

NANCY JUST, PH.D., ABPP DIPLOMATE IN CLINICAL PSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY LICENSE 03382

## CONSENT FOR PSYCHOLOGICAL TESTING AND OFFICE POLICY STATEMENT

Dr. Nancy Just (SI# 3382), Dr. Ellen Reicher (SI# 4164), Dr. Jessica Kornwasser (SI# 4632), Dr. Andrea Riskin (SI# 5043), and Dr. Allison Shale (SI # 05389) are Licensed Psychologists. Psychological testing sessions are charged at a rate of \$310 for the first hour and \$295 for each additional hour of testing. Dr. Margaret Tobias (TP# 153-055) is a permit holder in the state of New Jersey and is supervised by Dr. Reicher. Dr. Tobias's testing fees are \$300 for the first hour and \$285 for each additional hour. The practice charges for test administration time, scoring, interpreting, and writing. The number of sessions required for psychological testing varies. Your doctor will estimate the number of sessions necessary to administer the test battery but please accept that this is only an estimate influenced by multiple factors.

We do not participate in managed care or submit insurance claims. Receipts of payment statements suitable for insurance submission are issued at the end of each month and list all the sessions for that month. Insurance policies vary greatly and we cannot guarantee that your policy will cover psychological testing; it is recommended that you check with your carrier about coverage prior to testing.

All services are payable by check <u>at each session</u>. Reports are written after all payments have been received. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Psychological testing assumes that the person conducting the evaluation is unbiased and will give their professional opinion based on the information provided. The purpose of this assessment is for objective evaluation only- not for care, treatment or consultation. Therefore no doctor-patient relationship exists.

The testing results are completely confidential unless you sue another party on the grounds of emotional distress in which case the courts may mandate release of psychological records of all types including testing. Also, if you choose to submit your financial receipts to your insurance company for reimbursement, then your testing information will become part of your Personal Health Information and subject to the rules of HIPAA. Otherwise written reports are not generally available to nonprofessionals. However, a summary report will be available that can be forwarded by our office to any and all professionals you would like to notify. A parental summary, which differs from the professional report, can also be provided. A signed release is necessary for your file instructing us to release records to those professionals you name. By signing this paper, you are consenting to psychological testing for yourself or your minor child and agreeing to the fee and disclosure policies.

Person responsible for payment

Date

Patient

Date

One Prospect Street, Suites 5-7, Ridgewood, NJ 07450 Phone: 201.447.2242 Fax: 201.447.4377