Behavioral Health and Wellness Associates

of Northern Virginia

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**Psychological Evaluation Policies/Procedures**

**Practice Policies and Procedures**

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

**Meetings**

A psychological assessment is typically conducted within 3-4 sessions. The initial appointment is used to gather background information to determine the necessity of psychological evaluation as well as the questions that need to be answered by the assessment (approximately 60 minute meeting). If the psychological assessment is deemed necessary, the testing session(s) will be scheduled. Testing can range from 2-8 hours depending on the needs of the assessment. These sessions may be split over 2 days depending on the time, age of client, or other individual factors. The final session is a feedback session in which the results of the assessment will be discussed with the appropriate individuals (approximately 50 minutes).

**Fees**

Our hourly rate for the initial intake appointment is $150.00. Self-pay evaluation fees are as follows:

Psycho-Educational Evaluation $2500.00

Psychological Evaluation $1500.00

IQ/Gifted Evaluation $450.00

Evaluation fees include:

* administration, scoring and interpretation of tests
* written report of evaluation results
* 50-60 minute feedback session, during which test results and recommendations will be provided

When filing through insurance, we accept the contracted rate of your insurance company. Late cancellations result in an open hour, inconvenience, and a loss of revenue. If you miss or cancel a feedback appointment or an evaluation appointment with less than 24 hours notice, a fee will be charged (unless you and I both agree that you had to miss or cancel the appointment due to circumstances that were beyond your control). The fee for a feedback session that is missed or cancelled with less than 24 hours notice is $65.00. The fee for evaluation appointments that are missed or cancelled with less than 24 hours notice is $150.00 (due to the large block of time that is set aside for evaluations). Please note that these fees are not covered by insurance.

Parents sometimes request that we provide various professional services after the evaluation process has been completed. These services may include report/summary writing, telephone conversations lasting longer than a few minutes, consulting with other professionals (with your permission), preparation of records or treatment summaries, and the time spent performing any other service you may request of us. The fee for these services is $150.00 per hour, but we will break down the hourly cost if I work for periods of less than one hour.

**Billing/Payments**

You will be expected to pay for the initial intake appointment at the time of the appointment. Evaluation fees are due on the date of the evaluation. If your account has not been paid for more than 60 days 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, and this could affect credit. If such legal action is necessary, its costs will be included in the claim. There will be a $30 charge for the return of a check from the bank.

**Insurance Reimbursement**

If we do accept your insurance and you would like to file claims through insurance, you can provide permission for us to submit claims on your behalf (see Financial Policy). Even if we do not participate with your insurance, your insurance company may reimburse you according to the guidelines they have established for out of network providers. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administration. You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide 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.

**Forensic and Litigative Services**

It is the stated philosophy of this practice that we do not participate in lawsuits of any type on a plaintiff’s behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if we are called to testify by another party. Because of the complexity of legal involvement, wecharge $300 per hour for preparation and attendance at any legal proceeding.

**Contacting Your Clinician**

Due to our work schedules, we may not be in the office every day of the week or be readily available by phone. We will not answer calls while we are meeting with another patient. When we are unavailable, please leave a message on our voice mail. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. In the case of psychiatric emergencies, if you are unable to reach us and feel that you can’t wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

**Professional Records**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, we recommend you review them in your therapist’s presence so that you can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**Minors**

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request that we will provide parents only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concerns. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have about it.

**Confidentiality**

In general, the law protects the privacy of all communications between a client and a psychologist, and I can release information about our work to others only with your written permission. But there are a few exceptions.

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 client’s treatment. For example, if I believe that a child, elderly, or disabled person is being abused, I am required to file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. I will make every effort to fully discuss it with you before taking any action.

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 or she determines that the issues demand it.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

**Complaints**

If you are unhappy with what’s happening during the assessment process, I hope you’ll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I’ve been unwilling to listen and respond, or that I have behaved unethically, you can file a complaint with the Virginia Department of Health Professions; Perimeter Center; 9960 Mayland Drive, Suite 300; Henrico, VA 23233-1463

CONSENT TO PSYCHOLOGICAL EVALUATION SERVICES  
Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

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Signature of Patient, Parent/Guardian, or Personal Representative

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Printed Name of Patient, Parent/Guardian, or Personal Representative

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Personal Representative’s Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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