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**CHILD/TEENAGER
PSYCHOLOGICAL SERVICES AGREEMENT**

This document (the Agreement) will introduce you to my professional practice, services and business policies. When you sign this Agreement, it will represent an agreement between you and Dr. Graf. You may revoke this Agreement in writing at any time. That revocation will be binding with the exception of responsibilities related to services already rendered.

I. PSYCHOLOGICAL SERVICES

I would like to introduce you to my procedures and scope of practice so you know what to expect. I specialize in psychological assessments and treatment of children from age 2 to 18 years of age, and in case of chronic illness, through adulthood.

Most of the time, a child has been referred by a child's medical doctor or school. Sometimes parents initiate the referral. Presenting problems may include attention and learning problems, emotional or behavioral difficulties, or developmental delays. The assessment typically consists of an initial meeting, one to three sessions of psychological testing, and a meeting to discuss assessment results. The results describe the nature of your child's psychological functioning, diagnosis, and give treatment recommendations. In many cases the results will be written up in a report, which is designed to assist in communicating recommendations to your child's physician, school or counselor. At other times the evaluation is mainly to determine treatment goals and duration.

Recommendations may include medication, particular interventions at school, psychological treatment of the child or the family, treatment of learning problems, or referrals to other specialists. I often provide short-term family oriented, problem-focused, episodic treatment for up to one year following completion of the assessment to assist in helping the family, and in monitoring the progress and effectiveness of the therapies and services. At other times I provide longer-term psychotherapy to assist in addressing autism, severe emotional, and developmental conditions. Here I use Floortime, play therapy and teaching parents to help their child through playing with them for younger children. Teenagers may require individual and family interventions. If needed I may refer you to other mental health or medical services professionals who specialize in a particular area, like Occupational, Physical and Speech therapy, Psychiatry or Neurology.

II. TIMELINESS OF SERVICES

I complete the assessment process in one to two months, but timely completion also depends on the amount of testing, as well as your and my availability. Please consider that the school will support your child's absence for psychological assessment purposes and my office provide school excuses.

III. WHAT TO EXPECT FROM PSYCHOLOGICAL EVALUATION AND TESTING

In the initial interview we discuss your family and child's history and background. I also clarify the goals for the assessment and the nature of the psychological tests and rating scales that will be used. I use intelligence tests, achievement tests, memory tests, developmental tests, neuropsychological screening tests, projective personality tests, and objective personality tests.

An intelligence test helps to estimate available intellectual abilities of verbal, non-verbal reasoning and short-term memory. It can also be used to identify specific learning disabilities, deficits and strengths. During testing, a child's approaches and problems are evaluated in solving a variety of problems. The intelligence tests I use are the best available in the field of psychology. They are constantly reviewed for validity and reliability and I use the latest versions of all tests.

Academic achievement tests help to determine levels of reading, spelling, mathematics, writing and so forth. The analysis of specific learning problems require the use of achievement tests. As with tests of cognitive ability, the achievement tests I use are the most valid and reliable offered in psychological practice. I will explain each test I propose to use and explain my reasons for their consideration prior to their administration. The testing will be conducted only with your consent and with the age appropriate assent of your child.

IV. PSYCHOLOGICAL TREATMENT

You should consider the results of our psychological evaluation along with your own opinions when deciding the next steps. When it comes to psychological treatment, we hope you will be comfortable with whom you choose to treat your family. This is of course also true for our relationship with you and your family. At the beginning of treatment we will mutually agree on the goals and time frame for treatment. Therapy involves a significant commitment of resources both material and psychological, so you should be careful whom you select.

If you have questions about our practice or qualifications to provide the services or procedures, we will discuss them with you as they arise. If at any time you wish to

change providers, we will assist you with referrals to other mental health professionals for a second opinion or treatment.

V. RISKS AND BENEFITS

Psychological evaluation and treatment has benefits and may have some risks. Going to a psychologist often involves discussing unpleasant aspects of your life. You or your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychological treatment has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees that you will have a positive therapeutic experience.

VI. SCHEDULING MEETINGS

Appointments are scheduled by the Office Staff and are on an “availability” basis. We schedule appointment specifically with you and for your child. In the case of psychological testing up to 2 hours of time are specifically reserved for you. We would like you to honor that commitment and if you cannot make the appointment we ask that you give us advance notice so that the time can be offered to another family. If you cannot attend a meeting or change your mind about completing the evaluation, please let us know at least 24 hours advance. We will contact you to remind you of the appointment, but the responsibility for keeping the appointment is solely between you and us. If you do not attend a schedule meeting or cancel less than 24 hours before the meeting there is an 85 \$ charge.

VII. PROFESSIONAL FEES

My hourly fee is \$ 150.00. In addition to clinic appointments, I charge this amount for most professional services you may ask of me. I will break down the hourly cost if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 10 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 cost of a comprehensive psychological evaluation will vary, depending on the nature of the problem and the scope of the testing. The hourly fee for Psychological testing and report writing is \$125.

If you become involved in legal proceedings that involve me, the party requesting our participation will be expected to pay for all of my professional time, including preparation and transportation costs. This excludes subpoenas by duly constituted authority. My fees for forensic psychology services are billed at the rate of \$300.00 per hour for preparation and attendance at any legal proceeding with a four hour minimum. Eighty percent of the projected charges are payable in advance.

VIII. CONTACT INFORMATION

I may not be immediately available to you by telephone. When I am unavailable, our telephones are answered by office staff during regular business hours. I have an afterhours phone number for emergencies. I will make every effort to return your call on the same working day. If you are difficult to reach, please inform us of times when you will be available. If you are unable to reach us and feel that you can't wait for a return phone call, go to the nearest emergency room. If I am unavailable for an extended time, I will provide you with the name of a colleague to contact.

IX. LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment or attendance to others if you sign a written authorization form that meets certain legal requirements imposed by state laws. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

We may occasionally find it necessary to consult other health and mental health professionals about your case. During a consultation, I will make every effort to avoid revealing you and your child's identity. The other professionals are also legally bound to keep the information confidential. We will inform you of these consultations if you so desire.

You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we must share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

If a patient seriously threatens to harm himself/herself, I am obligated ethically and legally to seek psychiatric evaluation for a possible psychiatric hospitalization for him/her, or to contact family members or others who can help provide protection. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If you or your child are involved in a court proceeding and a request is made for information concerning diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, we are required to provide it for them.
- If you or your representative file a complaint or lawsuit against me, I may disclose relevant information regarding you or your child in order to defend myself.
- If you or your child's representative file a worker's compensation claim, we must, upon receipt of an appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.
- If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, I may be required to provide additional information.
- If I believe that there is a credible imminent threat that you or your child will inflict physical injury on another person, or that the patient will inflict imminent physical, mental or emotional harm upon him/herself, or others, I am required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. 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 now or in the future. However, in situations where specific advice is required, formal legal advice should be sought.

X. CLINICAL RECORDS

The laws and standards of my profession of a psychologist require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself or others, you can receive a clinical summary of your record or have the actual record provided to an authorized reviewer as defined by the Psychologist Licensing Law of the State of Texas. You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted and/or be upsetting to untrained readers. For this reason, I recommend that you attend the scheduled informational session with me, or request that the records be forwarded to another "authorized" mental health professional who can review the information with you. In most circumstances, I am allowed to charge a copying fee of \$1.00 per page. If, I cannot comply with your request for access to your records or part of your records, you have the right of written statement, which I will discuss with you upon your request.

XI. PATIENT RIGHTS

I will keep a record of when I release information from your or your child's record. This only ??

XII. MINORS & PARENTS

Patients under 18 years of age who are not emancipated should be aware that the law allows parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. Teenagers age 16 and older have to agree to treatment for it to proceed, and we ask for their written agreement. For patients with a mental or chronological age equivalent of over 14, it is my policy to request the assent of the patient and the agreement of his/her parents that the parents forego their right to access to their child's record except in case where disclosure is legally or ethically required. If they agree, I will continue to provide them with general information about the progress of the child's treatment. In these cases I will also if requested, provide parents with a summary of their child's treatment periodically. Any other communication will require the child's assent, unless, as stated above, we have information that the child is in danger or is a danger to someone else. When possible, I will inform the child of our actions.

XIII. BILLING AND PAYMENTS

You will be expected to pay for each session at the time the service is provided, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

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 which will require me to disclose otherwise confidential information. 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.

XIV. INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for the evaluation and treatment. If you have a health insurance policy, it may provide coverage for mental health treatment, however that determination is primarily your responsibility. You would have to call your insurance if you have out of network benefits and how to submit bills to them. I will provide you with a bill for all services provided that includes diagnosis, date of service, and nature of services. Then they pay you directly if you are eligible.

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 administrator. "Managed Health Care" plans such as Health Management Organizations, HMO, and Preferred Provider Organizations, PPO. They often require authorization before consideration of the provision of reimbursement for mental health services. I or my office staff will not be able to call your insurance because that would trigger compliance with HIPPA regulations. It is important that the financial responsibilities are clear from the beginning.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS

Parent or the Child's Legal Representative

Date

Child's Assent

Date

Psychologist

Date

