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CONSENT FOR PSYCHOLOGICAL SERVICES

Name of Child: _____ Date of Birth: _____

I authorize _____ to see my child
for evaluation/treatment.

*This form provides you (patient) with information that is additional to that detailed in the
Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis.*

CONFIDENTIALITY: All information disclosed within sessions and the written records
pertaining to those sessions are confidential and may not be revealed to anyone without your
(client's) written permission, except where disclosure is required by law. Most of the provisions
explaining when the law requires disclosure were described to you in the Notice of Privacy
Practices that you received with this form.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required
by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or
neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled
(for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal
proceeding. Mosaic clinicians will not release records to any outside party unless they are
authorized to do so by **all parents/guardians**.

If it should be necessary to release information in such exceptional circumstances, every effort
will be made to discuss the situation with you prior to the release of the information.

SAFETY/EMERGENCY: Dr. Fineman will assure to the best of her ability your child's safety in her office. If your child should engage in behaviors dangerous to her/himself or Dr. Fineman during a session and cannot stop these behaviors independently, Dr. Fineman may restrain (hold) your child in a safe and non-punitive manner until your child is able to refrain from dangerous behaviors. In order to ensure your child's safety and access to proper medical treatment in the event of an emergency, Dr. Fineman may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

During the course of evaluation or treatment, young children sometimes seek physical contact with the therapist in the form of hugs, sitting on her lap, or playing out activities with toys. Dr. Fineman will assure that any physical contact is positive and safe.

EVALUATION PROCESS: When evaluating your child, Dr. Fineman will select evaluation tools (standardized tests, questionnaires, interviews, play assessment, observation at home or at school) in light of the referral questions and will inform you of the nature and purpose of the assessment tools to be used. At the end of the evaluation, she will meet with you to share the results of the evaluation and any recommendations about your child's needs for further services. A written report detailing the assessment findings **will follow approximately three weeks after the final visit.**

To protect your child's privacy and the confidentiality of the psychological standardized tests, Dr. Fineman may not share the actual content of your child's responses on psychological tests, but will describe the findings in sufficient detail so that you have a good understanding of the assessment results.

You may contact Dr. Fineman whenever you have questions about your child's evaluation.

THERAPY PROCESS: When therapy is indicated an evaluation period of 3-5 sessions will precede the onset of therapy. Dr. Fineman will first perform an approximately 2 hour intake with parents/guardians and then meet with your child for 2-3 sessions. These interactive sessions with your child are aimed at gaining information pertinent to the therapy process and may include standardized testing. After these initial sessions, Dr. Fineman will meet back with parents/guardians and make recommendations regarding the nature and extent of therapy if indicated.

OFFICE HOURS: Dr. Fineman generally keep regular office hours unless otherwise agreed upon. Dr. Fineman is available to accept and return phone calls during regular business hours. Messages left during evenings and/or weekends will be returned during the next business day.

COMMUNICATIONS (PHONE & E-MAIL): Dr. Fineman has a confidential phone messaging systems and checks messages regularly. Phone messages are generally returned during business hours and messages left on evenings or weekends will be returned the next business day.

Should a phone call take the place of a parent collateral session or become lengthy (more than 15 minutes) you will be charged at Dr. Fineman's hourly therapy rate for the phone call.

If Dr. Fineman is out of town or otherwise unavailable, she will typically leave a message as well as instructions on her voice message regarding clinical coverage. In the unlikely event that Dr. Fineman should fail to attend a scheduled appointment without prior notification, Dr. Lori Bond should be contacted at 650 694 4607.

E-mail communication is at the discretion of Dr. Fineman. However, Dr. Fineman will not communicate via email with regard to clinical matters and **cancellations cannot be accepted via e-mail.**

As with phone calls, should the nature of any email communication become lengthy or complex, you will be charged at Dr. Fineman's hourly therapy rate for reviewing and responding to emails.

FEES: Fees are to be rendered to Dr. Fineman at the time of service. Checks should be made payable to: N. Rebecca Fineman, Ph.D.

Dr. Fineman does not accept credit cards or any other form of third party payment.

Post –evaluation specialty services (including but not limited to IEP attendance, school liaison services, expert witness testimony, and off-site consultations) are at the discretion of Dr. Fineman and not included in the price of an evaluation. Fees for such services are generally billed at higher rates due to the preparation necessary.

Psychological services:

Evaluation sessions are billed at \$450 per hour. Hourly rates are charged for the following: Intake; school visits or home visits; testing; scoring of tests and rating forms; disposition among Mosaic clinicians in order to integrate findings and formulate recommendations; and meeting with parents/guardians to share evaluation results. The evaluation fee INCLUDES report writing, travel within 30 minutes of the office, collateral phone calls up to 15 minutes each, and record review. Travel over 60 minutes roundtrip from the office is charged at \$300 per hour for the duration of the trip.

Therapy services and parent collateral meetings are billed at \$350 per 45 minute session.

A rate of \$350 per hour is charged for phone calls over 15 minutes and review of lengthy e-mail messages.

INSURANCE REIMBURSEMENT: If you plan to request reimbursement from your insurance, please check your coverage carefully and contact your plan administrator if you have questions. Dr. Fineman does not contract directly with any insurance companies and do not accept payment from insurance companies. Some carriers will only pay for therapists pre-approved by them, will pay at a lower rate for non-approved providers, will only pay for mental health services that are pre-approved or will not reimburse for some conditions or diagnoses. You will be provided with a statement each month which can be submitted to your insurance company.

CANCELLATIONS: Due to the complexities and time requirements of evaluations, 2 weeks' notice is required for cancellation or rescheduling of any portion of your child's evaluation. A fee of \$450 will be incurred for a cancellation made after this deadline. There is no charge for rescheduling of appointments with required advanced notice. However, rescheduling may result in a longer wait period for services. **All therapy visits must be cancelled within 48 hours of the scheduled time to avoid a charge of \$350 for the scheduled visit.**

There is also no charge for sudden illness, but 24-hour notification should be provided in the event that you know your child to be ill.

Cancellations CANNOT BE MADE via email but MUST be made via phone message.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the Dr. Fineman and her client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Santa Clara County, California in accordance with the rules of the American Arbitration Association, which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that you fail to pay for services at the time that they are rendered, Dr. Fineman will develop a payment plan with you.

Patient Bill of Rights

You have the right to:

Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.

Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.

Receive respectful treatment that will be helpful to you.

A safe environment, free from sexual, physical, and emotional abuse.

Ask questions about your therapy.

Refuse to answer any question or disclose any information you choose not to reveal.

Request that the therapist inform you of your progress.

Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

Refuse a particular type of treatment or end treatment without obligation or harassment.

Refuse electronic recording (but you may request it if you wish).

Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment

Report unethical and illegal behavior by a therapist

Receive a second opinion at any time about your therapy or therapist's methods.

Request the transfer of a copy of your file to any therapist or agency you choose.

source: California Department of Consumer Affairs

