BODNAR PSYCHOLOGICAL SOLUTIONS

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Psychological Assessment Information for Families

This document is designed to inform you about some important policies and procedures of this practice. You are asked to sign the last page, indicating that you have read, understood, and agree to abide by the policies and procedures.

PATIENT AND PARENT RIGHTS

You are an important participant in your child's assessment. You are entitled to know the results of your child's tests, my diagnosis, and recommendations. You are entitled to withdraw from an evaluation at any time.

GENERAL ASSESSMENT INFORMATION

The length of psychological assessment can vary based on the child's age, approach to testing, and the goal of the evaluation. Comprehensive assessment will always include a parent interview, testing with the child, and a feedback session. Areas of function assessed typically include:

- Cognitive Function (including verbal and nonverbal reasoning and problem solving)
- Processing Speed
- Attention
- Language
- Visual Perception
- Visuomotor Skills
- Learning and Memory
- Executive Function
- Academics
- Social and Emotional Function
- Adaptive Skills

School observation may be included if clinically indicated. Generally, the testing portion of the assessment will last between 4 and 8 hours.

If you wish for the evaluation to include my participation in school meetings to share assessment results, this can be arranged and will be subject to my usual hourly rate.

Once the evaluation process is complete, you will receive a comprehensive written report. Please do not alter or edit this report in any manner, as psychological assessment findings may be misinterpreted. If there is information in the report that you do not wish to share with other recipients, I will be happy to prepare an appropriate brief summary report to be sent to your school, physician or anyone else at

your request. If the summary takes more than 30-minutes to prepare, it will be subject to my usual hourly rate.

WHAT TO BRING

Please bring any previous testing/evaluations, a recent report card or information about current grades, any relevant academic work samples, and school documents (such as a 504 plan, IEP, or emails from teachers) that you would like me to review.

On the day of testing, the child/adolescent can bring a snack and drink. In addition, any preferred comfort item or activity is welcomed, as long as the child understands that it can only be used during breaks. Please talk with me before packing an electronic device for the child.

CONTACTING ME

Due to my work schedule, I may not be immediately available by telephone. When I am unavailable, I monitor my voice mail and will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you leave me a message and anticipate that you will be difficult to reach, please inform me of times of availability and preferred contact information. If there is an emergency situation and I am not immediately available, please utilize your local hospital emergency room. If I will be unavailable for an extended time, I will make arrangements to ensure continuity of care. You are welcome to use email to contact me. However, email and other internet and wireless communications, have limitations in confidentiality and you will need to sign the agreement at the end of this document indicating you are aware of these limitations.

CONFIDENTIAL INFORMATION

I want to emphasize my extreme caution in handling the confidential information that you or your child share with me. Except under specific circumstances, information gathered in the course of contact with you and your family is privileged and will be held confidential. I cannot reveal any information, including test results, to other agencies (for example, schools, pediatricians, psychologists) without written permission of the child's legal guardian.

You should know, however, that there are exceptions to confidentiality:

1. If the parent of a child or the child is believed to be potentially harmful to him/herself or someone else, confidentiality may be broken in order to protect people from imminent physical or psychological danger.

2. According to Maryland Law, health care professionals who know or suspect neglect, physical or sexual abuse of a child under 18 years of age must report their concerns to Children's Protective Services or other appropriate law enforcement personnel.

3. If a court of law issues a subpoena, a psychologist may be required to provide information specified by such a subpoena.

In addition, information regarding your child will be shared with identified individuals or agencies under the following conditions:

1. The child's parent or legal guardian has signed an Authorization for the Exchange of Information form.

2. The child's parent of legal guardian requests information to be used for insurance reimbursement. This information will be provided directly to the parent, unless another specific agreement is made.

3. I may feel the need to consult with other health and mental health professionals about a case. During consultation, I make every effort to avoid revealing patient identity and the consulting

professionals are legally bound to keep the information confidential. You will not be charged for these consultations. If you wish to be informed of consultations, please let me know.

4. If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

5. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

PROFESSIONAL FEES

Comprehensive Psychological Assessment of Children:

- Ages 5 and younger (includes report) $2600
- Ages 6 and older without classroom observation (includes report) $2850
- Ages 6 and older with classroom observation (includes report) $3000

Hourly Rate (for school meeting participation and additional written summary preparation) $160

Fees for an abbreviated/targeted assessment, when clinically appropriate, may be discussed.

Fifty (50) % of the above comprehensive assessment fees are due on the date of our first meeting, with the remainder due when the results are presented to you. Payment plans can be set up upon request.

PHONE CALLS & EMAIL COMMUNICATION & OTHER SERVICES

Please be advised that I will charge for telephone conversations lasting more than 20-minutes, consulting with other professionals at your direction, and time spent performing any other service you have requested of me (such as preparing documentation other than a standard receipt for insurance reimbursement). My rate for these services is $50 per hour and when I work for less than 1 hour, I will break the fees into 10-minute increments.

BILLING AND PAYMENT

Payment can be made using cash, check, or credit card. You may also use your flexible health spending account. I am "out of network" with insurance providers. If you have out of network benefits, you may be able submit information for fee reimbursement depending on the diagnostic outcome of the evaluation. I am happy to provide more information upon request.

I will provide a statement for your records or insurance reimbursement upon request. If you do not request a statement, it will not automatically be given to you. A statement may also be sent via email in pdf format with your approval (email is not secure and therefore may limit your confidentiality).

Regardless of the payment mechanism, payment is expected at the time services are rendered as outlined above. If you are paying by check, please have the check made payable to **Bodnar Psychological Solutions, LLC.**

As I must block an entire day for testing, please provide 48-hour notice of cancellation. If you must cancel with less than 48 hours notice, a cancellation fee of $150 will be charged. The fee may be waived upon discussion if cancellation is due to an emergency.

Please discuss with me when financial circumstances make it difficult to pay your bill as large balances may result in straining both you and me personally and our work together.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been made, I have the option of suspending or discontinuing services and after a brief time period devoted to the termination of our work, will provide the names of other therapists or clinics. I also have the option of using legal means to secure the payment. This may involve hiring a collection agency or

going through small claims court which will require me to disclose otherwise confidential information. 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. [If such legal action is necessary, its costs will be included in the claim.]

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information in two sets of professional records. One set constitutes your Clinical Record. Except in unusual circumstances that disclosure is reasonably likely to endanger the life or physical safety of you or another person, 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, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your Clinical Records, you have a right of review, which I will discuss with you upon request.

In addition, I also keep a set of notes. These notes are for my own use and are designed to assist me in providing you with the best services. These notes are kept separate from your Clinical Record.

Minors and Parents

Patients under 16 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. While privacy in assessment is important, particularly with teenagers, parental involvement is also essential to successful evaluation. Therefore, it is usually my policy to discuss privacy concerns as necessary with children. In a situation where the child does not want specific information shared with a parent, I will use my clinical judgment to determine whether it is necessary to disclose said information. If I feel disclosure is necessary, I will do my best to handle any objections the child may have.

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

_____ _____
Client or Responsible Party Signature Date

_____ _____
Printed Name Email

_____
Phone Number(s): This authorizes me to contact you at this number).

_____
Address for Billing, Office Correspondence (This authorizes me, to send identifying information to this address).

_____
Signature regarding approval of receiving e-mail from me knowing limits of confidentiality. Pdf monthly statements and appt scheduling, among other related correspondence may be sent via email to your email address or cell phone if requested. (Please be advised that **NO** e-mail correspondence is considered confidential and may be recovered by other parties at any time. **You may lose your right to confidentiality by corresponding with me by e-mail and by receiving correspondence from me by e-mail).**