

**SEATTLE CHRISTIAN COUNSELING, PLLC
DISCLOSURE AND FINANCIAL AGREEMENT
FOR NEUROPSYCHOLOGICAL TESTING AND ASSESSMENT**

Who We Are: Welcome to STROEMEL COUNSELING SERVICES. My name is Julie A. Stroemel, PsyD. My license number is PY60086116. I worked as a Registered Nurse for over 23 years before pursuing the Lord’s calling to the field of psychology. I hold a BSN (Bachelor of Science in Nursing), have a MA in Clinical Psychology, and currently work as a Licensed Clinical Psychologist with a Doctorate in Clinical Psychology.

Financial Arrangements: My psychometrists and I fully anticipate that the proposed neuropsychological assessment will be valuable. With any new professional relationship, it is appropriate to discuss financial arrangements. I will be available to respond to any questions which you might have, but this guideline will perhaps address many of the specifics regarding fees and typical insurance coverage.

Schedule of Testing Fee(s): There is a \$165.00 hourly fee for conferences, individual fees for testing (based upon time for administration, scoring and interpretation) and for conferences.

Schedule for Neuropsychological Testing: Neuropsychological testing includes administration, scoring, and report writing at the rate of \$300.00 per hour. The first hour of intake of the interview is billed at my normal therapy rate of \$165.00. My follow up and results session is billed at my normal therapy rate of \$165.00.

Schedule for Assessment Procedures: Psychological testing includes evaluations for mood, stress, anxiety, personality and coping styles with typically involves a fifty-three (53) minute intake session and 1-2 hours for me to write a comprehensive report, and a fifty-three (53) minute follow up session to discuss the results and is billed at my normal therapy rate of \$165.00 per hour.

The “full” battery (including reports, conferences, academic, intellectual, psychological, and neuropsychological measures of ability status) is approximately \$3,500.00. Obviously this estimate can vary, according to the testing which the school or other professionals have contributed, the individual’s test-taking stamina, etc.

SERVICE DESCRIPTION	FEE SCHEDULE
Intake Conference	Full Payment or insurance co-pay on date of service
Assessment and Report	Full Payment or insurance co-pay on date of service
*Parent Feedback Conference/Results	Full Payment or insurance co-pay on date of service
**School Conference	Responsibility of patient. Non-covered item.
Phone conference/Correspondence (>15 minutes)	Full Payment Billed to Patient (Minimum charge .25/ hr)

- * Parents only to attend feedback session.
 - **Charge for school visit is separate and not covered by insurance.
- Payment is due with school visit form.

Payment: All major credit cards including HSA (FSA excluded), personal checks, or cash will gladly be accepted for payment. A processing fee of up to 3.7% plus \$0.15 per transaction will be added to all credit or debit transactions. Delinquent accounts will be subject to a 1.0% interest fee on the unpaid balance and will be added to the unpaid balance or, if there is a default of payment, referral will be made to a collection agency. Failure to keep an account in good standing may cause further services to be withheld.

The patient or family is fully responsible for payment of fees, even when third party carriers offer reimbursement for portions of the services. **Please contact your insurance carrier in advance of the actual assessment to determine whether there is coverage, and what percentage of coverage you can anticipate.** It is usually helpful if the referring physician submits a brief formal request for services. **Your full payment or co-pay is due and payable on the day of each session.**

PLEASE NOTE: You must notify our office of a cancellation at least 48 hours in advance of the appointment. If not, you will be charged a minimum of \$100.00 for single hour appointments, and \$800.00 for the neuropsychological evaluation testing sessions. Insurance does not pay for a no-show.

Protected Health Information: The Health Information Portability and Accountability Act of 1996 (“HIPAA”) protects and safeguards Protected Health Information (“PHI”). Your psychological testing and report(s), notes and reports of your conferences are considered to be PHI. Seattle Christian Counseling, PLLC (“SCC”) and I are both in compliance with HIPAA. We cannot in most circumstances release PHI without your written consent.

We will:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

The following categories describe ways we may use and disclose PHI for treatment, payment, or health care operations without your specific consent or specific authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI (psychological testing reports and conference(s) notes and reports) about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment to coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

We may also disclose PHI about you for the treatment activities of another health care provider.

Testing Limitations: Julie does not provide testimony for litigation purposes or parenting evaluations. Testing is for treatment planning and improving well being.

Payment and Disclosure: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan provider concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan provider will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Insurance providers have been requiring copies of your psychological report(s) prior to processing your claim(s). Your signature below would permit us to forward a copy of the report(s) requested. Please check with your insurance provider regarding the specific guidelines surrounding this documentation and your responsibility should you fail to authorize a release of your psychological report(s).

We may also disclose PHI to another health care provide or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs.

Patient/Parent/Legal Guardian (circle one)

Date

Patient's Address:

Patient's Contact Telephone:

Patient's E-mail:

Witness

Date