



Sheltering Oaks Counseling
3717 Turman Loop
Suite 101
Wesley Chapel FL 33544
813-982-4230

3. Professional Services Agreement

Informed Consent: Psychological Testing

The testing process involves the completion of a variety of psychological assessment instruments and personal interviews. The total time of the evaluation may vary and will depend upon the questions you or the testing subject or the referral source that made the testing referral might have. The testing subject may experience emotional distress because of the personal nature of some of the information solicited by the testing process. The testing subject may interrupt or discontinue this testing process at any time. After the testing process is completed, a report based on the results of the testing and information provided by the testing subject and others will be written. This report will be kept in the testing subject's treatment record at Sheltering Oaks Counseling. An appointment with the psychologist who did the testing will be scheduled to discuss the results of the psychological testing.

Voice Recordings

By signing this consent, you agree to allow the clinicians to audio record testing sessions if necessary for evaluative purposes. The clinicians agree to store those recordings in a secure way and will delete those recordings once testing is complete.

Confidentiality

Limits of Confidentiality: Like all treatment records, reports and results of psychological testing are confidential and can be released only with a written consent authorizing such release. However, if the testing subject discloses information related to suspected threats of physical harm of self or others, occurrence of child, elder, or dependent adult abuse, or if commanded by court order, Sheltering Oaks Counseling may be required to disclose such information to appropriate authorities or parties mandated by law.

Communication

Digital communication with us via email or cell phone may not be secure. We are obligated ethically and legally to protect the confidentiality of all communication with you. We have procedures and technology in place to protect all records we keep, but we can not protect digital communication that leaves our office.

Financial Agreement

Fees for services are as follows unless we have discussed alternative arrangements:- Diagnostic Interview: \$175-
Psychological Testing: \$150/ hour (a comprehensive assessment usually totals 10-18 hours, or \$1500-\$2400).
Administrative tasks: \$100/ hour, prorated to 15 minute increments- includes email, telephone conversations with other professionals whom you have authorized us to speak with on your behalf, and/or any other tasks that you ask for outside of scheduled testing sessions.

Insurance Reimbursement for Psychological Testing:At times, insurance companies do not fully reimburse psychological testing services. There are two situations when this occurs 1) the insurance company does not consider psychological

testing "medically necessary" for "experimental" or "investigational" diagnosis. Diagnosis considered "experimental" or "investigational" vary depending on the insurance carrier. Another situation is 2) when insurance companies reimburse fewer hours than billed. For example, some insurance companies only reimburse up to 10 hours of psychological testing whereas 10-18 hours are typically billed for a full evaluation. It is your responsibility to verify coverage with your insurance company prior to consenting to services. While we do all we can to provide accurate estimates of coverage and benefits, you are ultimately responsible for all charges incurred from our services. We will provide you with an estimated cost for the diagnostic parent intake appointment. After the initial parent appointment we will provide you with an estimated cost for the evaluation (including insurance coverage if you choose to use insurance).

- I understand that my payment is due at the time services are rendered
- Our practice requires notification of cancellations at least 24 business hours prior to your appointment. You may cancel by leaving a voicemail message. I am responsible for remembering my appointment. Although an email reminder is sent, I understand the reminder is a courtesy and I am ultimately responsible for remembering my appointment. Our practice applies fees for late cancellations and no shows as follows: initial parent intake appointment (\$150); testing day appointment (\$200); parent feedback appointment (\$150)
- I understand that if I am pursuing financial reimbursement for out-of-network insurance coverage, I have the responsibility of submitting claims to collect from my insurance company
- If you plan to use an insurance that our practice is paneled with, we will submit claims to your insurance company. It is important that you notify our office manager if you plan to use your insurance to cover testing costs from the beginning of services.
- If you have arranged to use your insurance for testing services, we require keeping your credit or debit card on file as a convenient method of payment for services that your insurance does not cover, but which you are liable. We will not charge your card without your permission, EXCEPT in cases that your bill is more than 60 days past due. Your credit card information is kept confidential and secure. Failure to make payment on an amount owed may necessitate at the discretion of Sheltering Oaks Counseling, the the initiation of collection procedures, including possible legal action to recover the amount owed.
- If you have arranged to use your insurance for testing services, benefit information given to Sheltering Oaks Counseling by the insurance company represents estimates only. Sheltering Oaks Counseling is not responsible for co-pays and/or deductibles that may differ from what Sheltering Oaks is told when verifying benefits. I give permission to Sheltering Oaks to contact any third party payer for payment.

Parent Signature and Date: