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**Dr. Aviv's Psychological Services Clinic
Client Contract and Informed Consent**

Welcome to my clinical practice. This document contains important information about my professional services, business policies, and procedures. Please read it carefully, and note any questions you have so that we may discuss them at your first appointment. This document once signed represents a binding agreement between us.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS

Psychological evaluations (e.g., for potential attention and/or learning difficulties) begin with the scheduling of a new patient appointment. In the case of a minor child, this appointment is a meeting with the parents and NOT with the child. This is because parents tend to find it easier to talk openly about all of their concerns without their child present. Your child will of course have an opportunity during the assessment process to discuss self-perceptions of his/her difficulties and successes.

It is important that you bring the following documents to your first appointment:

- The completed questionnaire about your child (download from website)
- Your signed consent form
- All documentation about your child's development and school history (school reports, standardized testing, previous evaluations, IEP/504 plans if applicable etc.) that you have or are able to obtain.
- A small recent picture of your child (e.g. recent school photo).

This initial appointment enables important information to be gathered which helps determine which tests should be selected. Assessment dates will be scheduled at the intake appointment. Generally school age children are scheduled for two morning assessment appointments each lasting for approximately 3 hours, and pre-school age children will spend 2-3 hours in the clinic, spread over one or two sessions depending on the child. Adolescents and adults are scheduled for morning and afternoon appointments. Occasionally additional assessment time is needed. Should this be the case, it will be discussed with you at the end of the initial assessment appointment(s).

Consultation with others, such as teachers, family members, or medical professionals and in some cases observation of a child in his/her school classroom may be warranted. In such cases, the parents will be required to sign a “release” permitting consultation with others. Of course, all services are confidential unless you sign such a release allowing the collection of such information (see confidentiality policy below).

Please note that the actual length of the evaluation will vary, depending on the nature of the evaluation (e.g. psycho-educational, neuropsychological, ADHD, etc.). Evaluations typically take between 3-10 hours of direct contact time. Other factors may affect the length of evaluation time and the number of sessions needed to complete the evaluation such as fatigue, motivation, ability to sustain attention over time.

Following the evaluation, and payment of your account (see payment policy below) a feedback session is scheduled. The fee for this session is included in the assessment package. At the feedback session, I will review the history, the presenting problems, evaluation results, any formal diagnoses and recommendations for treatment if appropriate. You may then choose to provide copies of the report to others involved in your/your child’s care e.g. doctors, schools etc. and these copies will be mailed only after you have given written consent.

PSYCHOTHERAPY AND COACHING

Psychotherapy is not easily described in general statements and is dependent on the personality of the therapist and the patient(s) and the particular problems brought forward. The goals for therapy may involve changing behavior and/or gaining a better understanding of your life and the decisions you have made or are trying to make. Generally people seek therapy because they want help making life changes, or are seeking help in developing increased life satisfaction. Psychotherapy is not like a medical doctor visit. It requires a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy works best when clients are willing to take risks in the form of trying new solutions to old problems and/or are actively willing to make changes. Therapy can be a highly effective tool for changing one’s own behavior and/or thought processes, but is generally not helpful in changing thoughts and behaviors of other people. However, changing one’s own behavior and attitudes frequently can lead to changes in others.

I use an eclectic approach meaning that I draw upon many frameworks and methods to deal with the problems that you hope to address. You should know that there are a number of potential risks and benefits involved in psychotherapy. Risks sometimes include experiencing uncomfortable feelings (e.g. frustration, anger, sadness, anxiety, guilt, loneliness, helplessness, or other difficult emotions). Therapy often requires discussing difficult and unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for people who undertake it seriously. Therapy often leads to a significant reduction in negative feelings, better relationships with significant others, improved ability to cope with stressful feelings and difficult situations, and resolutions of specific problems. However, there are no guarantees about your therapy results. Our first couple of sessions will involve an evaluation of your needs, your

current concerns and possibly the collection of additional information (standardized questionnaires and psychological testing etc.). After these initial sessions, I will offer you some preliminary impressions of what our work will include and a proposed treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable about me working with you and/or your child/adolescent. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist or you would like to see someone else, I will be happy to help you find another mental health professional.

COGMED

Cogmed is a program designed to improve working memory. If you are contracting with me to provide Cogmed, the following schedule will apply:

1. If you have not had an evaluation through my clinic, or an evaluation from another source does not have adequate working memory assessment (my determination) there is a one hour intake appointment and an additional working memory assessment that is billed separately to the charge for Cogmed.
2. Following assessment, we will schedule a Cogmed start up meeting where you will be given all the requisite materials, shown how to use the program and a coaching schedule will be established.
3. The charge for Cogmed is \$1500.- payable at the start up meeting

APPOINTMENTS & CANCELLATION POLICY

Giving as much notice as possible if you must cancel an appointment is appreciated, since that allows time to offer the appointment time to another client. Because your appointment time is reserved for you, **cancellations that are not made at least 48 hours in advance will be charged at the full rate.** However, if I am able to schedule a client during that time after your cancellation, you will not be charged. Psychotherapy sessions are generally scheduled for 50 minutes, one time a week, although some sessions may be longer or occur more or less frequently, depending upon your needs and the plan for services. At times, half sessions or longer sessions may be set up and will be pro-rated.

CONTACTING ME

I am often not immediately available by telephone (314-591-5564). I do not answer the phone when I am with a client (usually between 9 am and 4 pm). However, I do check my voice mail several times per day and aim to return calls within a few hours, and within 24 hours. I often return calls in the evening. When leaving a message, please provide your name, telephone numbers, and potential times when you can be reached. If you are unable to reach me and feel that you cannot wait for a return call within a few hours, contact your family physician or Crisis Hotline at (314) 469-6644, or go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended period of time, I will provide you with the name of a trusted colleague to contact, if necessary. My professional email address is another way of contacting me, and I check my email daily. I do not provide psychotherapy via

email and it is important to remember that email is not a secure/private medium by which to communicate.

PROFESSIONAL FEES

Fee contracts for psychological and neuropsychological assessments are determined by the time required for the testing, interviews, test scoring, interpretation, preparation of the report, and feedback session. Assessments range in price and depend on the nature of the referral question, the required time to complete the evaluation, and which tests are used. Fees for evaluations will be discussed at the beginning of the first session. The feedback session usually takes about 60-75 minutes to ensure you fully understand the results and recommendations of the assessment. If you feel that you have additional questions, you are welcome to schedule a follow-up appointment which will be billed at my standard hourly rate.

Other professional services that are billed at the standard consultation/evaluation rate may include school consultations or behavioral observations at school of a child or adolescent. I charge this amount for other professional services that you might need, though I will break down the hourly cost if I work for periods of less than one hour. Examples of other services might include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional service you may request of me. If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the complexity of legal involvement, the charge for such services is \$350 per hour for preparation, travel, and attendance at any legal proceeding, with a minimum three hour charge.

BILLING & PAYMENTS

You are expected to pay for each session at the time it is held. Payment for psychological assessments is due in full before scheduling the feedback appointment. In addition, please note that I do not begin writing until your account has been settled. Schedules of payment for other professional services may be agreed to when they are requested. Payments of cash or checks are accepted. The clinic is not equipped to accept credit card payments. If your account has not been paid within 21 days following service provision, 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 or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name and address, the nature of the services provided, and the amount due.

INSURANCE REIMBURSEMENT

Services are out-of-network for all insurance companies. As such, you (not your insurance company) are responsible for full payment of the fees. If you expect that you are going to file a claim with your insurance company for reimbursement for services I render as an out-of-network provider, it is your responsibility to determine whether your policy provides you with

the appropriate coverage. I will provide you with receipts for all services rendered showing procedure codes and diagnostic codes. It is important to be aware that filing an insurance claims for mental health services coverage may affect your ability to purchase medical, life, or disability insurance currently or in the future. If you file with your insurance company, they may request additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over information provided to a third party. Using your health insurance for psychotherapy and assessment also greatly reduces your flexibility in terms of choosing service providers and receiving the type of treatment and number of sessions needed for your situation.

In order for us to set realistic assessment and/or treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment and if appropriate that you find out exactly what mental health services your insurance policy covers.

PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, unless I believe that seeing them would be emotionally damaging, in which case, I will be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or can be upsetting, so I recommend that we review them together so that we can discuss what they contain. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request.

CLIENT'S RIGHTS

You may question and/or refuse any procedures or services at any time. You have the right to gain whatever information you wish to know about the process and course of therapy and testing. I encourage you to ask questions concerning the services provided. You are never obligated to continue services at any time, and have the right to receive referrals to other professionals.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to usually request an agreement from parents to give up access to your records. If they agree, I will provide them only with general information about our work together unless I feel that there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment (verbal or in writing) when it is complete. Before giving them any information, I will discuss this with you, if possible, and do my best to handle any objections you may have with what I have prepared to discuss.

CONFIDENTIALITY

Your rights to confidentiality are the most important policy in the provision of psychotherapy, evaluation, and other mental health services. Confidentiality means that the information that you discuss with your psychotherapist/psychologist will not, except as below, be shared with anyone without your specific permission. Confidentiality of personal information is vital for building a solid therapeutic relationship, and allows you to feel free to explore problems and work toward solutions. There are some very important exceptions to confidentiality that require the disclosure of personal information without your consent.

The following are exceptions to confidentiality:

- I am legally obliged to take action to protect others from harm, even if I have to reveal some information about your treatment/evaluation/consultation. For example, if I believe that a child, elderly person, or person with a disability is being abused or neglected, I must file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, or to himself/herself, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- Information subpoenaed in a legal proceeding might not be regarded by the Court as confidential.
- In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances a judge may require my testimony if s/he determines that resolution of the issues before him/her demands it.
- I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing identifying information about my clients. The person with whom I am consulting is also legally bound to keep the information confidential.
- When insurance coverage is utilized it is considered consent on the insured's part (client) that diagnosis and treatment plans and issues may be discussed by the therapist with your insurance company in order to facilitate insurance claim filing or case management with your insurance company.
- In the event there is an outstanding balance for which payment has not been made for an extended period of time, the account may be turned over to a collection agency.

Please note that breaking confidentiality because of issues of abuse/neglect, threat of serious bodily harm to oneself or others, subpoenas, Court order, and collection of outstanding payment are highly unusual in my clinical practice. If such a situation occurs, I will attempt to fully discuss it with you before taking any action. If it becomes necessary to release information, it will be made in such a way as to protect as much confidentiality as possible. I have a strong commitment to maintaining confidentiality and handling your personal information with the highest degree of confidentiality possible. If you have any questions or concerns about confidentiality it is important that we discuss them at our next meeting.

CONSENT

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

CONSENT TO TREATMENT SIGNATURE PAGE

(Please read and sign after discussing contract with Dr. Aviv and after receiving HIPPA notice at your first appointment).

By signing below, I acknowledge that I had the opportunity to ask questions and to discuss the policies, procedures, and assessment/treatment process as it applies to my situation with Dr. Aviv, and have had my questions regarding these answered to my satisfaction. I also understand that I am encouraged to ask questions throughout the therapeutic/evaluation process and, in that way, to be a party to my own treatment decisions. While I expect benefits from treatment, I fully understand and accept that such benefits and desired outcomes cannot be absolutely guaranteed. I understand that I may terminate services at any time without penalty. I have read and understand all of the policies and procedures noted in the client contract above and agree to abide by its terms during our professional relationship. I also acknowledge that I have been provided with Dr. Aviv’s HIPAA notice.

Patient Name

Patient(s)/Parent(s)/Legal Guardian(s) Signature

Date

Patient(s)/Parent(s)/Legal Guardian(s) Signature

Date

Adolescent/Child Signature (optional) Date

Date