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## **INFORMED CONSENT FORM AND PRACTICE POLICIES**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which was provided separately, explains HIPAA and its application to your personal health information in greater detail. When you sign this document, it will represent an agreement between us as well as your understanding of the limitations of confidentiality.

You have most likely come to my office because you are experiencing educational, learning, attentional and/or social-emotional difficulties requiring further assessment and consultation. Please take a moment to read this form and ask for additional information or clarification, if necessary. While this document may seem long or complex, it is important for you to review and understand. I believe my work will be most helpful to you when you have a clear idea of what to expect.

**Nature of My Services:** I am licensed and trained to practice psychology in the state of Texas. I have a doctorate degree in clinical psychology from Fairleigh Dickinson University, a program that is accredited by the American Psychological Association (APA). I completed my predoctoral training in neuropsychology at the Rusk Institute of Rehabilitation Medicine of NYU Langone Medical Center, a program accredited by the APA. I received my postdoctoral training in pediatric neuropsychology at NYU Child Study Center of NYU Langone Medical Center. I have extensive training in conducting psychological, psychoeducational, and neuropsychological assessments from a variety of treatment settings including inpatient psychiatric hospitals, inpatient neuro-rehabilitation hospitals, schools, outpatient mental health clinics and private practice. I am a member of the

American Psychological Association (APA) and the Texas Psychological Association (TPA).

**Assessment:** Through the use of a variety of standardized psychological tests, I will attempt to answer the questions that brought you for this assessment. These questions generally concern intellectual abilities, cognitive functioning, attention, academic achievement, personality functioning, and social/emotional behavior. Throughout the assessment process, you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations and recommendations.

The assessment process will require direct contact, interviewing and testing. The evaluation includes, but is not limited to, informational interview followed by the administration of neuropsychological, educational and psychological tests. I will also collect and review information from schools, work places, psychologists, psychiatrists, and other professionals involved in your care current or previous care, with your permission only. It is common for clients to complete the testing over one to two testing sessions, depending on their age and the nature of the assessment. Once testing is completed, the data will be analyzed and interpreted. A written report will also be generated. You will have the opportunity to meet with me to discuss the testing results. Once you have been provided feedback regarding the results, the formal written report will follow within three weeks of our final meeting.

### **Services Offered**

#### **1. Neuropsychological Test Battery**

Please initial if this is the service you require: \_\_\_\_\_ payment of \$2,900

The Full Neuropsychological Test Battery is a comprehensive evaluation, which examines several areas of functioning many of which are deemed necessary for evaluation if one is seeking standardized testing or in-school accommodations, as well as special school placement. The areas assessed include: IQ, academics (reading, writing, and math), language, attention and executive functioning (planning, organization, and mental flexibility), visual and verbal memory, visual/spatial and fine motor skills, learning style, and social/emotional traits and behavior. Consultation with your school or workplace as well as any treating clinicians is encouraged. Face-to-face time is 9-10 hours. Typically, for every hour we spend in my office, I spend another hour outside the office scoring, analyzing, consulting, referring and writing a comprehensive report of about 12-25 pages in length.

#### **2. Psychoeducational Test Battery**

Please Initial here for this service: \_\_\_\_\_ payment of \$2,500

The Psychoeducational Test Battery is examines several areas of functioning many of which are deemed necessary for evaluation if one is seeking standardized testing or in-school accommodations, as well as special school placement. The areas assessed include: IQ, academics (reading, writing, and

math and academic fluency), auditory processing and language, attention and executive functioning (planning, organization, and mental flexibility), and a very brief overview of social/emotional traits and behavior. If appropriate, observing your child in his/her school setting may be conducted. Consultation with your child's school as well as any treating clinicians is encouraged. This evaluation typically necessary if one is seeking accommodations in school or on standardized testing. Face-to-face time is 6-7 hours. Typically, for every hour we spend in my office, I spend another hour outside the office scoring, analyzing, consulting, referring and writing a comprehensive report of about 10-15 pages in length.

### **3. Psychological Test Battery**

Please initial if this is the service you require: \_\_\_\_\_ payment of \$2,000

The Psychological Test Battery is intended to assess your social and emotional functioning as well as personality traits. It includes: IQ, self-report measures, and personality testing. Consultation with any treating clinicians is encouraged.

\* Please note that in cases where solely consultation or additional hours above and beyond these testing batteries are necessary in the form of additional feedback sessions, in-person school meetings, etc., this is billed at \$255/hr.

### **The Risks and Benefits of Assessment of Neuropsychological and Psychological assessment:**

Neuropsychological/Psychological assessment typically presents a relatively low risk to participants. It is possible patients may feel uncomfortable or anxious about being tested; nevertheless, I am trained to detect and respond sensitively to indications of anxiety. It is also important test results and written reports be used with appropriate sensitivity and discretion to ensure patients are not adversely affected by inappropriate use of such information.

The benefits of completing a neuropsychological/psychological assessment potentially include a detailed description of strengths and challenges in the areas covered by the assessment (e.g., intellectual, academic, and social-emotional functioning), and specific recommendations for addressing areas of difficulty. For example, this information might be useful to help you qualify for special accommodations in your educational environment.

### **Fee and Payment Policy:**

The type of service you require will be determined prior to our work together. The fee may be adjusted at times depending upon the purpose of the evaluation and the tests used. In rare occasions, additional fees apply if the evaluation exceeds the parameters discussed above, which will be billed at the hourly rate of \$200. These may relate to multiple interviews, consultation with multiple professionals,

testing that exceeds the allotted time delineated for each service, additional feedback sessions with multiple parties, or communications that extend far past the initial feedback session. Before conducting these services, I will discuss these with you.

Since both a hard copy and a PDF version of the report are provided, a \$20 records fee is charged for providing an additional copy of the report after six months of the date the evaluation was conducted.

Please note, my testing fee includes time spent on the intake interview, test administration face-to-face hours, scoring, interpretation, report writing, consultation with other professionals involved in your care and one in-person feedback session. Typically for every hour I spend in the office with your, I spend an equivalent hour outside the office. Payment is due upon the start of the assessment, which is considered the first day of testing. You are fully responsible for payment for these services. When you sign this document, it will also represent an agreement between us.

By the end of our time together, you will have a better understanding of your difficulties and you will be provided with a written report of your test results as well as recommendations and referrals, where applicable. You will have ample opportunity to ask any questions regarding the testing or testing results.

Please note that I do not bill any insurance companies directly and I do not complete any forms for insurance companies. It is therefore necessary to pay for all services at the time of your first meeting with me. Checks should be made payable to **Dr. Victoria Fitzgerald, PLLC**. Returned checks are subject to a \$25.00.

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 \$300 per hour.

According to law and ethics codes, I have the right to turn over unpaid bills to a collection agency. If this should occur, I will provide you with the opportunity to pay and will notify you if I contact an agency. I will charge in full for an appointment cancelled with less than 48 business hours notice (i.e. not weekend days or holidays). Cancellations must be made by telephone, not email.

**Professional Records:** The laws and standards of my profession require that I maintain accurate and pertinent records, which are kept in a manner that protects confidentiality. Release of information about a client is provided if you give written authorization to release the record to a specific person/entity, and you must revoke the release in writing if you change your mind. For example, if you provide me with a release to provide your confidential information to a physician or

another healthcare provider, and then later decide to change providers, you will need to revoke the original authorization in writing. You should be aware that pursuant to Texas law, psychoeducational test data and protocols are not part of a client's record. Records and test data will be maintained seven years from the date of the evaluation. If the client is a minor, the record period is extended until three years after the age of majority. Again, if a copy of the psychoeducational report is requested after six months from the date the evaluation was conducted, a \$20 records fee is charged. A copying fee of \$0.75 per page is made for copying other parts of the record (e.g., the summary of charges).

**Our Professional Relationship:** As a professional, I will use my best knowledge and skills to help you. This includes following the standards set forth by the American Psychological Association (APA). In your best interest, the APA puts limits on the relationship between a psychologist and a client, and I will abide by these.

First, I am trained to practice psychology- not law, medicine, finance, or any other professions. I am not able to give you advice from these other professional viewpoints. Second, state laws and the rules of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I make every attempt not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you, unless you initiate. Again, in an effort to maintain your confidentiality. Third, in your best interest, and following APA's standards, I can only be your psychologist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a clinician to someone who is already a friend. I can never have a intimate relationship with any client during, or after, the course of assessment or consultation. I cannot have a business relationship with any of my clients, other than the testing or consultation relationship.

**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, but are not limited to:

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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 Child Protective Services or other appropriate authorities.
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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 cannot 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).**

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**Contact Information:** Due to my work schedule, I am often not immediately available by telephone but I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the times that you will be available. Email is also a productive method in which to reach me.

**Emergency Procedures:** If you need to contact me, you may call (214) 295-7615 and leave a message. I check messages on a regular basis and your call will be returned as soon as possible. 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 (214) 828-1000.

**Agreement:** I have read and understood the information and policies described in this form. I have also been given the opportunity to ask questions, and have had my questions answered. I hereby agree to this psychological evaluation with Dr. Victoria Fitzgerald, and to cooperate to the best of my ability, as shown by my signature below.

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Signature of Patient & DOB

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Date

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Clinician's signature

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Date