



**RICHMOND NEUROPSYCHOLOGY**

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**POLICIES and INFORMED CONSENTS**

Welcome to **Richmond Neuropsychology**. This document contains important information about our professional services and business policies. Please read it carefully. Please sign and return the Informed Consents and Acknowledgement of HIPAA Notice of Privacy Practice (see Signature Page on page 6).

**NEUROPSYCHOLOGICAL and PSYCHOLOGICAL SERVICES:** Neuropsychology and psychotherapy services are individualized for each person. They vary depending on the area of expertise of the psychologist, personalities of the psychologist and patient, and the particular problems you hope to address. Neuropsychological evaluation and psychotherapy requires your active participation. There may be forms to complete and “homework” assignments to work on between sessions.

Neuropsychology and psychotherapy can have benefits and risks. Because they often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Neuropsychological evaluation and psychotherapy have been shown to have benefits. Results and recommendations may lead to you experiencing more satisfying relationships, solutions to specific problems, and feeling less distress.

**Neuropsychological Evaluation** begins with a **Consultation** to gather information about your history, discuss areas you want to explore, and review office policies. Dr. Greenberg will offer her assessment of what seems needed and present a plan for testing. If you decide to move forward, an appointment(s) will be scheduled. **Testing** time varies based on case complexity and how long you can work while still giving your best effort. Testing is usually conducted in 2-4 sessions, lasting about 2 hours each session. You will be asked questions and complete tasks on paper and computer-based instruments to compare your abilities to typically developing and same-age peers. The test battery may include measures of attention, executive functions, intelligence, learning, memory, language, nonverbal and visual spatial abilities, personality, and social skills. After the results are scored and interpreted, a feedback session will be scheduled. The **Feedback** session is the time to discuss the results and recommendations. Documentation of the results and recommendations of the evaluation is maintained in the confidential patient chart and may be formalized into a written report. At the end of the feedback session, patients and/or the responsible financial party will discuss how a report might be needed to assist in accessing other services. The **Report**, if requested, is an important document and takes time to prepare. It is typically completed about 4 weeks after the feedback session, although may require additional time. If you need a report more urgently, we can discuss your situation and come to an agreement.

**Psychotherapy** begins with a **Consultation** session to gather information about your history, discuss areas you want to explore, and review office policies. Dr. Greenberg will be able to offer you some first impressions for an initial treatment plan. You should evaluate this information and consider if you feel comfortable beginning therapy with Dr. Greenberg. Dr. Greenberg will notify you if she believes she is not the right therapist for you. If you decide to engage in therapy, a series of appointments is scheduled. If not, referrals to other practitioners will be provided.

## **PROFESSIONAL FEES**

**Consultation:** Dr. Greenberg will meet with you to discuss your reasons for seeking the consultation, offer recommendations, and present a plan for evaluation or therapy. During this time, Dr. Greenberg and you will consider if she is a good fit to provide the services you need in order to meet your goals. At the end of the consultation, you will be given a contract with the fee specified. Please take the time you need to determine if you wish to move forward with an evaluation or therapy. The consultation fee is \$200 for a 50 minute session.

**Evaluation:** The fee for the evaluation varies by 1) complexity of the case and 2) level of detail requested in the written report. Documentation of the results and recommendations of the evaluation is maintained in the confidential patient chart and may be formalized into a written report. In discussion with Dr. Greenberg, patients and/or the responsible financial party discuss the level of comprehensiveness of the report based on how a report might assist in accessing patient care (*e.g.*, treatments, educational services, *etc.*). Report format options include a diagnostic letter, summary report, and comprehensive report.

**Therapy:** The fee for therapy is \$150.00 for a 45 minute session. For other professional services, the fee is \$150 per hour and will be prorated in 15 minute increments if less than one hour. Other professional services include documentation, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of 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 any professional time spent on your legal matter, even if the request comes from another party.

**Telehealth:** Remote services cost the same as they do in person. Please contact your insurance company prior to engaging in telehealth with Dr. Greenberg in order to determine if these sessions will be covered.

**Forensic:** If Dr. Greenberg is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for her participation agrees to a pay at a predetermined forensic rate for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, court/mediation attendance, and any other case-related costs.

**BILLING AND PAYMENTS:** Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Payment is expected at the time of services provided. If your account has not been paid for more than 30 days, Richmond Neuropsychology has 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 released regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

**INSURANCE REIMBURSEMENT:** Your insurance plan may provide some reimbursement to you. If you have questions about the coverage, call your insurance company. You (not your insurance company) are responsible for full payment at the time services are provided. Dr. Greenberg will give you a receipt with the billing code, diagnosis code, and amount paid for you to send to your insurance company. Most insurance companies require a diagnosis to process the claim. Sometimes, additional information (*e.g.*, treatment plans, progress notes or summaries, or copies of the entire record) is required. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it. ***You understand that, by using your insurance, you authorize Richmond Neuropsychology to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.***

**RECORD KEEPING:** Dr. Greenberg will not record any session either in person or via telehealth. You agree that you will not record any session. You also agree that you will not make copies or share the contents of any tests or materials with anyone else.

**CONTACTING DR. GREENBERG BY PHONE:** Dr. Greenberg does not answer the phone when she is with a patient. The telephone is answered by voice mail. Your call will be returned as soon as we are able. **In case of an emergency, please call 911, contact local crisis services, or go the nearest emergency room and ask for the psychologist or psychiatrist on call.**

**ELECTRONIC COMMUNICATION:**

**Email and Text Message Communications:** Dr. Greenberg uses email communication and text messaging only with your permission and only for administrative purposes. Email exchanges and text messages with the office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text Dr. Greenberg about clinical matters because this is not a secure way to contact her. Email and text messaging should not be used to communicate with Dr. Greenberg in an emergency situation. **In case of an emergency, please call 911, contact local crisis services, or go the nearest emergency room and ask for the psychologist or psychiatrist on call.**

**Social Media:** Dr. Greenberg does not communicate with clients through social media. Dr. Greenberg will not respond to any online contact no matter how accidental.

**Web Searches:** Dr. Greenberg will not use web searches to gather information about you to safeguard your privacy. Mental health professionals are not permitted to respond to any false statement or negative review on the web or social media due to confidentiality restrictions.

**TELEHEALTH:** Dr. Greenberg uses a secure telehealth platform service which is privacy-protected and HIPAA compliant. Telehealth refers to providing psychological services remotely using telecommunications technologies, such as video conferencing or telephone. Remote assessment or therapy has many benefits but also some risks and limitations. The process may include counseling, interviews, review of records, feedback and, at times, select test measures. One of the benefits of telehealth is that the patient and clinician can engage in services without being in the same physical location. It is also more convenient and takes less time.

Risks to confidentiality. Because telehealth sessions take place outside of the therapist's private office there is potential for other people to hear the session. Dr. Greenberg will take reasonable steps to ensure your privacy. It is important for you to make sure you find a private place for the session where you will not be interrupted. It is also important for you to protect the privacy your cell phone or other device.

Issues related to technology. There are many ways that technology issues might impact telehealth. Though it is not likely, it is possible that other people might get online access to the session. It is also possible that other people or companies could get access to your stored data. Dr. Greenberg uses secure and HIPAA compliant telehealth services to minimize these concerns.

Crisis management and intervention. Dr. Greenberg will not engage in telehealth services with clients who are currently in a crisis situation requiring high levels of support and intervention. Dealing with crises and evaluating threats and other emergencies can be more difficult using telecommunication compared to an in-person session. Dr. Greenberg will ask you to identify an emergency contact person who is near your location and who may be contacted in the event of a crisis or emergency during a telehealth session. **In an emergency, call 911, contact local crisis services, or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.**

Efficacy or Effectiveness. Most research shows that *telehealth* is about as effective as in-person therapy. However, some therapists believe that something is lost by not being in the same room. At Richmond Neuropsychology, formal testing is conducted in person. Components of the evaluation such as the interview, feedback session, and select tests measures via a secure platform may be administered via telehealth, depending on the situation.

### **CONFIDENTIALITY for ADULT PATIENTS**

The privacy of communications between a patient and psychologist is generally protected by law. Dr. Greenberg will do her best to answer your questions but is not an attorney. Typically, Dr. Greenberg will only release information to others with your written permission. There are exceptions to confidentiality (see below).

- In most legal proceedings, you have the right to prevent Dr. Greenberg from providing any information about your treatment. In some legal proceedings, a judge may order Dr. Greenberg's testimony if the judge determines that the issues demand it. Dr. Greenberg must comply with the court order.
- There are some situations in which Dr. Greenberg is legally obligated to take action to protect others from harm, even if she has to reveal some information about a patient's treatment. For example, if Dr. Greenberg believes that a child, elderly person, or disabled person is being abused or has been abused, she must or may be legally required to make a report to the appropriate state agency.
- If Dr. Greenberg believes that a patient is threatening serious bodily harm to another, she is required to take protective actions. 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, Dr. Greenberg may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- Dr. Greenberg may occasionally find it helpful to consult another professional about a case. The consultant is also legally bound to keep the information confidential. Dr. Greenberg may not tell you about the consultation.

### **CONFIDENTIALITY for MINOR PATIENTS (17 years old and younger):**

**Parent/Guardian Authorization for Minor's Mental Health Treatment:** In order to authorize mental health treatment for your child, you must have either sole or joint legal custody. If you are separated or divorced from the other parent/guardian of your child, please notify Dr. Greenberg immediately. You will be required to provide a copy of the most recent custody decree that establishes custody rights or otherwise demonstrates that you have the right to authorize treatment for your child. It is the policy of Richmond Neuropsychology to inform all parents/guardians that there is a request for the child to seek an evaluation or therapy.

**Individual Parent/Guardian Communications:** Dr. Greenberg may meet with the child's parents/guardians either separately or together. Please be aware that, at all times, the patient is the child. If Dr. Greenberg meets with you or other family members in the course of your child's treatment, she will make notes of that meeting in your child's record. The record will be available to any person or entity that has legal access to your child's record.

**Mandatory Disclosures of Treatment Information:** In some situations, Dr. Greenberg is required by law or by the guidelines of the profession to disclose information, whether or not she has your or your child's permission. Some of these situations are listed below. Confidentiality cannot be maintained when:

- Child patients tell Dr. Greenberg they plan to cause serious harm or death to themselves, and she believes they have the intent and ability to carry out this threat in the very near future. Dr. Greenberg must take steps to inform a parent/guardian or others of what the child has said and how serious she believes this threat to be and to try to prevent such harm.
- Child patients tell Dr. Greenberg they plan to cause serious harm or death to someone else, and she believes they have the intent and ability to carry out this threat in the very near future. In this situation, Dr. Greenberg must inform a parent/guardian or others and may be required to inform the person who is the target of the threatened harm and the police.

- Child patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, Dr. Greenberg will need to use her professional judgment to decide whether a parent/guardian should be informed.
- Child patients tell Dr. Greenberg, or she otherwise learns that, it appears that a child is being neglected or abused (physically, sexually or emotionally) or that it appears that they have been neglected or abused in the past. In this situation, Dr. Greenberg may be required by law to report the alleged abuse to the appropriate state protective agency.
- Dr. Greenberg is ordered by a court to disclose information.

**Disclosure of Minor’s Treatment Information to Parent/Guardian:** Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in earning and keeping that trust. It is important for children to have a “zone of privacy” where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parent/guardian. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

**SEE PAGE 6 TO REVIEW AND SIGN  
INFORMED CONSENTS  
AND  
ACKNOWLEDGEMENT of HIPAA NOTICE**

**SIGNATURE PAGE for INFORMED CONSENTS & ACKNOWLEDGEMENT of HIPAA NOTICE**

**INFORMED CONSENT for ADULT PATIENT**

My signature indicates that I have read the policies of Richmond Neuropsychology and agree to abide by them.

Signature (Adult) \_\_\_\_\_ Date \_\_\_\_\_

**INFORMED CONSENT for MINOR PATIENT (17 years & younger)**

My signature shows that I have read or discussed the policies of Richmond Neuropsychology with Dr. Greenberg. (Signature not needed for very young children.)

Signature (Minor) \_\_\_\_\_ Date \_\_\_\_\_

**INFORMED CONSENT for PARENT/GUARDIAN of MINOR PATIENT**

My signature indicates my agreement to respect my child's privacy. (Please both sign if two parents/guardians.)

- I will refrain from requesting detailed information about individual therapy sessions with my child.
- I understand that I will get periodic updates about progress and may be asked to participate in therapy.
- I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality is up to Dr. Greenberg's professional judgment, unless reporting is mandated by law.

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT of HIPAA NOTICE of PRIVACY**

My signature acknowledges that I have read and been given the opportunity to receive a written copy of the HIPAA Notice of Privacy Practices. The current HIPAA Notice of Privacy Practices is posted on RichmondNeuropsychology.com. (You may request a paper copy of the current version at any time.)

Signature (Adult) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Minor) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian of Minor) \_\_\_\_\_ Date \_\_\_\_\_

**INFORMED CONSENT for ELECTRONIC COMMUNICATION**

I agree to receive and send text messages to Dr. Greenberg for administrative matters only. \_\_\_ Yes \_\_\_ No

My signature attests that there are risks to electronic communication and a potential risk of exposure.

Signature (Adult ) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Minor) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of a Minor \_\_\_\_\_ Date \_\_\_\_\_

**INFORMED CONSENT for TELEHEALTH**

My signature indicates I agree to participate in telehealth and understand the benefits and risks.

Signature (Adult ) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Minor) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of a Minor \_\_\_\_\_ Date \_\_\_\_\_