cronin
assessment

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PSY #16026

PSYCHOLOGICAL SERVICES AND POLICIES

This document contains important information about my professional services and business policies. Please read it carefully and ask me any questions that arise. When you sign this document, it represents an agreement between us.

PSYCHOLOGICAL SERVICES

COMPREHENSIVE DIAGNOSTIC EVALUATION SPECIFIC TO AUTISM
The diagnostic evaluation spans several appointments. A child's detailed developmental history and adaptive functioning are obtained from parents during the first 1-2 appointments. The child's social, communication, play, cognitive, and verbal skills are directly assessed across 1-2 appointments. Parents are required to be present (parents may or may not be in the room depending on a child's age, behavior, and needs) for their child's direct assessment. A child who is in a school or program within 25 miles of the office may receive a school observation (if deemed necessary). A child whose school is beyond 25 miles, and within 50 miles of the office, may receive a school observation visit for an additional fee. The final appointment is a one-hour feedback session where results of the assessment are summarized and diagnostic impressions and treatment recommendations are provided. Education about a diagnosis of an autism spectrum disorder, and community referral sources, are also a focus of the feedback session. Approximately 4 weeks after the feedback session, parents can expect to receive a final report detailing their child's assessment results, diagnostic impressions, and treatment recommendations.

Psychological measures utilized are consistent with best practice standards and evidenced-based guidelines. When appropriate, measures may include the Autism Diagnostic Interview-Revised and the Autism Diagnostic Observation Schedule, Vineland Adaptive Behavior Scales-II, and a measure of cognitive ability.

PARENTING SKILLS and
INDIVIDUAL PSYCHOTHERAPY SERVICES

Psychotherapy varies depending on the particular problems you and your child bring and the orientation and approach of the therapist. It is important to select a therapist that fits your style and goals. The reason that I spend time discussing my services and learning more about you and your child over the phone is to initially begin the process of determining whether my services will be a good fit for you and your family. I require a 50-minute intake session prior to beginning individual therapy or group parenting services. The intake appointment involves a more in-depth evaluation of you and your child's needs. By the end of the intake evaluation, I will be able to offer you my recommendation of whether you and your child can benefit from my services. After a full discussion of my services, we can both decide if I am the best person to provide the services you need in order to meet the treatment goals for you and your child. If not, I will try to refer you to a more appropriate therapist/therapy group. Therapy involves a commitment of time, money, and energy, so you should make sure you feel comfortable working with me. If you have questions about our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide a referral to another mental health professional.

CONSULTATION
Consultation, including (but not limited to) in-office sessions, phone sessions, school observations, court testimony, and attendance at IEP meetings are billed at my regular hourly rate of $175.00. A school observation is typically an hour to an hour and a half. A brief summary of the school observation with treatment and educational recommendations is provided (service time is typically 2 hours). Both on-site observation and report writing services are charged at the $175/hour rate.

CONFIDENTIALITY
Your discussions with a licensed psychologist are considered *confidential*, which means these discussions are protected by law. I may not disclose confidential information about you without your formal consent. There are situations, however, in which I am required to break confidentiality. These include the following circumstances: if you or your child are in danger of harming yourself or another person; if you are unable to care for yourself; if there is suspected abuse or neglect of a child, older adult (65 or older), or dependent adult; if I am court ordered to release information as part of a legal proceeding; or as otherwise required by law.

PROFESSIONAL FEES

The **Autism Diagnostic Evaluation** fee is established based on your child's age. In our discussion of your child's needs, the fee is _____and includes:

_____Parent interview or/and child interview
_____Review of pertinent records/recent evaluations
_____Child assessment
_____School observation
_____Discussion or results and recommendations with parent
_____Written report

Payment is due before the initial appointment commences.

Individual Psychotherapy or Parenting Sessions or Consultation: My 50-minute session fee is $175. Should you no-show or cancel with less than a 24-hour notice, you will be charged the full fee. There will be no charge for brief telephone calls. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes. I will alert you if the call will incur a fee.

Other services include telephone consultations, report writing, in-home visits or other services you may request of me at my regular rate of $175/hour. I do not charge for typical consultations with other professionals involved in your child's care (i.e., updates). However, I do charge for comprehensive school consultations and team meetings. If you become involved in legal proceedings that require my participation, you will be expected to pay for the professional time I spend speaking with your legal counsel/advocate, preparing records or treatment summaries. You will also be expected to pay for my time spent testifying, even if I am called to testify by another party.

BILLING AND PAYMENTS
Total payment for the comprehensive Autism Diagnostic Evaluation is due prior to the first appointment. Payments for individual psychotherapy or individual parenting sessions are to be made at the end of each individual appointment. ***Cash or checks only.***

There is a $25 fee for returned checks. A $50 late fee will be added for any charges past due by 30 days, and additional charges will accrue monthly for any unpaid balances. If your account has not been paid for

more than 60 days, I 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, 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.

INSURANCE REIMBURSEMENT
Certain health insurance policies will provide some coverage for "out of network" mental health treatment, however, you (not your insurance company) are responsible for full payment of my fees. If desired, I will provide you with receipts that contain information your insurance company may require, however, it will be your responsibility to complete insurance forms and obtain reimbursement. It is very important that you find out exactly what mental health services your insurance policy covers.

I have read and understand this document and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I consent to participate in evaluation and/or treatment.

Name of Child (please print)

Name of Parent/Legal Guardian (please print) Signature Date

Relationship to Child:

I also certify that I have received a copy of Dr. Cronin's Notice of Privacy Practices detailing the provisions of HIPAA and my/my child's privacy rights.

Name of Child (please print)

Name of Parent/Legal Guardian (please print) Signature Date

Relationship to Child: