



OFFICE POLICIES AND AGREEMENT FOR PSYCHOLOGICAL SERVICES

Welcome to the Learning Assessment Center, LLC. I know that selecting an evaluation team is an important decision for your family, and you may have many questions. This letter is to introduce myself and give you information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regards to the use and disclosure of your Protected Health Information (PHI) used for treatment, payment, and health care operations. HIPAA requires that I provide you with Notice of Privacy Practices (Georgia Notice Form) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is available on my website (www.learningassessmentcenter.com) and also in my office, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. I can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless I have taken reliance on it; or if you have not satisfied any financial obligations you have incurred.

Introduction

I am Dr. Leslie Wilson Munson. I completed my undergraduate and graduate studies at the University of Georgia. I earned a B.S. in Educational Psychology in 1984, a M.S. in School Psychometry in 1985, and a Ph.D. in Educational Psychology in 1992. I am both a Certified School Psychologist and a Licensed Psychologist in the State of Georgia. I have worked as a School Psychologist in several systems throughout the State, including the Chattahoochee-Flint RESA, City Schools of Decatur, and the Clarke County School District. I also served on the faculty of UGA's School Psychology Program as School Psychology Clinic Director and Coordinator of Internship. During that time, I also maintained a part-time private practice in Athens serving children and adolescents. My professional experiences also include having served as Chief Academic Officer at the Atlanta Speech School. My primary professional interest is in child and adolescent assessment, having broad clinical knowledge as well as administrative and supervisory experience in this area. I enjoy working with students with diverse learning profiles and approach my work holistically, examining all areas of development that may be affecting school performance and social relations.

As a licensed psychologist with a specialization in service to children with learning disabilities, including dyslexia, my practice is dependent on referrals from community stakeholders, including school personnel, physicians, parents, and others who have a vested interest in ensuring quality psychological services for children. Many schools maintain a referral list of community psychologists that they share with parents. I am included on several of these lists, including the Swift School where I formerly served on the Board of Trustees. To my knowledge, Inclusion on these lists is based solely on schools' familiarity with psychologists' expertise and history of collaboration. It is customary that schools, and other referral agents, recommend more than one psychologist on its referral list. Regardless of referral source, I provide services consistent with the ethical principles of the American Psychological Association, which include, but are not limited to, prohibition for accepting fees for referrals as well as objectivity in decision-making and recommendations.

Psychological Services

Psycho-educational and psychological tests are formal instruments that are designed to assess many areas of development including problem-solving/thinking abilities, intelligence/cognitive functions, academic performance, language development, learning and memory, attention skills, processing abilities, and social-emotional/behavioral functions. The types and number of test instruments that are administered are determined by the nature of the presenting concerns and client demographics.

Testing can have benefits and risks. Although efforts are undertaken to minimize discomfort, the fact that testing involves assessing skills, knowledge, thoughts, and feelings, you (or your child) may experience temporary feelings of discomfort, including frustration, fatigue, anxiety, and boredom. An evaluation may include 3-4 hour sessions that involve sitting and completing test items and answering questions about feelings and life situations. Examiners make every effort to alleviate discomfort by allowing breaks, changing activities, rewarding effort, and, when appropriate, offering choices for activities to be

completed. Many children find the activities fun and enjoy demonstrating their skills and knowledge. The results gained from the evaluation highlight learning patterns as well as strengths and weaknesses, therefore providing solutions that potentially reduce stress and improve performance. But there are no guarantees of what you (or your child) will experience.

I will conduct a brief telephone interview with you before the first testing session to gain value background information. Our first session will involve a brief review of relevant history before the initial testing is completed. You should be sure that your child has eaten before the session, has taken any prescription or OTC medications that are given at that time, and brings necessary aids (e.g., glasses, hearing aids, etc.). Testing is usually completed during two sessions, but occasionally additional sessions are needed to answer the referral questions. After all the testing is completed, I will meet with you (and separately with your child, when appropriate) to review all the information, and in most cases the written report will be provided at that time. With your permission and as necessary, I will consult with school personnel and other professionals.

Appointments and Cancellations

Evaluations typically include a total of 5-8 hours of testing that is completed over multiple sessions, scoring and report writing (typically 2.5 hours), and a final feedback conference (typically 1.5 hours). A copy of the written report will generally be provided at the final feedback conference, which is held 2-3 weeks after testing.

Once the testing is scheduled, you may be asked to submit \$300 non-refundable fee to reserve the date. This is subtracted from the total fee and is not an extra charge. You will be expected to pay \$1200.00 - \$1300.00 at the first session and the balance will be due at the final feedback conference.

If you need to cancel or reschedule an appointment, you are required to give 48-hour notice or you will be expected to pay for the first day of testing. An exception will be made if we both agree you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for canceled sessions. On the rare occasion that testing cannot be completed because the child cannot comply with the testing procedures, you will be expected to pay for the time spent working with your child and any summary report that is generated from his/her participation.

Contacting Us

Due to our work schedules, I am often not immediately available by telephone. While I keep regular daytime office hours, Monday-Thursday, I will not answer the phone when I am with a client. When I am unavailable, our telephone is answered by voicemail. Our voicemail is confidential and is checked periodically whether I am in the office or not. I will make every effort to call you back the same day, except for weekends and holidays. Please always leave your number, and if you are difficult to reach, please inform us of times when you will be available. The LAC is an outpatient assessment center. I will assist those who need mental health treatment and therapy to find support. If you have a mental health emergency, please contact your primary care physician, 911, or go to the nearest emergency room.

Limits on Confidentiality

The law protects the privacy of communications between a client and a psychologist. In most situations, I can only release information about your treatment (or your child's treatment) to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other professionals about your (your minor child's) treatment. During a consultation, I make every effort to avoid revealing clients' identity. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your (your child's) Clinical Record.
- You should be aware that I practice with other professionals and employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All administrative staff members are given training about protecting your privacy and agree not to release any information outside of the practice without the permission of a professional staff member.
- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by psychologist-client privilege law. I cannot provide any information without your 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.

- I also may have contracts with website hosting and storage companies. As required by HIPAA, I will have a business associate contract with these companies, in which they promise to maintain the confidentiality of client information/data except as specifically allowed in the contract or otherwise required by law.
- If your account is overdue, I reserve the right to employ a collection agency to receive payment. This will result in revealing your name, date of service, and account balance. No additional treatment related information would be shared.
- I know that email, text messaging, faxes, and other forms of electronic communication may compromise your privacy. I do occasionally use email. Electronic communications are only used for brief exchanges, typically regarding administrative issues and scheduling. Please notify me at the beginning of testing if you would like to avoid or limit in anyway the use of any or all these communication devices. I do not use social media messaging for client communication. You should also know that any emails and text messages I receive from you become part of your (your child's) clinical record

There are some situations, such as those listed below, where I am permitted or required to disclose information without either your consent or authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against us, I may disclose relevant information regarding that client to defend ourselves.
- If a client files a workers' compensation claim, and treatment is provided related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations as follows are unusual.

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elderly person has had a physical injury or injuries inflicted upon them, other than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.
- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

If such situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit any 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. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

The laws and standards of our profession require that I keep Protected Health Information about you (your child) in a Clinical Record. Following a formal psycho-educational evaluation, you will receive an extensive written report of the findings, including all scores. I am not permitted to provide copies of tests due to laws protecting this information.

Patient Rights

HIPAA provides you with several new or expanded rights with regards to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this agreement and the Notice form on our website and at our office. I am happy to discuss any of these rights with you.

Minors & Parents

For clients who are under 18 years of age who are not emancipated, their parents are allowed by law to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. If at any point during our work together, I feel that the child is in danger or is a danger to someone else, I will notify the parents of our concern.

Professional Fees & Payment

Clients are required to pay all fees in full at the time service is rendered unless other arrangements have been made with your psychologist. Fees for comprehensive evaluations are calculated based on a rate of \$300.00 per 60-minute assessment hour. The time includes total number of in-person testing hours (typically 5-8), scoring and report writing (typically 2.5 hours), and feedback conference (typically 1.5 hours). Total cost for a comprehensive evaluation generally falls between \$3000 - \$3400.00. Any necessary school conferences, phone consultations or observations may be additional costs based on the hourly fee.

- In some circumstances and when discussed in advance, I must receive a \$300 reservation fee before testing is scheduled.
- A payment of one-half of the total testing amount is due on the first day of testing.
- The remaining balance is due at the final feedback conference. Fees must be paid before the final report is delivered.

Payments are generally accepted in the form of cash, check, or major credit cards. Please make checks payable to the Learning Assessment Center, LLC. All returned checks will incur a \$38.00 returned check fee. Once a check payment has been returned for insufficient funds, payment will only be accepted by a guaranteed form of payment such as cash or a cashier's check. Late payments are subject to finance charges. Overdue accounts of more than 60 days may be turned over to collections to obtain payment. When accounts are turned over to collections, your name, date of services, and account balance will be shared. No information related to your (your child's) treatment will be revealed.

I acknowledge the receipt of Learning Assessment Center's Office Policies and Agreement for Psychological Services, and I understand and agree to comply with these policies. I understand that these policies will always be available to me on the Learning Assessment Center, LLC website, but that I may always request a hard copy if I am unable to access them.

I also acknowledge the receipt of the HIPAA GEORGIA PRIVACY NOTICE for my review. I understand that the HIPAA form will remain available on the Learning Assessment Center's website but that I may always request a hard copy if I am unable to access it.

Name of Client

Date of Birth

Signature of Client/Legal Guardian

Date

Signature of Minor Child (If Appropriate)

Date

Psychologist

Date