

Santoro Psychological Services
Gina Santoro, Ph.D.
Licensed Psychologist #04315
2850 North Ridge Road, Suite 208A
Ellicott City, MD 21043
Phone: (410) 988-5943
Fax: (410) 988-5944

INFORMED CONSENT, POLICY STATEMENT, AND FINANCIAL AGREEMENT FOR PSYCHOLOGICAL ASSESSMENT

Welcome to my practice! This document contains important information about my assessment services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

ASSESSMENT SERVICES

Psychological assessment varies depending on the needs of the client and the questions to be answered by the evaluation. For example, assessments can measure an individual's cognitive, educational, processing, attention, memory, and personality. Our first session will involve an intake interview to gain information about your (or your child's) concerns and what questions you would like to be addressed by the evaluation. At the end of our intake interview, I will tell you the specific testing instruments I recommend to answer your questions.

MEETINGS

I normally conduct an intake interview that will last for approximately 60 minutes. The purpose of the intake interview is for me to gain background information, clarify your concerns, and determine the instruments to use for the evaluation. During this time, we can both decide if I am the best person to provide the services you need in order to meet your goals. Usually, I schedule 2-3 appointments lasting 2-3 hours each for testing. After testing is completed, I will score tests, analyze data, and complete a report. We will schedule a final meeting lasting approximately 60 minutes during which we will review the findings of the evaluation.

PROFESSIONAL FEES AND PAYMENT

I charge a flat rate of \$2800 for a comprehensive psychological evaluation. If we agree that the questions you would like addressed by the evaluation do not require a comprehensive psychological evaluation, I will decrease the price and determine the total cost based on the tests I recommend.

_____ My initials indicate that I agree that the evaluation is not going to be a comprehensive psychological evaluation and that I agree to pay in full the fee of \$_____.

My hourly rate is \$200. In the event of a rate change, you will be charged my prevailing hourly rate for any services you request other than assessment. Payment for assessment is required no later than the date of our results conference. No reports will be released without payment in full.

A receipt will be provided upon request by the client. If you pay with a check that is returned for any reason, you will be charged a \$35.00 returned check fee. If this occurs, you will be required to pay for services using cash, credit card, or cashier's check. If your account balance has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, an attorney, or going through small claims court. If such legal action is necessary, you will be responsible for all collection costs and attorneys' fees, and they will be included in the claim. 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. I will work with you to avoid these circumstances.

If you become involved in any legal proceeding that requires my participation, I charge \$200 per hour with a minimum of 8 hours for preparation and attendance at any legal proceeding (\$1600). You will be expected to pay this minimum fee prior to my appearance at any legal proceeding and may be billed additional fees if the time preparing for or being involved in the proceeding exceeds 8 hours. I may require a subpoena to appear at

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any legal proceeding and the party who provides me with a subpoena is responsible for my payment in full. If both parties agree to my involvement, the fee may be split equally between the parties. Though the judicial system in Maryland protects experts from being compelled to appear without remuneration when their opinions are being sought, the law does not protect experts from being subpoenaed as fact witnesses (for example: to describe, as an eye-witness to an accident might, events that transpired in their presence). I must, therefore, require that you agree that if my presence is requested for any reason, my fee of \$200 per hour will be paid by the party requesting my presence, unless other arrangements have been made in advance or the Court has ordered that responsibility for these fees be apportioned in some other manner. A minimum payment in full of \$1600 is required no later 3 business days prior to my appearance. Cancellations must be made at least 2 business days before my appearance in order to receive a refund. Cancellations made less than 2 business days before my appearance will result in the fee being forfeited.

INSURANCE REIMBURSEMENT

Please note that I **am not** currently a provider in any insurance network or managed care contract. You are responsible for all payments directly to Santoro Psychological Services, P.A. Additionally, psychological evaluation is not typically covered by insurance.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Test data will only be released upon your request to a licensed psychologist or psychiatrist. Fees for copying your file are \$.76 per page and may include a fee of \$22.88 for preparation and any applicable mailing costs. I will provide them to you within 28 days of your request. I require a written request for records with your original signature and payment for copies in advance of providing copies to you.

CHANGES OR CANCELLATION POLICY

To cancel or change an appointment, 24 hours advanced notice must be given. If you do not provide 24 hours notice to cancel or change an appointment, you will be charged \$200. You can cancel an appointment by contacting the office at (410) 988-5943. If I cannot make it into the office due to inclement weather or any other reason, every effort will be made to reach you. You may also call the office to check the status of your appointment.

CONTACTING ME

My hours of operation differ daily based on the professional activities in which I am engaged. You may leave a message with my assistant or on my office voicemail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Because I often work later into the evenings, I may return your call after 5:00 p.m.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law and I can only release information about our work to others with your written permission. There are a few exceptions. In most cases, information cannot be released without your specific written approval. Confidentiality is assured in psychotherapy, consultation, and psychological assessments, except in the following situations:

- a) You (or your parent) signs a written consent to release records to another party or privilege has been waived.
- b) There are situations when confidentiality may be broken to protect clients or others associated with the client from neglect, abuse, imminent self-harm, or imminent harm to others. The law requires that mental health professionals report suspected abuse and/or neglect of child or "vulnerable" adult to the appropriate authorities. If I have reason to believe that an individual is in imminent danger of harming

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themselves, I will need to break confidentiality to ensure the client's safety. Such action might require seeking hospitalization for the client or contacting family members. If, in my clinical judgment, the client is in danger of harming another individual, then I am required to take protective action that might include warning the individual who is the target of any threat, contacting appropriate legal authorities, and potentially seeking hospitalization for the client.

- c) There are also legal circumstances when written documents may be subpoenaed, and in such cases, I would be required to comply with the legal requirements associated with the subpoena. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the circumstances demand it.
- d) If a third party (i.e., insurance company, school, other health care provider) requests information about you, the information will not be disclosed without a signed release of information.
- e) I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

TERMINATION OF SERVICES

In the best case scenario, the assessment is completed and the information is provided to the client. Remember that the client has the right to terminate services at any time and for any reason. In this case, I ask that you notify me prior to termination. I am willing to assist you in finding another psychologist or professional, who can better meet your needs. Psychologists may believe that the client would be better served by a different psychologist. This may result when the presenting concern is beyond the scope and training of the psychologist or the psychologist feels as though the client would benefit from a different approach to assessment. In any case, I will notify you of my concerns and make every effort to assist with a referral to another qualified psychologist or professional. Psychologists have the right to terminate any professional relationship if they feel threatened by the client or member of the client's family.

Your signature below indicates that you have read the information in this document, have been given an opportunity to ask questions about the contents of the document, and agree to abide by its terms during our professional relationship. Your signature also serves as written informed consent for Dr. Gina Santoro or Ms. Kerri-Jean Wheeler to provide psychological assessment services to

_____.

Signature of Client/Parent/Guardian

Date