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Psychologist-Client Agreement

This document contains important information about the nature of the psychologist-client agreement and my business practices/policies. Your signature on the <u>Notice of Consent</u> indicates that you have read this agreement and abide by the arrangement. Please feel free to contact me with any additional questions.

I. Services

I am a licensed psychologist and nationally certified school psychologist specializing in school-related learning and behavioral issues. I have worked in university (Clinical Assistant Professor), public school (school psychologist), and/or private settings for over 20 years. I strive to provide a thorough description of a child's strengths and needs as they pertain to his/her unique learning profile from a scientist-practitioner, cognitive-behavioral approach. I assist parents, teachers, and schools with using this information to better understand how psychological andlearning principles can be applied to enhancing children's overall functioning. Evaluations take a strength-based approach to understanding a child's learning style so that those strengths may be used to compensate for any areas of relative weakness. My services are provided to school-age children (and their families) as well as to college students.

<u>Evaluation services</u> include an initial intake meeting (approximately 1 hour) and separate testing sessions with the child/young adult ranging from 2-3 sessions. Each testing session lasts between 2-3+ hours in length. Following the last testing session, an interpretive meeting will be scheduled approximately 3 weeks later, at which time I will provide a written report of findings, recommendations, and an opportunity to answer any questions pertaining to the referral question(s). I also am available for additional <u>consultation services</u> with parents and/or teachers to discuss a child's functioning, develop behavioral strategies to address concerns, and/or set up behavioral plans/contracts within families and/or between home/school settings. I <u>do not provide psychotherapy services</u> directly to children but am able to make referrals to the appropriate professionals in cases when I believe a child/young adult would benefit from additional assessment and/or intervention.

II. Fees

I am an "out-of-network" provider and do not file directly with insurance companies for reimbursement; however, I will provide you with a Statement of Services at the completion of the testing/report for you to file for direct reimbursement. I strongly encourage you to call your insurance company if you are depending on insurance for payment (please be aware that many insurance companies to not cover the cost of all aspects of a psychoeducational evaluation and rarely cover the cost of only educational testing). Your insurance company may ask for Procedure Codes. It is your responsibility to inquire about any need for pre-authorization for testing with your insurance company; otherwise, coverage may not be provided. My evaluations are most typically coded with the following CPT Procedure Codes:

- 90791 (Diagnostic Intake) (modifier="95" for telehealth zoom session): typically between 1-2 one-hour units
- 96136 & 96137 (Psychological Testing; scoring): typically between 8-13 thirty-minute units
- 96130 & 96131 (Psychological Evaluation Services; data integration; report writing): typically between 6-9 one-hour units
- 96131 (Interpretive Conference) (modifier="95" for telehealth zoom session): typically between 1-2 one-hour units
- Academic/Educational Testing (no CPT code)...out-of-pocket

My hourly rate is \$175; however, testing fees are higher (e.g., \$260/hour) to include the face-to-face time with the examiner. For every hour of testing time, an addition hour is billed for the cost of protocols, scoring/interpretation, and report writing. The cost of an evaluation will depend on the scope of the assessment with ranges between \$2605-3600+. The total charge includes an initial consultation meeting, testing time, report writing, school visits (observations, meetings), phone conversations (lasting less than 15 minutes)*, consultation with other professionals (lasting less than 15 minutes)*, an interpretive (results) meeting**, and record review***. The range will be clarified at the initial meeting after the scope of the evaluation is determined.

A full written report will be provided at interpretive meeting (provided payment in full). In certain circumstances, a payment plan may be requested but must be agreed upon before any evaluation begins.

Check or money order is preferable, though credit card payments are accepted and processed at the time of service (check payment includes a 2.75% discount). If you need to reschedule any appointment, please provide at least 48 hours advanced notice in order to avoid a \$50 cancellation fee.

The following is a break-down of typical costs for 5-6 hours of face-to-face testing time (without school visits) (e.g., \$2970-3495+) via **check** payment:

- The fee for the intake/ diagnostic interview is requested at that meeting (includes record review and face-to-face meeting for up to 1.5 hours = \$350)
- Half of the payment is requested on the first day of the testing (e.g., 2.0-3 hours of testing = \$1127-1647.50+)
- The second half of the payment is requested on the second day of the testing (e.g., 2.5-3 hours of testing = \$1127-1647.50+).
- If face-to-face testing requires additional time above the typical 5-6 hours, the total fee will be adjusted accordingly, based on an hourly rate. Likewise, if face-to-face testing requires less than 5 hours, the total fee will be adjusted (e.g., <\$4 hours testing=\$2605+).
- The final payment for the interpretive meeting is requested at that meeting = (45 min-1 hour=\$200).

- To summarize, the following indicates total costs associated with various testing times:
 - 4 hours: \$2702 via cc; \$2630 via check
 - 5 hours: \$3237 via cc; \$3150 via check
 - 6 hours: \$3845 via cc; \$3670 via check

Clarification for <u>Early Kindergarten Entry</u> (EKE) evaluations (to be conducted after April 16th following the child's 4th birthday) and/or Academically and Intellectually Gifted (AIG) evaluations:

- An IQ test will be administered first. If your child <u>does not</u> meet the minimum criteria, only a score report will be provided (no full report). Cost is \$260/hour for testing time and score report
- If your child meets the minimum criteria on the IQ test, he/she will be administered the achievement testing. If your child does not meet the minimum criteria on achievement testing, only score reports for each test will be provided (no full report). Cost is \$525 for testing time and score reports.
- If your child meets the minimum criteria for both IQ and achievement, a full report will be provided. Cost is \$895 for testing time and full report.
- Should testing take more than the typical (up to) 4.5 hours, the cost will be adjusted accordingly.

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 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 patient's treatment is his/her name, the nature of services provided, and the amount due.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time. [Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.]

III. Limits of 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. There are some situations that require only that you provide written, advance consent.

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 believe that a child [elderly person, or disabled person] is being abused, I must [may be required to] file a report with the appropriate state agency (e.g., County Department of Social Services).

If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective

^{*}Phone consultations lasting more than 15 minutes or additional paperwork/memos (at your request or at the request of other professionals at your request) will be billed on an hourly rate/pro-rated. These services are typically not covered by insurance companies.

^{**}One-hour Interpretive/feedback meetings are scheduled for parents only; however, for teenage clients (under the age of 18) I provide feedback during the testing session(s) and a separate feedback handout at the time of the parent interpretive. I am happy to split the parent interpretive meeting into 2 parts: ½ - ¾ time with parents, ¼ to ½ time privately with your child. Alternatively, I also can provide a separate, brief private meeting with your child at another time at a pro- rated hourly fee (e.g., 30 minutes-\$87.5).

^{***}Email exchanges outside of scheduled consultation meetings (lasting more than 15-minutes for reading/responding) and/or record review of provided documents (taking more than 15-minutes) will be billed on an hourly/pro-rated rate.

^{*}All psychoeducational reports include a background section, results/interpretation, clinical impressions, recommendations, and attachments of scores. Reports will be provided electronically (with password protection). Hard copies may be provided at an additional printing cost (i.e., \$5 per copy).

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, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. Government Agencies have the right to request information for health oversight activities. For instance, the North Caroline Psychology Board has the power to subpoena relevant records should I be the focus of inquiry.

I may disclose your protected health information in the course of any judicial or administrative proceeding as directed by a proper court order.

All of the above situations rarely occur. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

Finally, 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 patient. The consultant is also legally bound to keep theinformation confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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. 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. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

IV. Contacting Me

I can be reached at (919) 623-1448. If I do not answer, you may leave a confidential voice mail. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. You may also leave me an email message at michelle@whichardps.com; however, to ensure confidentiality, I prefer not to discuss detailed or private information through email (see Risk Factors below). If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. The main number at UNC Hospital is (919) 966-4131.

V. <u>Risk Factors Regarding Electronic Communication</u>

Electronic Communications (EC) include, but are not limited to, email and texting. Please keep in mind that these communications can be immediately broadcast and received by unintended parties. Moreover, users may misaddress an EC, and back-up copies may exist even after a sender/recipient deletes such communication. With these risk factors in mind:

- I cannot guarantee the security and confidentiality of EC, though I will take reasonable steps to protect confidentiality (e.g., password protected correspondences, though not 100% full-proof).
- If you do not receive a timely response (typically within 24 hours), it is your responsibility to follow-up with me to ensure that I received your email.
- If you consent to the use of EC (for other than scheduling, generic follow-up), it is your responsibility to inform me of any type of information you wish not to be sent via EC.
- Use of EC initiated by you to discuss diagnoses and/or treatment planning/recommendations constitutes informed consent to discuss via EC.
- Being informed of these risks, if you choose to use EC with me, you thereby communicate your authorization for such communication, including any reply from me.