

## **Center for Psychological Assessment & Consultation, PC**

510 Princess Anne Street, Suite 102  
Fredericksburg, VA 22401  
Phone: (540) 698-0003

Welcome to Center for Psychological Assessment & Consultation. This document contains important information about our business practices and services. Please read it carefully and note any questions you may have so we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES: We provide consultation, testing, and assessment services for children, adolescents, and adults. We evaluate, diagnose, and provide specific treatment and educational recommendations for issues such as ADHD, developmental disorders, learning disorders, depression, anxiety, obsessive compulsive disorder, and behavioral disorders.

We do not perform custody evaluations, child abuse evaluations, forensic psychological evaluations or testimony. Additionally, we do not conduct workers' compensation evaluations or disability evaluations. If you anticipate using the results of an evaluation for a custody dispute or for legal purposes, please consult with experts in those areas.

Evaluation and consultation services usually involve several different appointments. The process may involve discussing personally sensitive information about your family and/or child. Providing accurate, thorough information is important, facilitating a more useful and accurate assessment, report, and recommendations.

At times, discussing sensitive information can lead to discomfort or distress. Our providers may suggest additional or alternative psychological support for you or your child. Additionally, testing itself can be tiring and sometimes frustrating. The provider working with your child will provide frequent reassurance and encouragement. You and your child have the right to refuse to answer any question or test item. You may also choose to discontinue services at any time.

APPOINTMENTS: The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule an appointment, we ask that you provide 48-hours' notice. If you miss an appointment without cancelling or cancel with less than 48-hours' notice, a \$75 fee will be charged. Please note that insurance companies will not cover this fee. If you are more than 20 minutes late to your appointment, we may have to reschedule your appointment. Appointments rescheduled due to late arrival will be charged in the same manner as described above for late cancel or no-shows.

PROFESSIONAL FEES: Fees for assessment will vary depending on the nature of the assessment, and this will be discussed at the initial phone call or at the intake interview. Payment is due at the time of service, and assessment package fees are due at the intake appointment. In some cases, we may learn during the intake or testing process that additional services are needed. While we make every effort to provide you an up-front cost for your assessment package, on certain occasions, we may recommend additional services after the assessment process has started. In these cases, we will discuss the recommendation with you and will obtain your consent prior to providing a service that would incur an additional charge.

Our general fee is \$135 per hour. Auxiliary services such as phone calls, consultation services, record review, letter-writing, attendance of school or other meetings, and other such services (other than those included in an assessment package) will be charged at our usual hourly rate of \$135/hr.

You are responsible for paying at the time of your scheduled appointment. Payment can be made by check, cash or credit card (note: we cannot accept American Express). Any checks returned to our office are subject to an additional fee of \$35.00 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 or to charge your on-file credit card (per credit card agreement).

If you anticipate becoming involved in a court case, we recommend that you discuss this with us fully before you waive your right to confidentiality. If your case requires our participation, you will be expected to pay for all of the professional time required even if another party compels us to testify. Our fee for legal and court-related activity is \$300 an hour, including time in court, travel time, and administrative preparation time. You will also be responsible for any legal fees we incur as a result of your court case.

INSURANCE: Center for Psychological Assessment & Consultation does not participate with insurance companies. At your request, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers or all aspects of the evaluation itself or its components. We recommend consulting with your insurance company prior to receipt of services.

PROFESSIONAL RECORDS: We are required by law and the standards of our profession to keep treatment records. We currently keep electronic health records with TherapyNotes. Any additional paper records are maintained in a secure location in the office. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. We are prohibited by law from releasing certain copyrighted test materials, but may provide you with a summary of results. You may request that assessment reports or summaries be released to other organizations or individuals, and may sign a consent for release of information at any time to allow this exchange of information.

CONFIDENTIALITY: Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING US: The best way to reach us is by calling our telephone number 540-698-0003 and leaving a voicemail, which we monitor regularly during business hours. However, we are often not immediately available by telephone since we do not answer the phone when we are with clients or otherwise unavailable. At these times, you may leave a non-urgent message on our confidential voicemail and your call will be returned as soon as possible when the provider you left a message with is in the office.

In some circumstances, we can also be reached by email. Do not use email to communicate any personal information, including information about a crisis or emergency, as this method of communication is not confidential nor regularly monitored.

We are an outpatient clinic. We are not available on the weekends or evenings and are only available by appointment during office hours. On occasion, we will cancel a session due to vacation, professional development, emergency, or illness. We will make every effort to notify you as early as possible and to reschedule with you in a timely and convenient a way for you as possible.

If for any number of unseen reasons, you feel you cannot wait for your next appointment, a return call, and/or if you feel unable to keep yourself safe, 1) contact the Rappahannock Area Community Services Board/Emergency Services at 540-373-6876, 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call.

OTHER RIGHTS: If at any point you are unhappy with services here, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another provider and are free to end services at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of the assessment and about our specific training and experience.

CONSENT: Your signature below indicates that you have read this agreement and the Notice of Privacy Practices and agree to their terms.

I acknowledge that payment is due at the time of treatment and I accept full financial responsibility for all charges.

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Signature of Patient or Personal Representative

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Printed Name of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority

(Revised 7/2017)