



Informed Consent for Services

Welcome to the Young Mind Center. This document contains important information about our professional services and business policies. Psychologists (herein also referred to as “doctor(s)” and behavior analysts are governed by various laws and regulations, as well as codes of ethics set forth by the American Psychological Association and Behavior Analytic Certification Board. The ethics code requires that we explain your rights as a client and our responsibilities as your mental healthcare provider. Please read the following information carefully and write down any questions you might have so you can discuss them with the doctor at your next appointment.

About Our Services

Psychological services take a variety of forms depending on the needs of the client and the particular issues you would like to address. To address the presenting issues, we use such methods as consultation, psychological assessment, and various therapies. Working with a psychologist is unlike a visit to a medical doctor; it calls for active participation on the part of the client.

- **Psychological Assessments**

Psychological, psychoeducational, and school-based evaluations including FBAs, are included under this agreement. Unless otherwise indicated, these services are billed at an hourly rate and may include observations, assessment, assessment scoring, teacher/parent interviews, report writing, and meeting attendance. While the risks involved in assessment are less than those of typical psychotherapy, the limits of confidentiality are the same and can be read in the confidentiality section of this agreement.

- **Independent Educational Evaluation (IEE)**

An IEE is an evaluation to determine a student’s current level of functioning and how this impacts his/her academic performance. Typically, these services are paid for directly by a school or school district; however, in some circumstances, a parent may request and privately pay for an IEE and later seek reimbursement from the district. Rates are determined and agreed to by all parties involved prior to the doctor rendering services. These fees do not include the doctor attending the school/team meeting to interpret the findings and recommendations. However, this service is available and additional charges will apply.

- **Applied Behavior Analysis (ABA) Therapy**

Applied behavior analysis is a systematic approach to the evaluation of behavior and the implementation of interventions to cause behavior change. For children with autism spectrum disorders, ABA therapy is among the evidence-based best practices in therapeutic and educational interventions. Our goal is to create an individualized therapy plan for each child and family that results in long-lasting positive outcomes.

- **Functional Behavioral Assessment (FBA)**

A functional behavioral assessment is a problem solving process used to address behaviors and determine their purpose. Intervention techniques are developed based on the assessment to directly address and modify the behavior. This type of assessment is billed at an hourly rate, which varies depending on the provider rendering the service.

- **Individual Therapy**

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits including better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of the type of feelings or results that you or your child will experience. The first one to two sessions typically involves an evaluation of you or your child's needs. At the end of the evaluation, the doctor will be able to offer you some first impressions of what the work will entail and a course of action, if you decide to continue. You should evaluate this information and decide if you feel comfortable working with the doctor. The professional relationship is strictly voluntary and you may terminate services at any time.

- **Group Therapy**

Group therapy with children and adolescents is beneficial because it provides a comfortable environment for them to learn from their peers, as well as adults. We offer structured, treatment-focused groups aimed at teaching a specific set of skills and achieving a specific outcome. The structure and format for groups vary depending on the time of year. For example, during the school year, we may offer an 8-week group that meets once per week, whereas during the summer months, we may offer weeklong groups. A licensed clinician and at least one additional instructor facilitate all of our groups to ensure the best outcome for all group members.

About Our Clinicians

Young Mind Center is comprised of professionals with expertise in the fields of school and clinical psychology, behavior analysis, and speech and language pathology. All service providers employed or contracted with Young Mind Center are appropriately credentialed, licensed, and insured in accordance with the requirements of each provider's specific profession.

As an organization committed to the development of experts in the field of neurodevelopmental disorders, Young Mind Center is an approved training site for both undergraduate and graduate-level interns in the fields of psychology and behavior analysis. Additionally, YMC is an APPIC-accredited training site for post-doctoral psychology residents. Licensed clinicians directly supervise all practicum students, interns, and residents and are ultimately responsible for any services they provide. Clients are always notified in advance if an intern or resident will be involved in their child's treatment and have the right to decline these services. _____ **Initial**

Professional Fees

Psychological Services. Our current private pay hourly fee is \$200 for in-office appointments and other professional services and is billed incrementally for periods of service less than 60 minutes. These other services may include report writing, telephone conversations over 15 minutes, attendance at meetings with other professionals at your request (e.g., IEP meetings), preparation of records or treatment summaries, and time spent performing any other services you request.

Field Visit Fees. A visit to school, home, or other community activity may be required as part of an assessment. The fee for a one-hour field visit is \$275 within 25 miles of the Young Mind Center office. Any distance traveled over 25 miles will be billed at a rate of \$3.50 per additional mile from the office. For example, a visit to a location 30 miles from the office would be an additional 5 miles, which would be a total of \$292.50 [$275 + (5 \times 3.50)$]. The fee for a longer field visit increases incrementally at a rate of \$200 per hour.

Legal Proceedings. Fees for expert witness testimony and legal proceedings are higher because of the involvement and complexities of each case. The fee for legal preparation and proceeding attendance is \$400 per hour. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if one of our doctors is called to testify by another party.

ABA Therapy & Supervision. Therapy services provided by Behavior Instructors include one-on-one sessions with clients provided in the home, school, community, and clinic settings; overlap sessions with fellow BIs and/or Supervisor; and clinic meeting attendance. The fee for this service is \$60 per hour. Program development and supervision services provided by Board Certified Behavior Analysts include though may not be limited to program development and maintenance, clinic meeting preparation, observations, report writing, meeting attendance, treatment planning, video review, and training. The fee for this service is \$125 per hour.

Appointments & Cancellations

We will do our best to accommodate your schedule to permit you to set appointments with our office at a time that is convenient for you. To secure your appointment, we require a credit card number to be placed on file. You may always provide an alternative form of payment at the time of service, and your card will only be charged as outlined in this document.

We require 24-hour notice if you must change or cancel an appointment. In the event that you must cancel your appointment without providing sufficient notice, your credit card on file will be billed \$50. We will attempt to reschedule your appointment within the week to allow you to come in to the office for your missed appointment as soon as possible. _____ **Initial**

In-home therapy services. In the event that your child is sick or unable to participate in a therapy session, you must notify the office directly at least 24 hours prior to the scheduled therapy session to avoid being charged a \$25 cancellation fee. If an instructor arrives at a scheduled session and reasonably determines that your child is sick, the instructor will cancel the session and a \$50 cancellation fee will apply. _____ **Initial**

Billing and Payment

Payment is due in full at the time service is rendered unless a payment plan has been prearranged. If you are using insurance and have already met any plan deductible, your co-payment as determined by your insurance provider is due at the time of service. If you have not met your deductible, you will be responsible for payment in full at the time of service until your deductible has been met. Please keep in mind that even if you are using insurance, your case may require services that are not covered, which are to be paid in full at the time of service. These uncovered services include testing and field visits. _____ **Initial**

Past Due Payments

If your account has not been paid for more than 60 days and payment arrangements have not been agreed upon, we may use 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, the associated costs will be included in the claim. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of the service provided, and the amount due. _____ **Initial**

Insurance Reimbursement

In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your services. If you have a health insurance policy, it will usually provide some coverage for mental health treatment; however, you (not your insurance company) are responsible for full payment of our fees. Any fees not paid by your insurance company will be billed to your credit card on file. For this reason, it is important that you determine exactly what mental health services your insurance policy covers. 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. We will provide you with whatever information we can and will do our best to help you understand the information you receive from your insurance company. _____ **Initial**

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or, in rare cases, copies of the entire record. This information will become a part of the insurance company files and will probably be stored in a computer database. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical databank. We will provide you with a copy of any report submitted if you request it. _____ **Initial**

Contacting Us

Our professionals and staff may not be immediately available by telephone. In the event you need immediate assistance, please call 911 or go to the nearest emergency room. For non-emergency communication, you can leave a message on our confidential voicemail, which is checked regularly. Every effort will be made to return your phone call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times you will be available. If your doctor is unavailable for an extended holiday, we will provide you with the name of a colleague to contact, if necessary.

Professional Records

The law and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them in your doctor's or behavior analyst's presence so that you can discuss the contents together. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Minors

For clients under 18 years of age, please be aware that the law might provide parents with the right to examine treatment records. It is our policy to request an agreement with parents that they relinquish access to the minor's records. We would then provide parents only with general information about a minor's treatment with us, unless it is determined there is a high risk and the client poses serious harm to him/herself or someone else. In this case, we will notify parents of our concern. We will also provide parents with a summary of treatment when completed. Before giving parents any information, the doctor will discuss the matter with the minor, if possible, and do his/her best to handle any objections the minor may have about what the doctor is prepared to discuss.

Confidentiality

In general, the law protects the privacy of all communications between a client and a treatment provider, and we can release information to others only with your written permission. However, there are a few exceptions. In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which the client's emotional condition is an important issue, a judge may order your doctor's testimony if he or she determines that the issues demand it.

There are some situations in which the treatment provider is legally obligated to take action to protect others from harm, even if it means revealing some information about a client's treatment. For example:

- If it is believed that a child, elderly person, or disabled person, is being abused, your doctor must file a report with the appropriate state agency;
- If it is believed a client is threatening serious bodily harm to another, your doctor is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client;
- If the client threatens to harm himself or herself, your doctor may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.

These situations rarely occur in our practice. If such a situation occurs, the doctor will make every effort to fully discuss it with you before taking any action. Our doctors may occasionally find it helpful to consult other professionals about a case. During a consultation, the doctor makes every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. If you do not object, you will not be informed of these consultations unless it is deemed important to treatment.

While these written 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 at our next meeting. We 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 we are not legal professionals.

Electronic Communication

By signing below you also authorize the use of electronic mail for any and all correspondence with Young Mind Center and its treatment providers, including scheduling, information gathering, and for the delivery of reports and other official documents. You should understand that this means that confidential documents may be sent over the Internet, which is not always a secure form of communication. Consent for electronic communication may be withdrawn at any time by notifying Young Mind Center in writing at the following address: 51 E. Monterey Way, Phoenix, AZ 85012.

_____ **Initial**

Audio/Video/Photography Consent

By signing below you authorize your child/client to be audiotaped, videotaped, and/or photographed as needed for the purposes of treatment, progress monitoring, data collection, training, and identification. This information/material will not be shared with outside agencies/individuals or used for any other purposes without prior the written consent of parent/client. _____ **Initial**

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I, _____, consent to participate in, or authorize _____,
print name of parent/guardian/adult client *print client/minor's name*

to participate in assessment, evaluation, treatment and/or other services deemed necessary or advisable by Young Mind Center staff. I understand and agree to the policies outlined in this document.

signature of parent/guardian/adult client

date