



1700 NW Gilman Blvd Ste 205
Issaquah, WA 98027
Issaquah Fax: 425.295.7637
dr.dunbar.mayer@gmail.com

The Center for Child Development
Neuropsychological & Therapeutic Services

2310 130th Ave NE, Ste B-101
Bellevue, WA 98005
Bellevue Fax: 425.702.0600
Phone: 425.877.3484

EVALUATION DISCLOSURE AND POLICY STATEMENT

PLEASE READ AND SIGN

These office policies are provided for your information. Please ask me if you have any questions.

General Standards: As a psychologist licensed by the Washington Board of Psychologist Examiners I subscribe to the APA Revised Ethical Principles. Although I am a Clinical Psychologist / Neuropsychologist with the practice of *The Center for Child Development*, I am an independent practitioner and solely responsible for the services I provide. I am not responsible or liable for the practices of any other practitioner in this office, nor are they responsible or liable for my practices.

Education and Training

I have been involved in the evaluation and treatment of children and their families for over 10 years. My Curriculum Vitae is available for review if you desire. Some of my experiences include:

Private Practice: The Center for Child Development, Inc., Bellevue, WA

Private Practice: Eastside Psychological Associates, Issaquah and Woodinville, WA

Neuropsychology and Applied Behavioral Learning Services Staff Member:
The Integrated Center for Child Development (ICCD), Canton & Newton, MA

Fellowship in Pediatric Neuropsychology: ICCD and Neuropsychology and Education Services for Children and Adolescents (NESCA) in Newton, MA

Internship: Primary Children's Medical Center, Salt Lake City, UT

Adult Neuropsychology Practicum: Pacific Harbor Psychology & Psychiatry, Bellingham WA

Certified Child & Family Mental Health Therapist: Highline West Seattle Mental Health, Seattle WA

Doctorate in Clinical Psychology: The Washington School of Professional Psychology at Argosy University, Seattle, WA

Confidentiality and Records

This office is compliant with the privacy rules of the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Please see my separate "Notice of Privacy Practices" for detailed information regarding how I will handle health care information collected about you in my practice. For clients who are under 13 years of age who are not emancipated, the law may allow parents to examine their child's mental health records.

As you know, I share office space with a group of independent professionals. Although we share certain expenses and administrative functions, I am completely independent in providing you with clinical services and I alone am responsible for those services. My professional records are stored separately and no member of the group can access them without your specific, written permission.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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 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. Please note that the confidentiality of email communication is not guaranteed to be secure. I will on occasion use email (with your permission) to arrange for appointment scheduling or other communications, including delivery of the finalized evaluations, which will be encrypted and password protected. If you do not wish me to use email – please inform me directly and in writing.

Exceptions to Confidentiality

There are some situations where I am permitted or legally required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities.
- If you file a complaint or lawsuit against me, I am permitted to disclose information as relevant for my defense.
- If you file a worker's compensation claim, and your psychotherapy is relevant to the injury involved in your claim, if properly requested, I must provide a copy of your record to your employer and the Department of Labor and Industries.
- If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency.
- If I have reason to believe you or someone else is in imminent danger, I may be required to take protective action, including notifying potential victims, contacting the police, seeking hospitalization for you, or contacting family members or others who can help provide for your protection.
- I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct. If you have any questions or concerns about this requirement, please talk with me about them.

Email Communication Agreement

I understand that Dr. Dunbar-Mayer will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks that may affect the privacy of personal health care information when using email to communicate. These risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

By Signing below, you agree not to use email for emergencies or to send time sensitive information. It is also agreed that it is your responsibility to follow up with Dr. Dunbar-Mayer if you have not received a response to an email within a reasonable time period. By signing below, you give permission for Dr. Dunbar-Mayer to send email messages that include patient health care information and you acknowledge that you have read and understand the risks of using email as stated above. If you wish to not use email or wish to stop using email as a means of communication please request immediately and in writing to Dr. Dunbar-Mayer.

Contacting Me/Emergencies

You may leave a confidential voicemail message for me at 425.877.3484, 24 hours a day. I check my messages regularly and will make every effort to return your call within 24 hours (with the exception of weekends and holidays). If you are difficult to reach, please inform me of a few times when you will be available.

If you cannot wait for me to return an urgent call, call the Crisis Line at 206.461.3222, go to the nearest emergency room, or dial 911. If I am gone for an extended period of time, I will arrange for a colleague to be available for urgent matters.

Billing and Payments

You will be expected to pay for each session at the time of service, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. I currently accept Premera Blue Cross, Lifewise, Aetna, Regence, Group Health, Cigna, and First Choice. In some cases there is specific testing that is deemed “not medically necessary” by insurance companies and will not be covered by your plan policy.

It is very important that you contact your insurance company to determine if your policy covers either psychological or neuropsychological evaluations. In the event that the evaluation is conducted and is later found to not be covered, then the hourly rate (\$200.00 per hour) will apply for all services rendered. Evaluations typically take 14 to 16 hours. All applicable co-pays will also be collected before each session. Payment schedules for other professional services will be agreed to when they are requested.

Professional Fees: A complete neuropsychological or psychological evaluation (children to young adults ages 3-25) is billed at \$200.00 per hour, which includes all work performed in support of the evaluation, interview, consultation with other providers, review of pertinent documentation, 3 hour testing session, scoring/interpretation of all tests, (1) 1 1/2 hour feedback session, and completion of a written report. A complete neuropsychological evaluation typically takes approximately 14-16 hours to complete.

Educational Consultation/Assessment: It should be noted that educational testing is typically not covered by insurance and will be billed separately (typically \$500 to \$600) and in addition to the fee for a complete neuropsychological or psychological evaluation.

Cognitive/Intellectual Assessment & Early Entrance Kindergarten Screening is billed at \$500.00, which includes interview, review of pertinent documentation, administration of cognitive/intellectual testing, scoring, interpretation and completion of a written report.

Appointments and Cancellations

Your appointment time(s) is set-aside exclusively for you, and I cannot fill that time slot without sufficient notice. To cancel an appointment, please provide at least **48 hours notice**, or you will be billed at a rate of \$200.00 an hour for testing appointments and \$140.00 for therapy sessions; the time that has been set aside for your child's session, unless we both agree that the appointment was unable to be kept due to circumstances beyond your control. If you will be arriving late to an appointment, please call my office as soon as possible so that I know you are coming and have not forgotten about the appointment. If you arrive late for an appointment, you will be billed the full fee for your session. Please note that insurance companies will not provide reimbursement for cancelled sessions.

Other Professional Services:

Sometimes families seek services which are not covered by insurance, for example, attending school-based meetings or school observations. For these types of services I charge \$140.00 per hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include attendance at meetings with other professionals you have authorized, program evaluations, and the time spent performing any other service you may request of me. If you request a classroom observation and/or home visit/evaluation the cost for drive time is equal to my hourly fee (\$140.00).

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 \$500.00 per hour for preparation time, drive time, and attendance at any legal proceedings. **A retainer of \$3000.00 is required prior to any participation in legal proceedings.**

Delinquent Accounts:

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I retain 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 treatment is his/her name, the nature of services provided, and the amount due. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Informed Consent

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

I have read the above and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself (13 years or older).

Signature: _____ Date: _____

Name (printed): _____

I have read the above and have had the opportunity to ask questions. I give permission for evaluation and treatment for my minor child (12 years of age or younger) and state that I am the parent or legal guardian for the child.

Signature: _____ Date: _____

Name (printed): _____

Relationship to client: _____

Signature: _____ Date: _____

Name (printed): _____

Relationship to client: _____

By signing below, I am giving consent for communications via:

Email: _____ Cell and/or Phone (circle all that apply): _____

Printed Name: _____ Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____