

## **PROVIDER POLICIES**

I am so excited that you have chosen me to be a provider to you and/or your child. I want to make sure that we are a good fit for each other so I have outlined some important information about me and my practice to ensure that we can work well together. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

## **PSYCHOLOGICAL SERVICES**

### ***Psychological Testing and Evaluation***

The purpose of psychological testing and evaluation is to refine psychological diagnosis and to inform treatment planning. Psychological instruments utilized in evaluations vary depending on the referral question and presenting problems, but often include interview, cognitive testing, behavior rating scales, and supplemental measures as needed. Psychological evaluations involve a commitment of time, energy, and money, as well as commitment to implementing treatment referrals outlined in recommendations.

### **Testing and Evaluation Sessions**

Psychological assessments usually occur over the span of 3-4 sessions. This includes an initial intake interview with the client or caregiver, 2 to 3 testing sessions, and a feedback session once the evaluation has been completed. The scope and plan for the evaluation will be discussed at the time of intake and throughout the evaluation process if changes are warranted. Testing sessions will be scheduled for 2 to 3 hours each, though the actual amount of time may vary depending on the child and the scope of the evaluation. Tests will be administered by myself or by a certified psychological assistant under my supervision. Once testing appointments are scheduled, you will be expected to pay for the appointment at the hourly rate of \$150 per hour (e.g., \$300 for a 2-hour appointment) unless you provide 24 hours advance notice of cancellation. Exceptions may be made if we both agree that you were unable to attend due to circumstances beyond your control. We will make every effort to reschedule the missed appointment at the earliest convenience.

## **Testing and Evaluation Fees**

The following is an estimation of costs for various types of evaluations. These are only estimates, and the specific scope and cost will be discussed at the time of intake based on the presenting concerns.

- Brief reevaluation (e.g., ADHD reeval for med management or treatment planning): \$1000
- Comprehensive evaluation for diagnoses such as ADHD, depression, anxiety, etc.: \$1500
- Evaluations for Autism, OCD, or psychoeducational issues (e.g., SLD, dyslexia, etc.): \$2000
- Academic testing may be added to other evaluations that do not already contain academic testing for an additional \$500.

In general, evaluations usually consist of a 1-hour intake, cognitive assessment, behavior scales (self, parent, teacher), supplemental scales based on areas of concern, and 1-hour feedback. When academic testing is completed, this usually consists of a full academic battery assessing reading, math, and writing, with supplemental measures as needed. Testing appointments are usually broken up over 2 or 3 days, but this depends on the age of the child, speed of their performance, and/or complexity of the evaluation. Quoted prices include time for interpretation and report writing, and clients will be provided with a written report of the findings and recommendations at the completion of the evaluation.

There are some services that I may provide outside of the direct evaluation. My hourly fee of \$150.00 would be charged for such other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour in 15 minute increments. Other services include telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that 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 difficulty of legal involvement, I charge \$500.00 per hour for preparation and attendance at any legal proceeding.

## ***Psychotherapy Services***

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular concerns you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is

not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. As I get to know you, I will be able to offer you some first impressions of what our work will include and a 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 working with me. 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, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **Psychotherapy Sessions**

I normally conduct an initial evaluation session. When working with children, the first session is a parent meeting, usually without the child present unless they are older than 15. During this time, we can both decide if I am the best person to provide the services you need in order to meet you or your child's treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week or every other week at a time we agree on, although some sessions may be longer or more frequent. When working with children, parent involvement in treatment is crucial to the therapeutic process. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment.

### **Psychotherapy Fees**

My hourly fee is \$150.00 for initial intake sessions and therapy. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour in 15 minute increments. Other services include report writing, telephone conversations lasting longer than 5 minutes,

attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that 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 difficulty of legal involvement, I charge \$500.00 per hour for preparation and attendance at any legal proceeding.

### **BILLING AND PAYMENTS**

You will be expected to pay by cash, check, or credit card for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Under most circumstances for testing appointments, you will be expected to pay \$150 for the initial intake appointment, and the remaining balance will be split over the following appointments. Unless we agree to another payment option, the full balance of the evaluation should be paid by the final feedback session.

### **INSURANCE REIMBURSEMENT**

I do not currently accept insurance. I am happy to provide a super bill for you to file with your insurance company. This is not guaranteed to be accepted or sufficient for reimbursement and it is ultimately your responsibility to confirm with your insurance company if you wish to seek out of network reimbursement. I do not provide prior authorization to insurance companies for evaluations.

### **CONTACTING ME**

I am often not immediately available by telephone. The best way to reach me is via email at [drfast@fastpsychservices.com](mailto:drfast@fastpsychservices.com). If you are unable to reach me and feel that you can't wait for me to return your call or there is an emergency situation, contact the nearest emergency room or call 911. Please note that texting communication is for scheduling purposes only. Specific personal information or client details should not be included in texts.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. If I believe that seeing these records would be emotionally damaging, rather than sharing them with you directly, I will be

happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. In some circumstances, I am willing to conduct a review meeting without charge.

### **MINORS**

If you are under sixteen 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 request an agreement from parents that they agree 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 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 when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

If you are sixteen years or older, by Tennessee Law, unless there are extenuating circumstances, you are able and expected to provide consent for your own mental health and behavioral services. Therefore, you have access to your own mental health records and have right to confidentiality of such records. In most cases, I will still wish to involve your parents in the therapeutic and/or evaluation process, which may involve obtaining interview and developmental information, behavioral observations and input, sharing evaluation findings and recommendations, or providing input related to the therapeutic process in an effort to better support your needs. Before obtaining or sharing any of this information, I will ask you to provide consent to do so, and you have the right to refuse such consent or to specify the scope of the information you permit me to seek or share.

### **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. But there are a few exceptions.

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 issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I or my staff believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I or my staff believe that a patient is threatening serious bodily harm to another, I am required to take protective action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I or my staff may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

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

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Signature of Patient (or if minor, Guardian)

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Date

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Printed Name of Patient or Legal Guardian

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Printed Name of Minor Patient