networking sites. This policy is in place because adding clients as contacts on these sites can compromise client confidentiality and privacy, which is very important for me to protect. Please feel free to talk to me about this if you have questions.

## CONTACTING US

We are often not immediately available by telephone. We do not answer the phone when we are with clients or otherwise unavailable. At these times, you may leave a message on a confidential voice mail and your call will be returned as soon as possible, but it may take two to three days for non-urgent matters. If, for any number of unseen reasons, you do not hear from your provider or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room or 2) call 911. We will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering your contracted provider. In the event that you have a clinical emergency that needs immediate attention, you need to call 911 or go to your nearest emergency room. You can leave a message on our voicemail after you take one of those steps. We will call you back as soon as possible.

## CLIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records. HIPAA requires that we give you a paper copy of this Agreement, the attached Notice form for use and disclosure of PHI for treatment, payment and health care operations, and my privacy policies and procedures. We are happy to discuss any of these rights with you.

## TERMINATION OF TREATMENT

We may terminate treatment if payment is not timely, recommendations are not followed, or if some problem emerges that is not within your provider's scope of competence. You have the right to terminate treatment at any time.

## QUESTIONS

The therapy relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share what we can do to help. If during your time of receiving services with us, you have any questions about your therapy, billing or anything else, please ask.

**Psychological Assessment Contract and Agreement**

Please neatly print the client's name \_\_\_\_\_

**Consent to Contact You/Leave Messages Via Phone and/or Email**

Indicate at which number(s)/email we have permission to contact you or leave you a message

Client or Parent of a Minor

\_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile) \_\_\_\_\_ (email)

Minor Client

\_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile) \_\_\_\_\_ (email)

Your signature below indicates that you have read this agreement and agree to its terms, including that you are consenting for me to bill your insurance company (if applicable) and to release PHI as required by your insurance company, that you are making an informed choice to consent to treatment, and also serves as an acknowledgment that you have received the HIPAA Notice Form described above.

\_\_\_\_\_  
Client Signature (age 12 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or Guardian

\_\_\_\_\_  
Date