MICHAEL EISENBEISS, PhD.

Boise Psychological Services

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Description of Testing Services

The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of testing. Please pay special attention to the section on PAYMENT FOR SERVICES and CANCELLATION POLICY (see below).

Confidentiality

We understand the information you share in the testing process is of a personal nature and that you want it to remain private. Confidentiality will be maintained unless you give us specific permission to share information with others. However, we may be required by law to disclose confidential information if there is reason to believe that a child has been abused or neglected or that you may be in danger of harming yourself or others. You will be given a separate HIPPA information packet pertaining to your privacy rights.

For patients under 18 years of age who are not emancipated, the law *may* allow parents to examine their child's testing results.

●Payment for Services

You are responsible for the payment for all evaluations. Additional time may be charged in one-half hour increments. **Payments (insurance deductibles, copays, co-insurance, etc.) are to be made at time of service.**

If you have insurance, carefully read the section in your coverage booklet that describes mental health services, or call your administrator to discuss what mental health services your policy covers. We can assist in billing for insurance or other authorized payments. Be aware that insurance companies may require a mental health diagnosis and additional information. If you are using insurance and have concerns, please discuss them with your psychologist.

●Cancellation Policy

On occasion, a situation may arise which prevents you from keeping a scheduled appointment. As a courtesy to your psychologist, **please notify us 24 hours in advance if you must cancel**.

*We are no longer able to absorb the costs of late cancellations and no shows. Therefore, **patients will be charged one-half of the fee for the first session if 24-hour notice is not given. In the event there is a no show for a testing session, the patient will be charged for one hour at our hourly rate of $250. The only exception to this policy is the existence of an emergency,** which you and your psychologist can discuss. Insurance does not cover this charge. **This fee must be paid prior to further services**.

Providing Test Results

A written report of the results from psychological and/or neuropsychological testing will be sent to you by US mail or encrypted email as you choose. You can also request a 30-minute meeting with the psychologist to discuss the results. A fee of $125 will be charged for this meeting and is **payable at time of service**. Please be sure to leave your email address with our office.

Please arrange for small children to remain at home unless you are specifically asked to bring them with you. Children may not be left unattended in the waiting area.

I have read and understand the above information, that I am encouraged to ask questions and to give input regarding the counseling process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification.

Patient Signature ____ Date ____________

OR

Patient Representative____ Date ____________

(Parent/Guardian)