

**Rubenzahl, Knudsen & Associates Psychological Services, PC**  
**22670 Summit Drive, Suite 2; Watertown, NY 13601**  
**5402 Dayan Street, Suite 2; Lowville, NY 13367**

**CONSENT FOR SERVICES:**

**EVALUATION**

**TREATMENT**

I have received and understand the information in the Practice Policies and Patient Privacy Rights. I have been given a copy of these forms for my records if I wanted them. I consent to the agreed upon service for myself. I agree to meet all financial obligations.

I understand that my mental health information will be kept confidential unless my clinician believes I may harm myself or someone else, or if it becomes known that a child, elderly adult, or disabled person is being mistreated, or if a judge orders it.

I understand that audio and video recording of any interaction with the staff or other patients of RKA is prohibited.

I understand that I am able to request a feedback session to review the results of the evaluation, but if the evaluation is a forensic evaluation referred by a third party I may not be provided a copy of the full report.

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Signature of Patient

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Date

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Signature of Doctor/Therapist

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Date

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## INFORMED CONSENT FOR FORENSIC EVALUATION

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Name

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Date of Birth

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Parent/Guardian Name

You/your child have been referred for a psychological evaluation by:

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Referring Agency

### **A FORENSIC EVALUATION EXPLAINED:**

This evaluation will assist Rubenzahl, Knudsen & Associates Psychological Services, PC (RKA) and the referring agency to determine whether there are any mental health needs or concerns and to give appropriate recommendations. A forensic psychological evaluation is an assessment by a psychologist, licensed in the state of New York, to answer psychological questions in the context of the court systems or supplemental agencies such as The Department of Social Services or County Probation Services.

Please understand that aspects of this assessment may lead to an increase in your/your child's distress (e.g. discussion of difficult issues involved with your case). The psychologist's goal is to use scientifically supported methods to provide an independent and expert opinion.

### **LIMITS OF CONFIDENTIALITY:**

This evaluation is kept confidential by RKA, and your/your child's information will be kept protected by HIPPA, NYS law, and the ethical code of the American Psychological Association. Forensic evaluations often requires consultations with others who are involved with you, your child, and/or other family members. Therefore, we may ask for a release of information (ROI) from you to obtain the necessary information or health care records from other agencies, individuals, schools, etc.

Nonetheless, forensic evaluations have limits to being fully confidential, and these are the areas that your information may be shared without your consent:

1. The results of the evaluation will be reviewed by the referring agency
2. Additional RKA staff may review the results, such as the psychologist's supervisor, peer psychologist, and/or other staff involved in your care.
3. The information received from this evaluation may be used by the judicial system to make decisions concerning you and/or your family.
4. The psychologist may also be subpoenaed to court to testify on aspects of the evaluation and give expert testimony on the results and recommendations.
5. If there are any concerns about your/your child's safety or the safety of others, the appropriate agency can be notified without your consent to ensure safety.

**YOUR RIGHTS DURING THE EVALUATION:**

You are free to ask any questions at any time during the testing procedure. You have the right to have an attorney present during the evaluation. You/your child are/is not required to take all tests and can discontinue at any time, but this refusal will be reported back to the referring agency. We can meet with you to discuss the results and recommendations and to answer your questions once the report has been fully completed, but a copy of the report is not provided for forensic evaluations.

**FINANCIAL AGREEMENT:**

This evaluation will be paid by: \_\_\_\_\_

Cost will be: \$ \_\_\_\_\_

Note: RKA does not bill health insurance for forensic evaluations as they are not medically necessary and do not meet health insurance requirements.

**SIGNATURE:**

By signing this form, you agree to the limits of confidentiality and the financial arrangement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date

## **PRACTICE POLICIES**

Thank you for choosing Rubenzahl, Knudsen & Psychological Services, PC. Starting counseling or an evaluation is a big decision and you may have questions. This document is intended to inform you of our office policies, New York State and Federal Laws, and your rights as a patient. If you have questions or concerns after reading this document, please ask your clinician.

### **APPOINTMENTS:**

1. In consideration of all patients, individuals who arrive more than 15 minutes late for their appointment may need to reschedule.
2. Cancellations of scheduled appointments must be made with a minimum of 24 hours notice. Patients not cancelled with 24 hours notice may be subject to a fee of \$50.00.
3. Patients who “no-show” for their appointments will be charged a \$50.00 fee.
4. Three no-shows or cancellations without sufficient notice may result in the termination of services. We will assist in a referral to another facility if additional therapy is desired.
5. Audio and/or video recording of therapy sessions, evaluations, or other interactions with the staff or patients is prohibited. This includes face-to-face and tele-health appointments as well as all other types of communications.
6. Please supervise your children at all times. Please do not bring children to your appointments who cannot sit in a waiting room. Young children cannot be left unattended in the waiting room.

### **PAYMENTS:**

1. Payments are due at the beginning of each session unless other payment arrangements have been arranged. We accept MasterCard, Discover, and American Express in both our Watertown and Lowville Offices.
2. The parent who brings a child/children for therapy is financially responsible for the bill. If there is a custody agreement, the parent bringing the child is responsible for acquiring payment from the other parent.
3. Your therapist reserves the right to discontinue services if payment is not made. We will assist in a referral to another facility if additional therapy is desired.
4. The patient is responsible for being aware of current insurance coverage, including deductibles, co-pays, need for pre-certification, annual visit limits, and out of network benefits.
5. If a third party payer (insurance or other sponsor) fails to resolve the balance, the patient is responsible for full payment. If limits of coverage are exceeded, the patient will be responsible for full payment.
6. It is the responsibility of the patient to inform our office staff of any changes in insurance or other information such as change of address, telephone, emergency contacts, and releases of information.
7. There is a \$30 fee for any returned check.
8. On occasion, we are asked to provide letters in support of a legal problem. These might include letters to lawyers, family court, or other agencies. We are willing to provide these, as appropriate, and you will be charged a cost of \$25 per page for each letter.

## AFTER HOURS SERVICE/EMERGENCIES

1. Services will be provided during normal business hours. You may contact your therapist during these hours. If your therapist is unable to answer your call, please leave a message and he/she will return your call at his/her earliest convenience.
2. We have a 24 hour answering service available in the event that the office is closed.
3. In the event of an emergency, call 911 or visit the local emergency room. In Jefferson County the Crisis Hotline phone number is (315) 782-2327. In Lewis County the Crisis Hotline phone number is (315) 376-5450.

## CONFIDENTIALLY

In general, the privacy of all communications between a patient and therapist is protected by law and your therapist can only release information about your work treatment with your written permission. Your therapist will have you sign a "Release of Information" form prior to talking to anyone else about your case with the following exceptions under New York State law. There are some situations in which a therapist is legally obligated to take action to protect others from harm, even if they have to reveal some information about a patient's treatment. These include:

- If your therapist suspects or believes that a child, elderly person, or disabled person is being abused he/she must file a report with the appropriate state agency.
- If he/she believes that a patient is threatening serious bodily harm to another, he/she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient.
- If the patient threatens to harm himself/herself, the therapist may be obligated to seek hospitalization for the patient or to contact family members or others who can help provide protection.
- In some legal proceedings, a judge may ask your therapist to testify about your services.

*[These situations have rarely occurred. If such a situation occurs, your therapist will make every effort to fully discuss it with you before taking any action.]*

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. This law insures the confidentiality of all electronic transmission of information about you. Whenever your therapist transmits information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with your therapist any questions or concerns that you may have as soon as they arise.

Your signature on the consent for services page indicates that you have read the information in this document and agree to abide by all of its terms during our professional relationship.