



SERVICES AND FEES

Comprehensive Psychoeducational Assessment: includes a parent interview and discussions, review and synthesis of background materials, screening for social, emotional and behavioral issues, assessment of the cognitive processing abilities and skills that affect learning and school performance, assessment of academic skills in reading, writing, mathematics and oral language, interests assessment, and a written report detailing the student's profile of learning strengths and weaknesses with a detailed learning plan. Findings are discussed at a parent meeting and a separate follow-up meeting with the student. Fee: \$6,000 Families who wish to schedule an assessment are requested to provide 50% payment (\$3,000) in advance to reserve the first assessment appointment. The balance (\$3,000) of the total fee is due upon the completion and delivery of the written report. **Consultation:** Initial discussions of up to 30 minutes to discuss the student and family's situation are free of charge, whether or not further advice is sought. For a reasonable period of time after an assessment has been completed, I continue to make myself available to answer questions and help parents implement recommendations without additional charge. Families who wish to continue to consult beyond this period of time will be asked if they wish to do so on an hourly fee basis. The hourly rate is \$250. Consultations are charged in 15-minute unit blocks at the rate of \$62.50 per unit block. Lengthy e-mail communications will be billed in the same manner. Consultations with other treatment providers (e.g. therapists, executive function coaches, advocates) will be billed based at the same rate. Classroom visits to observe students, visits with school administrators, attendance at PPT or IEP meetings, etc., if requested by the parent, will be billed at the hourly rate of \$250. The preparation of an optional school report will be billed at the \$250 hourly rate and generally takes at least 2-4 hours to complete. **BILLING AND PAYMENTS** Cash, checks, and credit card payments are accepted. Receipts will be provided if requested. A charge of \$35 will be levied for checks returned due to insufficient funds. **CANCELLATIONS** Because appointments are scheduled weeks in advance, if you must cancel or reschedule, please do so as far in advance as possible so we can attempt to schedule another student for the time slot we had scheduled for your child. We check our voicemail and e-mail regularly, and every attempt will be made to reschedule your child for another date. Cancellation of other appointments (e.g. school meetings) requires 24-hour's notice. Otherwise, we will have to charge the full estimated fee for our attendance at the appointment. **INSURANCE REIMBURSEMENT** Although some insurance companies will cover the cost of a psychoeducational assessment, families are advised that reimbursement cannot be expected in most cases. It is best to enter into the assessment process with the expectation that the family will be responsible for payment in full. While we are glad to assist you in submitting the proper forms for a claim, please understand that you are ultimately responsible for any fees incurred. **CONFIDENTIALITY** The information that you and your child share with us is protected under confidentiality rules found in the codes of ethics of the American Psychological Association, the Health Insurance Portability and Accountability Act (HIPAA), and the laws of the State of New York and/or Connecticut and your home state. There are, however, some exceptions. We routinely thank the referral sources who recommended us to you. If we learn of child abuse, neglect, or other serious threats of harm to a child, we may take protective action. We are ethically permitted to release information to prevent potential acts of suicide. If you or your child are required to testify about your case in a court of law we may be required to testify and compelled to respond to an irrevocable court order. Finally, if you file a complaint or lawsuit against us we may need to disclose information in our defense. I have read, understood and agree to abide by the above policies and fee schedule.

Signature _____

Relationship to Child if a minor _____

Date _____