



CLIENT CONTRACT FOR ASSESSMENT

PRACTICE POLICIES AND PROCEDURES

Welcome to Dr. Smith's practice. This document contains important information about Dr. Smith's professional services and business policies. Please read it carefully and bring any questions you may have to your next meeting with her so they can be discussed.

Services & Fees: Dr. Smith's professional services include psychotherapy, psychological testing/evaluation, consultations, and trainings. The full fee for a comprehensive assessments/evaluation is \$2800, which is due at the initial session. Cash, checks, or credit cards are acceptable forms of payment.

Insurance Benefits: Dr. Smith is an out-of-network provider. She will collect payment for services up front and provide you with an itemized receipt once the assessment is completed so that you can submit the receipt to your insurance company for reimbursement. The amount of reimbursement you are eligible for depends on your individual insurance policy.

Billing: Payment is due at the time of service.

Cancellation: If a client needs to cancel a scheduled testing session, they must do so at least 24-hours prior to the scheduled session time. Testing sessions are typically scheduled in 2 to 4 hour blocks and late cancellations or missed appointments therefore result in 2 to 4 hours of lost time for Dr. Smith. As such, clients will be charged a flat fee of \$200 for any appointment that is missed or cancelled with less than 24-hours notice.

Forensic and Litigative Services: It is the stated philosophy of this practice that Dr. Smith does not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If a client becomes involved in legal proceedings that require Dr. Smith's participation, that client will be expected to pay for all of Dr. Smith's professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation, and supervision, even if she is called to testify by another party. Because of the complexity of legal involvement, Dr. Smith charges \$250 per hour for preparation and attendance at any legal proceeding.

Confidentiality: The client has the right to confidentiality regarding any records, communications, or other information pertaining to their treatment or evaluation. Information may only be shared if the client signs a Release of Information that specifies who is to receive the information and the nature of the information to be shared.

Dr. Smith reserves the right to consult with professional colleagues regarding the psychological assessment. Such discussions *do not* include the use of names or any other identifying information. Exceptions to confidentiality do exist in order to protect clients and others. A full list of such exceptions is provided on Dr. Smith's "Confidentiality of Protected Health Information" form. A brief summary of such exceptions are as follows:

Exceptions to confidentiality

Dr. Smith may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Smith has reason to suspect that a child is abused or neglected she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If Dr. Smith has reason to suspect that an adult is abused, neglected or exploited she is required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should Dr. Smith be the focus of an inquiry.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. Dr. Smith will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, Dr. Smith is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If Dr. Smith is engaged in her professional duties and you communicate with her a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, including yourself, and she believes you have the intent and ability to carry out that threat immediately or imminently, Dr. Smith must take steps to protect you and/or third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.
- **Worker’s Compensation:** If you file a worker's compensation claim, Dr. Smith is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Client Consent

I, _____ (name of client or guardian as applicable), agree and consent to the policies, procedures, fees, and payment arrangements described above.

If the client is under the age of eighteen or unable to consent to psychological assessment services, I attest that I have legal custody of this individual and am authorized to initiate and consent for a psychological assessment and/or legally authorized to initiate and consent for such an assessment on behalf of this individual.

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

Print Client Name

Signature of Client

Date Signed

Signature of Guardian or Legal Representative

Date Signed

Print Name of Guardian or Legal Representative

Relationship to Client