

# Caren Baruch-Feldman, Ph.D.

Licensed Psychologist

License # 013604

PH: 914-646-9030

## **ABOUT THE OFFICE**

Welcome to my practice. I have found that many people have questions about office procedures. Hopefully this document will answer those questions. It contains important information about my professional and business policies. Please read it carefully and ask me any questions. When you sign this document it will represent an agreement between us.

## **TESTING SERVICES**

Testing routinely takes approximately 6-8 hours of face to face testing time. In addition, there is an initial session to gather social and educational history. There is also always a feedback session in order to review the evaluation. A report will be generated and reviewed at the feedback session.

## **PROFESSIONAL FEES**

The fee for testing is \_\_\_\_\_. Half of the fee is required at the first session. The second half is required at the feedback session. Full payment for the evaluation needs to be paid prior to receiving the final report.

Often times it is helpful for me to review the findings with the school or conduct a classroom observation. I am available to perform this service at my hourly rate of \_\_\_\_\_. The fee is also charged for other professional services you may need, though I will prorate the fee for periods of less than 45 minutes. These other services include:

- Telephone calls more than 10 minutes
- Report or letter writing in addition to the original report
- Preparation of records, forms, or treatment summaries as requested by you or, with written permission by your insurance company
- Attendance at school meetings as authorized by you
- Attendance at meetings with other professional as authorized by you
- Transportation and time spent to and from above meetings

## **BILLING AND PAYMENT**

Half the fee will be required at the first testing session and full payment is due upon completion of the testing. Payment is made to me directly, NOT

through your insurance company. I do not accept assignment from insurance companies. Coverage for outpatient mental health services and testing are variable. A call to your insurance company should tell you whether these services are reimbursable within your insurance plan. The bill I will give you at the end of the session is designed to give the information requested by most insurances. However, insurance companies are variable in the amount of information they request. Some require a simple bill, others require a brief checklist of symptoms, while still others require detailed records of your diagnosis, treatment, and progress. As detailed in the section, "Professional Fees", completion of insurance packets taking more than 15 minutes will be charged to you as a fraction of the normal session rate.

## **USE OF E-MAIL**

At times, we may communicate via e-mail. Transmitting confidential client information by e-mail, however, has a number of risks, both general and specific, that you should consider. General e-mail risks include: E-mail may be received by many intended and unintended recipients, recipients can forward e-mail messages to other recipients without the original sender's permission or knowledge, users can easily misaddress an e-mail, e-mail is easier to falsify than handwritten or signed documents, and backup copies of e-mail may exist even after the sender or recipient has deleted his or her copy. Specific client e-mail risks include: Employees do not have an expectation of privacy in e-mail they send or receive at their place of employment and clients who send or receive e-mail from their place of employment risk having their employer read their email; clients have no way of anticipating how soon their therapist will respond to a particular e-mail; although I try to read and respond to e-mail promptly, I cannot guarantee that any particular message will be read and responded to within any particular period of time.

### *Conditions for the Use of E-mail:*

I will use reasonable means to protect the security and confidentiality of e-mail information. But, I am not liable for improper disclosure of confidential information not caused by our gross negligence or wanton misconduct. Additionally, because of the risks outlined above, I cannot guarantee the security and confidentiality of e-mail communication. Thus, clients must consent to the use of e-mail for confidential medical information after having been informed of the above risks.

## **CANCELLATIONS AND ARRIVING ON TIME**

Psychological services require precise appointments that cannot be easily rescheduled. It is occasional necessary for everyone to cancel an appointment. If you must cancel an appointment, notice must be given a FULL 24 HOURS prior to the session otherwise the full fee will charged for the missed or cancelled

appointment. I do not charge for cancellations due to inclement weather, which makes it realistically unsafe to travel.

I make every effort to adhere to appointment times but due to the nature of a psychology practice this sometimes can be difficult. Although I may sometimes keep you waiting, I will take responsibility of giving you a full session, or if that is impossible I will adjust the fee to accommodate the shorter session due to my lateness. If you are late for the appointment, it is your responsibility to accept a shorter sessions.

**REPORTS OF CHILD ABUSE AND/OR NEGLECT**

Please be advised that as a licensed psychologist in the State of New York, I am mandated by law to report emotional or physical abuse or neglect to Child Protective Services.

**HOW TO CONTACT ME**

The best way to reach me is by telephone (914) 646-9030. I am not always available by telephone but I will make every effort to return your call the same day as you make it, with the exception of weekends and holidays. If I am unavailable for an extended period of time I will provide you with a name of a colleague to contact if necessary.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Of Parent, if above is under 21)

\_\_\_\_\_  
Date