

Lakewood Wellness Partners
Katherine Pang PhD

Psychological and Neuropsychological Testing and Assessment Policies

6301 Gaston Ave, Suite 230. Dallas TX 75214 • Tel/Fax: 214.531.7624

Nature of My Services. I am licensed as a psychologist in the state of Texas. I have a doctorate degree in educational psychology. I am also a member of the American Psychological Association and the Texas Psychological Association, among others. I have training in conducting therapy, psychological, psychoeducational, and neuropsychological assessments.

Assessment. Neuropsychological and psychological assessment includes a comprehensive evaluation of you or your child's intellectual, academic, and/or emotional functioning. The evaluation will require direct contact, interviewing, and testing. I will also collect and review information from others as necessary to provide an individualized report of your testing outcomes.

Depending on the number of tests administered, we will typically meet on three or four occasions for 1 ½ to 4 hours each session. An appointment is a commitment to our work. If you need to cancel an appointment, please give me at least 72 business hours notice by text, e-mail, or telephone. I will make every effort to re-schedule your cancelled appointment. Cancelled appointments will delay our work together and will be subject to a \$150 cancellation fee.

Fees. My testing fee includes time spent on the intake interview, test administration, scoring, interpretation, report writing, consultation with other professionals involved in the case, and feedback. I will discuss with you when we schedule the first appointment the expected nature of the testing and the associated fees. I will then provide you with an information and consent form. Unless, we are working through Blue Cross/Blue Shield (BCBS) with prior approval for the testing fees, you are fully responsible for payment for these services and will also be responsible in the event BCBS denies payment or reimbursement for these fees even if they previously approved them.

The process will most likely take three to four weeks. By the end of our time together, you will have better understanding of you or your child's difficulties, and you will be provided with a written report and recommendations. You will also have an opportunity to ask any questions regarding the testing or testing results at our feedback session. Please note that your child is welcome to attend the final feedback session, if appropriate. Alternatively, you may schedule an additional feedback session for him/her to discuss these results with me in a manner more suitable to his/her developmental level. This additional feedback session will be billed at the rate of \$150 per session.

Please recognize that when insurance companies are used, there may be limits to confidentiality. Usually, insurance companies ask for information about duration and nature of diagnosis, dates of service, name of treatment provider, treatment goals, and the details of the treatment session. In addition, providers are now required to sign waivers that allow the company to audit patient records.

If I am subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. This will be billed at the rate of \$400 per hour. Similarly, school observations or consultation out of the office is billed at the rate of \$250 per hour, including travel time.

Confidentiality. It is important for you to know about my confidentiality policy. Confidentiality is vital to treatment progress. In general, according to the law and my ethics code, what you and your child discuss with me is not shared with anyone else without your written permission. However, there are several exceptions, which are designed for your protection and safety. These exceptions include:

- 1) If you or your child is a victim of child abuse, or if you or your child divulges information about such abuse, I am required by law to report this to the appropriate authorities.
- 2) If you or your child is a victim or perpetrator of elder or dependent adult abuse, or if you or your child divulges information about such abuse, I am required by law to report this to Adult Protective Services or other appropriate authorities.
- 3) If you or your child threatens harm to yourself, someone else, or the property of others, I may be required to notify the police and potential victim(s), or take other reasonable steps to prevent the threatened harm.
- 4) If ordered by the court, I may have to testify or release your records.
- 5) I may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law I can not reveal when I have disclosed such information to the government.

I may also consult with another professional from time to time, but without identification of the patient whose case is the subject of consultation. I rely on certain persons or entities, who are not my employees, to provide services on my behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be my business associates.

Please also note that in the case of separation or divorce, I do not keep secrets from either parent and will need to share all information with both parents (assuming joint custody).

Emergency Procedures. If you need to contact me, you may call or text me at 214.531.7624. You may also e-mail me at katherinepang@katehrinepangphd.com. I check texts, e-mails, and voicemails throughout the day and will respond as soon as I am able to do so. In a life threatening emergency, please call 911 or go to the nearest emergency room. You may also contact your community crisis hotline, e.g. Suicide & Crisis Center hotline at (214) 828-1000.

Patient Name: _____

DOB: _____

I acknowledge I have read the above and consent to the terms and conditions.

Name _____

Signature: _____

Date: _____