



Professional Services Agreement Comprehensive Psychological Assessment

This document contains important information about the Comprehensive Psychological Assessment services provided by Alison E. Pritchard, Ph.D. Please read this information carefully and feel free to ask any questions that you may have.

Confidentiality

Our clients' confidentiality is very important and will be carefully safeguarded. Therefore, information that you and your child provide during the course of the assessment process will be considered privileged. Please be aware, however, that there are exceptions to confidentiality:

- If the parent of a child or the child is believed to be potentially harmful to him/herself or to someone else, then confidentiality may be broken in order to maintain the safety of those involved.
- According to Maryland law, psychologists who suspect neglect, physical abuse, or sexual abuse of a child under the age of 18 must report their concerns to the appropriate authorities.
- If a court of law issues a subpoena, a psychologist may be required to provide the information specified within the subpoena.
- ❖ If a Release of Information Authorization has been signed by the appropriate parties.

Services, Payment, and Fees

A Comprehensive Psychological Assessment will include an initial parent interview, formal psychological and educational assessment, a follow-up parent conference/feedback session, and a written report detailing assessment results, conclusions, and recommendations. Written reports are mailed to parents within one month of receipt of all relevant assessment and behavior rating materials. Other services that may be provided during the course of such an assessment include teacher contacts and classroom observations.

The fee for a Comprehensive Psychological Assessment is Two Thousand Four Hundred Dollars (\$2400.00). The first payment of One Thousand Two Hundred Dollars (\$1200.00) is due at the time of the initial parent interview; the balance of One Thousand Two Hundred Dollars (\$1200.00) is due at the time of the follow-up parent conference. In some cases, the initial interview, evaluation, and follow-up parent conference are all scheduled for the same day. When this is the case, payment in full is due on the day of the evaluation. Additional services (e.g., consultation with schools, IEP meeting attendance, etc.) may be provided upon request at an hourly rate of One Hundred and

Sixty Five Dollars (\$165) per hour. Payment may be made by cash or check. Dr. Pritchard *does not accept insurance* as a form of payment for services rendered. A detailed receipt will be provided when all fees are paid in full. This receipt will contain all of the information necessary to submit a claim to your insurance company, should you choose to do so. Please be aware that insurance companies vary in their reimbursement for psychological and educational testing services, and no amount of reimbursement is guaranteed. If payment in full is not received within 30 days of the follow-up parent conference, collections procedures may be initiated.

Cancellation Policy

If you must cancel an appointment, please give a *minimum of 24 hours advance notice*. If you cancel an appointment without giving at least 24 hours notice, you will be charged a fee of One Hundred Dollars (\$100).

Professional Records

Maryland law and the standards of psychological practice require that assessment protocols, records, and reports be maintained in a secure and confidential fashion for several years after an assessment is completed. Please be aware that, in order to maintain the security and validity of assessment instruments, no assessment protocols will be released to individuals who are not appropriately trained in their use and interpretation.

Authorization/Agreement

By signing this Professional Services Agreement, I agree that I have reviewed the information above and give consent for a Comprehensive Psychological Assessment. Further, I agree that I have been afforded the opportunity to discuss any questions about the terms of this agreement before signing below.

Student's name

Date

Signature of Parent/Legal Guardian
or Signature of Patient if over 16

Signature of Witness

Note: Because many of the individuals evaluated by Alison E. Pritchard, Ph.D. LLC are younger than 16, the wording of this form is intended for parents and guardians. However, the same policies and procedures apply when an individual completes this form as an adult in their own right.