

**THE MINDSET CENTER
SUSAN N. MILLER, M.A., C.A.S.
PSYCHOLOGY ASSOCIATE
2021A EMMORTON ROAD
SUITE 210
BEL AIR, MARYLAND 21015**

OUTPATIENT SERVICES CONTRACT
MINOR PATIENTS (UNDER THE AGE OF 18)

Welcome to The MINDset Center. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our meeting. When you sign this document, it will represent an agreement between us. It will also represent an understanding that this relationship is between you and I, and no other providers of The MINDset Center.

ASSESSMENT AND FEES

In the case of psychological and educational testing, assessment batteries are determined on the basis of the referral question. Psycho-educational assessment batteries for determination of a learning disability (such as dyslexia or dysgraphia) are charged a fee of \$2800. Testing appointments can and often do occur over two or more sessions of 2 to 4 hours each; sessions may occur across multiple days, or within one day with an adequate break provided between sessions. Every effort is made to produce a report within four weeks of the final assessment date. It is important to understand that assessment results DO NOT GUARANTEE an Individual Education Plan (IEP), 504 plan, or the provision of accommodations for high-stakes testing such as the SAT, GRE, or LSAT. In the case of psychological evaluations, where educational batteries are not utilized, the fee schedule is a rate of \$1800. In all assessments, this fee is inclusive of the intake, test administration, report writing, and scheduled feedback.

PROFESSIONAL FEES

Assessment and report writing fees are included in the stated fee for psycho-educational assessments. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

Payment schedules for professional services will be agreed upon when they are requested. All payments are to be made in cash or check only. A receipt is provided to you upon payment.

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

LICENSING DISCLOSURE

As a provider in private practice, I hold the title of Psychology Associate, under the laws and regulations determined by the Maryland Board of Examiners of Psychologists. As a registered Psychology Associate, I will be working under the supervision and license of Dr. Shreya Hessler, who is a licensed psychologist. I will be consulting with her on this assessment in accordance with the law.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I 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 me of some times when you will be available. Please be aware that all scheduling information, changes, and queries should be conducted via PHONE only and not through electronic communication such as text messaging or email.

ELECTRONIC COMMUNICATION

While I understand the convenience of electronic communication, please do not communicate sensitive information via text messaging or email. These communications are not protected or guaranteed as private. If you should send these communications, please understand that there is a risk to a third part accessing your information. I will generally not respond to emails regarding sensitive information. If you need to communicate with me, it is best to do so in person or via telephone.

PROFESSIONAL RECORDS

I am required to keep records of the professional services that I provide. Because these records contain information that can be misunderstood by someone who is not trained in assessment, it is my general policy that patients may not review them. However, you will be provided a written report describing the assessment results and interpretation of those results.

CONFIDENTIALITY

In general, the privacy of all communication between a patient and a service provider is maintained as confidential information. However, there are some situations in which I am legally

obligated to protect others from harm. For example, if I believe that a child is being abused, I must file a report with the appropriate state agency.

Assessment results will be kept confidential, and will not be shared outside of The MINDset Center, without your express written consent. As I provide services under the supervision of Dr. Hessler, she will be consulted regarding all assessments and services provided. However, all clinicians and providers at The MINDset Center are bound to confidentiality agreements. If you are obtaining services at The MINDset Center from other providers, such as tutoring or therapy services, release forms will be completed by all parties that will permit communication and collaborative care.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important to discuss any questions or concerns that you may have at our next meeting. 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.

Your signature to the informed consent document indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

INFORMED CONSENT AUTHORIZATION

BY SIGNING BELOW, YOU HAVE READ, UNDERSTOOD, AND AGREED TO MRS. MILLER'S INFORMED CONSENT AGREEMENT.

Signature of Parent

Date

Signature of Parent

Date

Signature of Psychology Associate

Date