



***Clinic Information and Client Consent Policies for Lifespan Neuropsychological Services, LLC
Contractor of Collaborative Counseling, LLC***

Overview of Neuropsychological Evaluation

What is a clinical neuropsychologist? A clinical neuropsychologist is a doctoral level clinical psychologist who specializes in understanding the way in which brain function contributes to human thought, emotion, and action. This knowledge is used to assess, diagnose, and plan treatment/intervention strategies for people when brain function may be altered by neurodevelopmental, medical, or psychiatric conditions.

Nature of the evaluation: A typical neuropsychological evaluation is designed to assess structured and open-ended reasoning skills, attention/concentration, learning/memory, language, visuospatial/visuomotor skills, sensory/motor skills, and emotion/personality. The testing strategy developed by the clinical neuropsychologist will be based on his/her expertise and professional standards of practice, and will include a clinical interview, administration of structured measures of thinking by the clinical neuropsychologist, and an assessment of emotional function. Your active participation in the evaluation and consistent effort is crucial to ensure that results accurately reflect brain function. Given the importance of accurate diagnosis, techniques designed to detect the possibility that test performance may be negatively impacted by non-test factors (e.g., poor effort, exaggeration of symptoms) may be included in the evaluation.

Potential benefits of the evaluation include obtaining information which can be helpful in accurate diagnosis of cognitive and/or emotional problems and to assist in decision-making regarding treatment and other management issues. Potential risks include the possibility that some procedures may be difficult and cause frustration and/or fatigue and that discussion of personal information during an interview with the neuropsychologist may be associated with emotional discomfort.

Nature of the relationship between the neuropsychologist and the client: The clinical neuropsychologist serves as a consultant rather than a therapist. S/he will meet with you to discuss findings and treatment suggestions after writing a report which summarizes and analyzes test results, will forward a summary of evaluation findings to the health care provider who referred you for evaluation, and will assist you in locating resources to facilitate your treatment if desired. Although the clinical neuropsychologist may serve as a consultant or direct provider for cognitive rehabilitation interventions s/he will not typically provide psychotherapeutic interventions.

Findings based on neuropsychological evaluations are often viewed as helpful in forensic proceedings (e.g., civil litigation, Workman's Compensation decisions, Social Security Disability determinations). However, ethical concerns/operating principles related to forensic evaluations differ from those involved in evaluations done in non-forensic conditions and insurance companies generally do not consider these types of evaluation appropriate to meet the requirements of medical necessity. Evaluations done specifically for forensic purposes must be identified as such prior to scheduling and appropriate arrangements for reimbursement made with the clinical neuropsychologist in advance. Given that this evaluation is not designed for forensic purposes, we will not be available to discuss this evaluation's findings with an attorney who represents you in any pending or future litigation.

Health insurance coverage is generally limited to procedures considered medically necessary and litigation is not one of these procedures. If the neuropsychologist is subpoenaed or mandated by the courts to testify, the client or

his/her attorney will be required to pay all fees associated with record review, writing of case summaries and/or other reports, consultation with attorneys, consultation with mental health professionals, and any other preparation. The client or his/her attorney will also need to pay for other fees incurred including travel time, meals, parking and all other costs associated with the court time. All fees, calculated at the rate noted in this document, must be paid prior to the date of testimony. Moreover, since the evaluation was not conducted as a forensic evaluation, the neuropsychologist does not serve as an expert witness and will respond solely to factual questions directly related to information provided in the neuropsychological evaluation report.

Charges

Neuropsychological evaluation involves a clinical interview to review prenatal and developmental history, academic/occupational history, personal and familial medical/mental health history, and presenting signs/symptoms; test administration, test scoring/normative referencing/data analysis, and report writing. Although the client is present for the clinical interview and test administration, remaining activities occur in the client's absence. Additionally, a one hour session to review assessment results and treatment recommendations will be scheduled. Per hour charges are applied to all of these activities.

Confidentiality and Data Privacy Policy (HIPAA and laws of MN and WI)

This notice describes how your health information may be used and disclosed and how you can access this information. Please review this and all other policies carefully. We are committed to protecting our clients' privacy and confidentiality. A federal law, the Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, 2003 and requires that we inform you of this policy. HIPAA requires us to maintain your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information in the following circumstances:

- To facilitate your treatment, for example to review your file with a specialist doctor whom we may involve in your care or to consult with other licensed assessment/counseling professionals as necessary to gain guidance for your treatment (while protecting your confidential information).
- For normal healthcare operations performed by ancillary staff who have signed a confidentiality agreement not to disclose your personal health information (e.g., scheduling, staff training, etc.).
- To obtain payment for the services you receive; for example to submit bills to your health insurance plan.
- With our business associates (e.g., billing service, administrative staff, etc.) who have signed a written contract requiring them to protect your privacy (Business Associate Agreement).
- To contact you via mailings, phone call reminders, text messages/emails to provide information or reminders about your appointments. If you are not home, we may leave this information on your answering machine, or with the person who answers the telephone. We will use the address or telephone number you have on file with us. In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- When required by law.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures of your health information that we make beyond the above normal uses.

If this practice is sold, your information will become the property of the new owner(s).

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. If you have concerns about implementation of this policy you may file a complaint with the

Department of Health and Human Services, 200 Independence Avenue, S.W, Room 509F Washington, D.C. 20201. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact the Owner of Collaborative Counseling, Naomi Doriott Larson, via phone at 763.210.9966 or via email at naomi@collaborativemn.com.

Minnesota and/or Wisconsin laws also impose some limitations on confidentiality of protected health information. Following is a list of situations in which the psychologist/counselor may be required to disclose information disclosed during assessment or therapy:

- If you make a specific threat to harm yourself or someone else (and the risk of danger is deemed imminent), your therapist must take appropriate steps to protect you or warn the appropriate parties.
- If your therapist suspects that you have physically or sexually abused or neglected a child or vulnerable adult, your therapist must make a report to the proper authorities. This includes some cases of domestic abuse when a child is exposed to weaponry or is physically threatened and/or used as a weapon.
- If you are pregnant and using a controlled substance such as heroin, cocaine, phencyclidine, methamphetamine, or their derivatives.
- When there is a court order to release your records to legal authorities.
- If an investigation or disciplinary proceeding is mandated by the licensing board and your information is involved in those proceedings.

If you are a minor, you have a limited right to privacy in that your parents may have access to your records. However, if the therapist believes that sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Your right to confidentiality is addressed in the group setting, but Collaborative Counseling and group therapists are not responsible for any breaches of confidentiality made by group members.

Personal Access to Records/Release of Records

Your rights to access your health information: You have a right to receive a copy of the report summarizing your neuropsychological evaluation and to review test data used as a basis for the report with the neuropsychologist during an informational meeting following your neuropsychological assessment. You have the right to review concerns about report content with the neuropsychologist and to request in writing that fact-based errors be corrected and a written amendment summarizing any concerns about interpretive content be placed in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

Release of your health information: The laws and standards of this profession require that we securely maintain your health records for a specified number of years. You have a right to release copies of the neuropsychological evaluation report to others whom you feel may be helpful in facilitating treatment recommendations and to request a personal copy of the report by signing a HIPAA compliant release of information form during the period of time for which records are maintained. However, if in his/her professional opinion direct release of this information to you or persons designated by you would be emotionally harmful to you, in response to your written request records can be directly released to another psychologist/counselor who will continue to participate in your care.

Release of forms containing test instructions and questions is prohibited by American Psychological Association ethical standards and copyright laws. If you wish to seek a second opinion or if your attorney requests copies of test data, these records can be released to another psychologist who has training in neuropsychological assessment at a level defined as appropriate for training in the specialty of clinical neuropsychology (defined by published professional standards) in response to your written request. Records containing test instructions and questions

will not be released to an attorney unless a protective order (which establishes an appropriate level of security to protect the information) has been issued by a judge in identified legal proceedings.

Your records can be transferred following completion of a written consent form and payment of a fee based on the current legal maximums, defined either by federal or state laws or permitted by the Department of Health. Copies of records are available for a \$17.21 processing fee, plus \$1.30 per page for copying.

Phone/Email Consultation and Crisis Response

The neuropsychologist is often not immediately available by phone because s/he does not answer the phone when working directly with clients. If your call is about a scheduling issue, administrative personnel at Collaborative Counseling can assist you (763) 210-9966. If you wish to speak directly with the neuropsychologist about other issues, please leave a voicemail [(715) 808-8969] stating the date/time of your call and times when you might be available for a return phone call. If others might answer the return phone number you leave and you do not want the psychologist to leave a message with them, please note this when you leave your voicemail message. We will make every effort to return your call as soon as possible, typically within 24-48 hours, but no longer than within five business days. At times when the neuropsychologist will be unavailable for an extended period of time, alternative contact information will be made available.

While phone calls work well to address simple and readily resolvable issues, they do not work well for discussing complex matters such as diagnostic decisions, treatment recommendations, etc.. Please schedule an appointment to meet directly with the neuropsychologist to discuss these more complex issues. In response to your written authorization for release of information related to your neuropsychological evaluation, brief phone consultations will be available to others directly involved in your care or education (e.g., physicians, counselors, schools) at no charge to you. However, if information to be discussed is complex and phone calls of necessity need to be lengthy (exceeding 10 minutes), you may be charged for the neuropsychologists' consultation time in 15 minute increments.

Outpatient mental health services are consultative in nature and cannot provide the full range of treatment options which must be available to address mental health emergencies. If you are in crisis call 911, go to the nearest hospital emergency room, or call St. Croix/Pierce Counties (888) 552-6642 or in Minnesota the Crisis Connection (612) 379-6363.

Emailing or Text Messaging Your Therapist

Although they add convenience and expedite communication, it is very important to be aware that electronic communications (email, text messages) and cell phone communication can be accessed relatively easily by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails and text messages, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails/text messages that go through them. Also, any email or text message exchange between you and the neuropsychologist may become a part of your legal record if records are subpoenaed by a legal entity. Therefore, email is not an appropriate means for communicating about results of your neuropsychological evaluation, information relevant to your mental health, or communications relevant to a mental health crisis/emergency. Emails dealing with scheduling, record release, or other operational issues will be responded to within seven days unless neuropsychologist unavailability is indicated in an "out of office" email.

We have established a number of protections for your health information including use of computers equipped with a firewall, virus protection and passwords, routine backup of files containing protected health information, and record storage in a secured location. Despite implementation of security precautions, we cannot ensure absolute security of protected health information given factors beyond our control (e.g., unauthorized access, client communications via unencrypted email communications, faxes sent to the wrong address, stolen computers). If you do not notify us in writing that you have decided to avoid or limit in any way, the use of electronic communication (i.e., emails, text messages), cell phone communication, faxes, or storage of confidential information on computers, we will assume that you have made an informed decision to permit use of electronic

communications for operational purposes, use of faxes to transfer reports to other health care or educational providers, and standard methods of record storage with the protections we have identified.

Social Media Policy

Please note that Collaborative Counseling is on various social media websites as a way to market the services we offer. To protect your confidentiality Collaborative Counseling encourages you to consider the public nature of social media before liking, fanning or following our social media postings. Messaging on Social Networking sites such as Twitter, Facebook, Google+, or LinkedIn is not secure. It could compromise your confidentiality to use wall postings, @replies, or other means of engaging with me online if we have an already established client/psychologist relationship. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you have questions, please contact your psychologist or our clinic administrator who can help clarify questions you may have.

Financial Responsibility

Most health insurance plans include behavioral health coverage and/or health coverage for central nervous system diagnostic assessment for relevant medical conditions. However, coverage conditions vary widely between different health insurance plans. Clients are responsible for services received which are not covered by insurance; therefore, we strongly recommend you call your insurance company to verify your coverage. When you call your insurance company, ask to verify your coverage for central nervous system diagnostic coverage codes (CPT 96116/96118) which are used for neuropsychological evaluation and/or outpatient mental health coverage for a psychiatric diagnostic interview (CPT 90791). It is also **your responsibility to keep us up-to-date with any changes in your benefit plan and/or insurance coverage.**

Cancellation Policy

Given that neuropsychologists work intensively with a single client for a whole day, scheduling wait times become lengthy, often as much as 3-4 months. Thus, short notice cancellation of your appointment is costly to the neuropsychologist and to other clients who have been waiting a long time for an appointment. It is crucial that you give 24-hour notice and preferably longer notice, if you will not be able to keep an appointment. If you do not give a 24-hour notice, the neuropsychologist may choose not to reschedule your evaluation and you will have to seek services elsewhere.

Treatment of Minors

Treatment of children and adolescents is best done with the involvement of their caregivers and parents. Children with unmarried or divorced parents typically benefit from regular contact with both parents, unless it can be shown that this contact threatens the child's safety or mental health. Parents are entitled to understand the nature of their child's problem as well as the method and course of treatment. Both parents have right of access to records documenting medical or mental health treatment, regardless of custody unless the custodial parent provides us with a court order limiting access or communication. Thus, any information provided by either parent and included in the clinical record is accessible to both parents.

In cases where parents are divorced but have joint (split) legal custody or have joint (split) legal custody but are unmarried and are either cohabitating or not living together, we require both parents' authorization and signature for assessment/treatment of their minor child/children. Both parents are strongly encouraged to be involved in the assessment process to assist in developing greater understanding of their child's behavior and to implement treatment plans which effectively coordinate parent efforts to improve their child's development and social adjustment. We believe it is best to identify and resolve potential parental conflicts or disagreements before assessment/treatment begins. If one parent consents to the assessment and the other partner consents but is either unavailable or unwilling to participate in the assessment process the evaluation will be done. In cases where parental custody has been legally limited and others serve as a child's legal guardian, documentation of legal guardianship must be provided prior to the evaluation.

Assessment of children requires not only that parents fully express their concerns, but also that children be provided an emotionally neutral setting to process current concerns and emotions. The neuropsychologist will discuss these issues with parents and children, especially adolescent children, prior to the assessment to ensure that there is a clear understanding of information which may or may not be shared with parents. The understanding of a child's cognitive, emotional, and behavioral function is enhanced when information is provided by informants who interact with the child in a variety of environments (e.g., home/school). Permission to obtain information from the child's school or other sources will often be requested of parents. Although others may be requested to provide information about the child, results of the neuropsychological evaluation will not be released to others (e.g., school, physicians) without written informed consent by a parent or guardian. However, it should be noted that information in the clinical record must be released in response to a court order signed by a judge in litigation proceedings.

As for adults, non-forensic neuropsychological evaluation of children is not designed to provide information for litigation purposes. Thus, the neuropsychologist will not consult with attorneys who may be seeking consultation about neuropsychological evaluation results to support legal processes (e.g., civil litigation, child custody).

Contact Information for Questions

If at any time you have questions about any aspect of your evaluation, please discuss with the clinical neuropsychologist or feel free to contact the Owner, Naomi Doriott Larson at 763.210.9966 or via email at naomi@collaborativemn.com.

Rates

<i>Billing Code</i>	<i>Service</i>	<i>Length of Visit</i>	<i>Fee for Service</i>
90791	Intake	45-50 minutes	\$275
90832	Psychotherapy 30 minutes	16-37 minutes	\$100
90834	Psychotherapy 45 minutes	38-52 minutes	\$175
90837	Psychotherapy 60 minutes	53 minutes plus	\$225
90847/90846	Family/Couple Therapy	45-50 minutes	\$175
90785	Interactive Complexity (add-on)	n/a	\$100
90839/90840	Psychotherapy for Crisis	60 minutes/add 30 minutes	\$200/\$100
90853/90849	Group Therapy	60-90 minutes	\$100/\$250
96150-96154	Health/Behavior Assessment	15 minute units	\$50/unit
H2019	DBT Group Therapy	15 minute units	\$50/unit
96101-96120	Psychological and Neuropsychological Testing	60 minutes	\$200
96116	Neurobehavioral Status Examination	60 minutes	\$200
90887	Feedback Review of Assessment	60 minutes	\$200
97532	Cognitive Rehabilitation	15 minute units	\$50/unit
Billed to client	Phone Calls, Letters, Emails or Reports	15 minute units	\$50/unit
Billed to client	Court Appearances	Varies	\$300 per hour
Billed to client	Late Cancel or No Show	n/a	Half Session Fee



Client Information

Client's name: _____ Date of birth: _____

Address: _____
Street City State Zip Code

Home phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number of Client (or Parent/Guardian if applicable): _____

Primary Insurance Information

Carrier: _____ Provider Phone Number: _____

ID Number: _____ Group Number: _____

Policy Holder: _____ Date of Birth: __/__/__ Policy Effective : __/__/__

(If Applicable) Secondary Insurance Information

Carrier: _____ Provider Phone Number: _____

ID Number: _____ Group Number: _____

Policy Holder: _____ Date of Birth: __/__/__ Policy Effective : __/__/__

Collaborative Counseling, LLC, reserves the right to change the policies, practices, and procedures described in this document. We will notify you in writing of any significant changes. My signature below indicates I am consenting to treatment at Collaborative Counseling, LLC, and have received and understand the contents of the clinic's counseling Policies, including the Notice of Privacy Practices (HIPAA). If I have questions, the information has been explained and/or summarized for me.

Signature (Client or Legal Guardian if client is under 18)

Date

My signature below certifies my consent to the billing and payment policy. All of my questions have been answered and the policy regarding billing is fully agreed to. I also, by signing below, consent to taking full responsibility for any outstanding bill for services rendered. I also agree that my signature authorizes Collaborative Counseling, LLC to pursue any outstanding balance due to them should I not follow the clinic policy.

Signature (Client or Legal Guardian if client is under 18)

Date



Billing Information and Policy

Our billing policy for services, which are the client's responsibility, is as follows:

Please initial each item:

- _____ All co-pay, co-insurance, sliding fee scale, payment plan, and deductible amounts are due on the date of service. If client payments are not made on the date of service, or if arrangements for an alternate payment plan have not been made, charges will be submitted to the client credit or debit card on file in our office.
- _____ Clients will not receive a statement for services that are the responsibility of their insurance company. Nor will clients receive a statement if their balance has been paid in full on each date of service, and their account is current.
- _____ Any assessment or counseling service that is not eligible for coverage through a client's insurance plan becomes the responsibility of the client. If not paid on the date of service, these charges will be submitted to the credit card on file either on the date of service, or on the date we receive notice that services have been denied. Receipts for all credit or debit card transactions will be mailed to clients along with their statement. Payments due that are not paid are subject to fees within the limitations of the law.
- _____ A late cancel fee will be submitted to the credit or debit card on file for clients with private insurance coverage, a payment plan, or a sliding fee scale, which includes cash clients. This charge is submitted on the date of service only if clients miss an appointment without giving a 24-hour notice to cancel or do not show up to a scheduled appointment without notice.
- _____ By signing you agree that: I understand that if I default on any payment obligations as called for in this agreement Collaborative Counseling, LLC will have the right to forward my information to collections, and in the event that it becomes necessary to utilize a collection agency to resolve a past due account, up to an additional 30% will be assessed to my account to cover the costs of this action. I agree to pay all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. I understand and give my consent for Collaborative Counseling, LLC, to forward my information to collections, should I default on this agreement and fail to pay my Balance Due.

Credit Card Information

We require all clients to keep a credit card on file in accordance to the above billing policy.

Name on Credit/Debit Card: _____ Billing Zip Code for Card: _____

Credit Card Type: Visa: _____ MasterCard: _____ Discover: _____ American Express: _____

Card #: _____ Exp Date: _____ 3 Digit # on Back of Card: _____

I acknowledge I have been informed and agree to the above billing policy. I understand that payments are due on the date of service. I agree that Collaborative Counseling, LLC may bill the credit card on file for any payments which are my responsibility, that have not been paid on the date of service. I hereby consent for Collaborative Counseling, LLC to utilize my credit card information for any outstanding balance.

Signature of Credit Card Holder, Authorizing Payment

Date Signed

Initials of Witness