



Integrative Psychological Services, LLC

501 N Frederick Ave Suite 310 Gaithersburg, MD 20877

CLIENT INFORMATION AND AGREEMENT FOR ASSESSMENT SERVICES

This practice is dedicated to providing quality psychological services to children, adolescents, adults, couples, and families regardless of age, race, sex, or religious affiliation. Psychological services are regulated by the Maryland State Department of Health and Mental Hygiene. This practice is committed to the client's right to information regarding office policy, non-discrimination, confidentiality, consent, and competent service. Please read the following and ask any questions you may have:

1. Services rendered here are confidential. Information will not be shared with others **unless** you sign a release form. **Confidentiality is limited by state law, requiring reporting of child, elder abuse or suicidal or homicidal intentions.**
2. As a part of a commitment to quality care, Integrative Psychological Services, LLC at times consults with other professionals regarding a client's treatment. In such circumstances, he/she/they complies with restrictions regarding confidentiality.
3. I understand that treatment may cease for non-compliance with treatment recommendations that leaves the client's well-being at risk.
4. I understand that the state of Maryland requires that treatment records must be kept and that Integrative Psychological Services LLC, will keep such records in accordance with all legal and ethical requirements for confidentiality.
5. I understand that Integrative Psychological Services LLC, is separate from, and independent of, any other entity practicing on these premises and that I will be receiving services solely from Integrative Psychological Services LLC, and not any other entity practicing on these premises.

Fee Payment and Insurance

Out of Network Fee: Comprehensive Psychological Evaluation: \$3,000-\$4,600; Educational Evaluation: \$2,600-\$3,000; ADHD Evaluation: \$1,500-\$1,700; Clinical Evaluation: \$2,500-\$2,800; Developmental Evaluation: \$2,500-\$2,800; Admissions Evaluation: \$500; Educational Measure: \$500; Consultation: \$200.00 per hour (applies to schools, psychiatrists, and other providers as necessary); Immigration Evaluation: \$700-\$1,000

1. **Payment is due at the time of service unless other arrangements are made in advance.** Payment must be made by credit, check or cash.
2. **Payment plans are available for up to three installments and the balance is due before feedback of the testing results.**

3. I understand that as the client I am responsible for checking insurance benefit coverage and filing reimbursement claims if I have out of network benefits. Integrative Psychological Services, LLC does not check benefits or submit claims for out of network insurance plans, and solely accepts Blue Cross Blue Shield/CareFirst insurance. I understand I am responsible for any balances, co-pays, co-insurance, deductible, or educational measures that are not covered by my insurance plan. **Please note, billing for testing services include both face-to-face and non-face-to-face hours. Face-to-face billing services include diagnostic interview, test administration, and feedback of the report, while non-face-to-face billing services include scoring, analysis, interpretation and writing of the report. Claims for face-to-face and non-face-to face claims will be submitted and may produce co-pays, co-insurance, or deductible balances based on the type of insurance plan.**
4. Sessions missed or canceled with less than 72 hours advance notice will be charged a \$200 fee. Charges for late cancellations or missed appointments will be solely the responsibility of the client. Insurance does not cover such expenses.
5. I will be given a statement for my records and/or to submit to my insurance company.
6. Patient balances will be paid in full prior to feedback of the psychological report.
7. Treatment may cease if payment is not made in a timely manner.
8. Clients are responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default.

Testing Information

There are varied purposes for psychological testing. Common features of psychological evaluations typically include the following:

- Review of relevant records: Referral agencies typically provide background data to enable me to have a historical context that benefits the testing situation. Testing clients may voluntarily wish to provide their own records to provide historical context.
- Clinical Interview: A structured clinical interview with the client contains his or her background information (e.g., family history, physical health, prior abuse history), mental health concerns (e.g., symptoms of distress, prescribed psychotropic medications, substance abuse difficulties), educational/work history, employment, social functioning (peer interactions, legal history), and a mental status exam (behavioral observations, assessment of daily living skills). Collateral contact may be obtained from family members or representatives of the referring agency to provide additional information to facilitate the testing process.
- Mental Health Assessment Inventories: These inventories typically include surveys or performance exercises that assess varied mental health symptoms.
- Cognitive/ Developmental Assessment Tools: These exercises may include tests of cognitive ability, academic achievement, visual-motor coordination, attention span, developmental functioning, memory, and processing speed.
- Projective Testing: These free-response measures are used to assess personality and emotional functioning, attitudes, and motivations.
- Validity Assessment: The truthfulness of testing clients will be assessed based on their presentation during the clinical interview, consistency of their report with prior records and history, their effort on the testing exercises, and their response pattern on the administered psychological tests. Therefore, it is extremely important that you be

as truthful as possible on the test surveys, and provide your best effort on the varied psychological tests. We will determine that the testing results appear to either be valid, interpreted with varied degrees of caution, or be declared invalid altogether if it is discovered that you were not truthful or provided a poor effort.

- After the test results are obtained, we will score and interpret these test data into a coherent psychological report. The psychological report reviews the aforementioned data, provides detailed analysis of all the results, summarizes the data, and lists DSM-V diagnostic impressions. Additionally, recommendations are typically listed at the conclusion of the psychological report for further direction. If you are requesting an evaluation for legal or immigration purposes, please know that there is a possibility that the conclusion may not be to your advantage. Further, we are not a forensic testing practice, and do not conduct evaluations for the purpose of child-custody, probation, or competency to stand trial.

I understand and agree to the above policies, and acknowledge that I have received a copy of this agreement:

Client Signature

Date

If client is a minor:

I certify that I/we have the legal right to authorize services for _____
and agree to pay for all fees and charges for such services.

Signature of Parent or Legal Guardian

Date

NOTICE OF PRIVACY RIGHTS UNDER HIPAA REGULATIONS

The notice of privacy rights under HIPAA regulations describes how psychological and medical information about the client can be used and disclosed, and how clients can have access to this information. By signing below, **I acknowledge that I have received a copy of the notice, and have read and understood my rights related to the privacy of my medical records** Integrative Psychological Services LLC's office. I have discussed any and all concerns or questions with my evaluator.

Client Signature
(Client's Legal Guardian if under 18)

Date

Print Name

CONSENT AND AGREEMENT FOR TESTING

I, _____, give my consent for Integrative Psychological Services, LLC. to
(Print Name of Client or Legal Guardian)

evaluate _____ in the following areas of functioning:
(Name of Client)

Initial to indicate consent: _____ Clinical (cognitive, social and emotional functioning)

_____ Educational (intellectual, achievement)

_____ Executive/ADHD

_____ Developmental

_____ Clinical (personality, behavioral)

_____ Comprehensive

_____ Other

I understand that the test results are confidential and that I have the right to a full explanation of the results and to review my record at any time.

Signature (Client or Legal Guardian)

Date