



## **Client Rights and Responsibilities**

*You, as the client, have the right to . . .*

### **Access to Care:**

Impartial access to treatment that is medically indicated regardless of color, age, creed, sex or national origin.

### **Respect and Dignity:**

Considerate, respectful care at all times and under all circumstances, including reasonable attempts to respect religious and cultural beliefs and practices, and to make efforts to accommodate whenever possible.

### **Privacy and Confidentiality:**

- Be interviewed, examined and treated in surroundings designed to provide reasonable privacy.
- Have your medical record read only by those directly involved in your care, in the monitoring of the quality of that care, or by those designated to you.
- Review your medical record and to have information explained, except when restricted by law.
- Expect information related to your office care will not be released without your permission.
- Expect that discussions related to your care will occur in private and include only those with a specific need to know.

### **Participate in treatment Discussions:**

- Be informed and participate in decisions concerning your care.
- Be given a clear and understandable explanation of procedures including the reason why a procedure is needed, the risk and benefits, probability of success and possible alternatives.
- Complete an advanced directive to indicate your treatment preferences should you become unable to make your own decisions in the future.
- Refuse treatment to the extent permitted by law.
- Be informed of any research activities that affect your care and to choose voluntarily to participate. Refusal to participate will not compromise care.

### **Personal Safety:**

- Expect reasonable safety related office practices and environment.

The Summit Counseling Center  
Client Rights and Responsibilities

**Information:**

- Be informed about your illness, possible treatments and likely outcome.
- Know the names and roles of caregivers.
- Know the relationship the therapist or counselor has with outside parties (such as healthcare providers or insurers) that may influence your treatment and care.

**Ethical Standards:**

- Expect that high ethical standards be followed in providing your care. Whenever conflicts in care arise, a mechanism has been established to assist you, your family and caregivers to help resolve any ethical issues surrounding care.

**Transfer and Continuity of Care:**

- Expect that the provider will provide necessary health services to the best of his/her ability. If a transfer of care is recommended, you will be informed of the benefits and alternatives. You will not be transferred without your consent and until another provider agrees to accept you.

**Understanding Charges:**

- Be billed fairly for only those services provided.
- Request an itemized bill for services rendered.
- Ask questions and receive assistance in understanding charges and payment methods.
- Receive timely notice prior to termination of eligibility for reimbursement by any third party payer for the cost of care.

**Understand Rules and Regulations:**

- Know the system rules that affect your treatment.

**Grievance Procedure**

- File a formal grievance with The Center and/or other authorities. Our grievance procedure is provided upon request.

**You, as the Client, have the responsibility to . . .**

- Provide caregivers with accurate and complete information about your health and convey understanding of what is expected in regard to your treatment.
- Comply with instructions for your treatment plan. If you believe that you cannot follow through with treatment, you are responsible for telling your provider.
- Comply with office rules and regulation.
- Meet your financial obligations as promptly as possible.
- Be considerate of the rights of other clients and personnel in the control of noise and the respect of property.



**Welcome to The Summit Counseling Center!**

*When you or someone you care about needs help...*

*The staff of The Summit Counseling Center is ready to help!*

## **Consent and Service Agreement**

### **Important Information For All Clients of The Summit Counseling Center**

#### **About Us**

The Summit is a non-profit organization providing counseling, therapy and other services for individuals, couples and families in North Metro Atlanta. The Summit therapists integrate the latest insights of the behavioral sciences and the wisdom of the Christian faith to provide supportive and effective counseling and psychotherapy. Each member of our clinical staff is a state licensed mental health professional.

#### **Consent to Treatment and Therapeutic Services Agreement**

Our goal is to provide a safe and therapeutic environment to help you make the changes and achieve the goals important to your life and relationships. In order to accomplish this, it is important to establish a mutual understanding about our specific responsibilities as we enter a therapeutic relationship. This document contains important information about The Summit's professional services and operational policies. Please read it carefully and make note of any questions you may have so that you can discuss them when you meet with your therapist.

*When you sign this document, it will represent an agreement between you, your therapist and The Summit Counseling Center.*

#### **Counseling and Therapy Services**

The words "counseling" and "therapy" are used virtually interchangeably. Counseling refers to listening and offering information and professional opinion – like providing "counsel" or "consultation."

"Therapy" is the abbreviated word for "psychotherapy." Therapy refers to the healing aspect of this interaction and to interventions designed to promote emotional, psychological, spiritual, and relational healing.

The counseling or therapy process is not easily described in general statements. The process varies depending upon the personalities of the therapist and the client, and the particular problems you bring to work on. There are many different methods your therapist may use to deal with the problems that you plan to address. The counseling process requires that you actively participate in the therapeutic process both during the sessions and between sessions—in your daily life.

The therapeutic process can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, it has also been shown to have significant benefits for the people who actively participate and strive to meet their treatment goals. Therapy often leads to better

relationships, solutions for specific problems and significant reductions in distress. There are, however, no guarantees as to what you may experience.

Please note that you also have a number of rights and responsibilities associated with being a client at The Summit. Please take time to read the *Client Rights and Responsibilities* document that has been provided along with this agreement.

### **Sessions or Meetings**

All counseling or therapy begins with some type of evaluation process or period of time. During this evaluation period, you and your therapist will determine if he or she can help you with the issues you are bringing to therapy. Sessions are typically either 50 minutes in length or they may be longer—typically either 80 minutes or 110 minutes—depending upon the issue and the treatment approach. Once an appointment session is scheduled, you will be expected to pay for the session unless you provide at least 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).

### **Standard Professional Fees and Billing**

Our standard fees are summarized on “The Summit Standard Fee Information for Therapy” sheet provided to you with this packet. If you have financial needs, Client Assistance Funds (CAF) are available to subsidize the cost of therapy and to provide you with a reduced copayment. These funds are available with proof of income and are based upon a family household income sliding scale. **To apply for CAF, please ask the receptionist for a CAF application.** \*\* CAF funds may only be applied to the charge for a completed session. *They cannot be applied to missed appointments or to other services.*

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Fees can be paid by cash, check, or credit card. There is a returned check fee of \$ 30.00.

Other services billed at the same “hourly” or session rate include telephone conversations lasting longer than 10 minutes (which may be billed in hourly increments), attendance at meetings with other professionals you have authorized, preparation of records, reports or treatment summaries, and the time spent performing any other service requested by you or an agent authorized on your behalf (i.e. attorneys, insurance companies).

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, The Summit has the option of using all legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collections situations, the only information released regarding a patient’s treatment is his/her name, the nature of the services provided, and the amount due.

### **Missed Appointments**

Once an appointment time is scheduled, we are committing to being available to you for that period of time. Please give us 24 hours notice when cancelling or changing an appointment. You may contact the

office staff directly or leave a message on our main office voicemail 24 hours per day regarding any cancellations or schedule changes. As our office staff schedules all appointments, do not call your therapists directly to cancel or change an appointment. You will be expected to pay the full amount of the session unless you provide at least 24 hours notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). *Please note that CAF funds may not be used for missed appointments.* Therefore if you are using CAF funds to subsidize your fee and you miss an appointment without prior 24 hour cancellation, you will be responsible for paying the entirety of your discounted rate. If you miss two appointments in a row without contacting our office, we will assume you no longer wish to receive services and will close your treatment file. Treatment files can be reopened at any time should you wish to return for additional therapy.

### **Fees Related to Legal Proceedings**

Should you become involved with legal proceedings that require the participation of your therapist, you will be expected to pay for our professional time even if called to testify by another party. The Summit will charge \$280 per hour for participation in any legal proceeding and billable time will include the time spent in travel. Time frames are often difficult to judge in legal proceedings and it is not unusual for proceedings to be delayed or canceled. For this reason, The Summit will charge you based upon the time that you, your attorney, or the party in question, is requesting that we make available for your proceedings. You will be charged for the requested time whether or not we are called to testify, even in the event that the proceedings are canceled or postponed, and even if a legal authority deems that our participation is not needed.

### **Insurance Reimbursement**

The Summit Counseling Center does not participate in any insurance plans, nor do we file insurance claims on your behalf. However, many of our clients utilize their insurance on an “out-of-network” reimbursement basis. You may request a copy of your session billing form that will contain all information you should need to file a claim for reimbursement. \*\* If you choose to file for insurance reimbursement, you must pay the full private fee rate at the time of service AND you cannot use Client Assistance Funds (CAF). Remember that you (not your insurance company) are responsible for full payment of fees. If you plan to rely on insurance reimbursement, it is very important that you determine exactly what mental health services your insurance policy covers for out-of-network services.

Note also that if you are filing insurance, you have likely already signed an agreement with your insurance company that authorizes the insurance company to seek additional information from providers in order to process your claims. You will have already sent in your diagnosis when you submitted the claim, and additional information requested may include treatment summaries, treatment plans, or even session notes. **Your signature on this consent agreement authorizes us to provide diagnoses, treatment summaries (either verbal or in writing), and treatment plans to your insurance company when requested. We require you to sign a Summit Authorization for Release of Information form if session notes are requested by your insurance company.** This may delay reimbursement, but we have established this policy in order to best protect your confidentiality and to ensure that you are aware of the type of information we are releasing.

Information sent to the insurance company will become part of the company's files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, we have no control over what they do with your medical information once it is in their hands. In some cases, they may share the information with a national medical information databank. Be aware that if we do not provide the insurance company with the requested information they require to authorize payment, they may deny your claims.

### **Contacting the Summit Therapists**

Therapists are often not immediately available by phone due to their work with clients. Please be aware that therapists have a very limited amount of time to respond to clients between sessions. Please only contact your therapists for response between sessions if the information cannot wait until your next scheduled session. You may contact our front office staff at (678)893-5300 to leave a message or to be transferred to your therapist's voicemail. Contacting therapists via cell phone is left to the discretion of each therapist. Individual therapist cell phone numbers are not provided by front office staff and are not available on the website.

Each therapist will make every effort to return phone calls on the same day or within 24 hours, with the exception of weekends and holidays. Recognize, however, that some therapists are part time and may not retrieve voicemails each business day. If you have an urgent, but not emergent need to speak to your therapist, please relay the urgency and your contact information to our office staff at the main office phone number. They will make every effort to contact your therapist. If you have a mental health emergency, call 911 or proceed to your nearest hospital emergency room. Some insurance cards also have a number to call in case you require emergency mental health services.

### **Professional Records**

We maintain two files on each client. A financial file is maintained in the front office for billing purposes. Your therapist maintains a confidential treatment record kept in a locking file cabinet in his or her office, separate from the billing file. The laws and standards governing the counseling profession require that we keep treatment records for seven years. These files are the property of The Summit Counseling Center. While you may request a copy of your treatment record, The Summit reserves the right under Georgia law to determine if your request is "appropriate" or in your best interest. The Summit may provide either a summary for you or may agree to release your file to another licensed mental health provider on your behalf. For more information regarding privacy rights, treatment files and confidentiality, please see the documents below:

\*\*\* Please see the section on Minors regarding parental examination of the records of minors.

\*\*\* Please also read the HIPPA Privacy Notice. The HIPPA Privacy Notice contains important information about the use and disclosure of your protected health information (PHI).

### **Treatment of Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request that parents agree to waive their right of access

to your records. If they agree, your therapist will provide them only with general information about your work together, unless he or she feels there is a high risk that you may seriously harm yourself or someone else, or if you report any form of abuse. In this case, your therapist is required by law to notify a person that can take steps to reduce risks of these events from occurring or continuing to occur. These persons may include your parent(s) or guardian(s) or the proper authorities.

### **Confidentiality**

In general, State and Federal laws protect the privacy of all communications between a patient and a licensed mental health provider, and your therapist can only release information about your therapy to others with your written permission. If you would like your therapist to share information or to release a report to a third party, an “Authorization for Release of Information” form must be signed. There are a few exceptions, however, when your consent is not required to release confidential information.

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your mental health is an important issue, a judge may order your therapist to provide a copy of your financial file and your treatment file or to testify if the court determines the issue demands it. If a judge orders your therapist to provide these records or to testify, your therapist will be forced to comply with the court order with or without your consent.

There are some situations in which your therapist is legally obligated to take action to protect others from harm, even if your therapist has to reveal some information about a client’s treatment. For example, if a therapist believes that a child is being abused, the therapist is mandated by law to file a report with the appropriate city, county, or state agency. If a therapist believes that a client is threatening serious bodily harm to another, the therapist is required to take protective actions. These actions may include notifying the potential victim, contacting your family members, contacting the police, and/or seeking hospitalization for the client. If a client threatens harm to self, the therapist may be obligated to seek hospitalization for the client and/or to contact the client’s family members or others who can help provide protection.

Your therapist is required to uphold the ethical standards and obligations required of mental health professionals. This includes the ethical obligation to participate in case consultation with colleagues. This may include group case consultations or individual consultations between two staff therapists. Communications with other staff therapists is a way to purposefully collaborate on your particular situation in order to provide the best treatment possible. Note that other staff therapists who are individually consulted or are participants in case consultations are also legally bound to keep the information confidential. Because all of the therapists at The Summit participate in these case consultations, by signing the consent agreement you are acknowledging your consent for your therapists to engage in this type of case review communication. Because we believe strongly that these types of consultation may be vital to your therapeutic work, if you have an objection to this type of disclosure, we may need to assist you in finding another therapist or counseling center.

The Summit Counseling Center  
Consent and Service Agreement

6

During consultation every effort is made to avoid revealing your identity. Be aware, however, that we cannot anticipate every possible relationship you may have that would lead one therapist to be able to connect your name with the “person” being discussed in case consultation. This could occur, for example, if another member of your family is being seen at The Summit, or if you have a personal relationship with a Summit therapist. If you know another therapist at The Summit on a personal level, he or she would excuse themselves from these consultations, but you must make your therapist aware of that relationship. Also, if you or another family member has been seen by another therapist at The Summit, you must disclose this to your therapist as soon as possible. These disclosures are required for us to take reasonable steps to avoid accidental disclosure of your confidential information.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you raise any questions or concerns that you may have when you meet with your therapist. He or she will be happy to discuss these issues with you, if you need specific advice. However, formal legal advice may be needed in some situations because laws governing confidentiality are quite complex.

Also note that you are to uphold confidentiality as well. Who you see here in our waiting room, hallways, parking lot, or in group therapy sessions must be held confidential. You should not reveal others’ names or discuss anything regarding their situation with anyone for any reason.

Your signature on the signature page indicates that you have read the information in this document and agree to abide by its terms during your evaluation/treatment at The Summit.

**Thank you for allowing us to serve you at The Summit!**



# Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

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## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
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#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

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#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

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#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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*continued on next page*

## Our Uses and Disclosures

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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#### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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#### Do research

- We can use or share your information for health research.

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#### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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#### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### This Notice of Privacy Practices applies to the following organizations.

The Summit Counseling Center  
2750 Old Alabama Road  
Suite 200  
Johns Creek, GA 30022  
Security Officer - Director of Operations  
678-893-5300

Effective Date: September 15, 2013

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**Standard Fee Information for Therapy**

This is a **partial listing** of fees for services provided by The Summit Counseling Center. These fees are subject to change and are subject to being amended due to clinical or administrative services.

| <u>Standard Fees*</u>                                   |       |
|---|-------|
| Administrative Fee (Charged at First Session Only)..... | \$20  |
| Outpatient Therapy Session (15-30 minutes).....         | \$70  |
| Outpatient Therapy Session (45-50 minutes).....         | \$140 |
| Outpatient Therapy Session (75-90 minutes).....         | \$210 |
| Outpatient Therapy Session (110-120 minutes).....       | \$280 |

*\* If you have applied for Client Assistance Funds, your copayment amount will be provided to you by our front office staff at the time your application is approved.*

Additional services **provided at the above listed hourly rates:**

- Phone consultations with client, physicians, attorneys, or others designated by the client shall be billed at the above listed hourly rates.
- Written report preparation fees (whether for court, insurance, medical, client, etc...) shall be billed at the above listed hourly rates.

Additional services **provided at a rate of one and a half times** of the above listed hourly rates:

- For services rendered outside of normal office hours, a fee of one-and-a-half times the above listed standard rates shall apply. After hours is defined as evenings and weekends, as follows:
  - Evenings (9:00pm – 8:00am, Monday through Friday)
  - Weekends (6:00pm Friday – 8:00am Monday)

Additional services **provided at a rate of two times** the above listed hourly rates:

- Court or legal process appearance fee, whether subpoenaed by client or any other party in reference to the client, including but not limited to court attendance, testimony, deposition, hearings, trials, legal proceedings, mediation or representative meetings shall be billed at a rate of \$280 per hour.
- Court travel time (from The Summit to the destination and return trip) shall be billed at a rate of \$280 per hour.



### Substance Abuse/Addiction Fees & Services

The Summit Counseling Center offers a wide range of Substance Abuse and Recovery Services. A plan for recovery begins with the initial assessment which includes a thorough history and diagnosis. A treatment plan is offered which includes the type and intensity of care. Services are offered by Ewell Hardman, M.Div, Master Addiction Counselor.

| <b>Substance Abuse and Recovery Services – Individual Fees*</b>   |       |
|---|-------|
| Administrative Fee ( <i>Charged at First Session Only</i> ).....  | \$20  |
| Outpatient Therapy Session (15-30 minutes) .....  | \$70  |
| Outpatient Therapy Session (45-50 minutes).....   | \$140 |
| Outpatient Therapy Session (75-90 minutes).....   | \$210 |
| Outpatient Therapy Session (110-120 minutes).....   | \$280 |
| <b>Report Fees*</b>   |       |
| Brief Report ( <i>based on a 30 minute preparation</i> ).....   | \$70  |
| Full Report ( <i>based on a 60 minute preparation</i> ).....  | \$140 |
| <i>PLEASE NOTE: If the time exceeds this allotted time, additional costs may be added.</i>  |       |
| <b>Drug Testing Services**</b>  |       |
| 8 Panel Screening plus ETG Alcohol.....   | \$100 |
| Redicup 8 (H57) / Urine Test w/Labs.....  | \$45  |
| Redicup 8 (H57) / Urine Test w/out Labs / 8 Panel Drug .....  | \$70  |
| Bath Salt Test P80 and P81.....   | \$110 |
| 10 Panel I-Cup without labs.....  | \$45  |
| 10 Panel I-Cup with labs.....   | \$70  |
| 13 Panel I-Cup without labs.....  | \$55  |
| 13 Panel I-Cup with labs.....   | \$85  |
| EtG Urine Alcohol .....   | \$90  |
| Steroid Comprehensive; P40-Comp 600 .....   | \$200 |
| <i>* If you have applied for Client Assistance Funds, your copayment amount will be provided to you by our front office staff at the time your application is approved.</i> |       |
| <i>** Client Assistant funds do not apply.</i>  |       |

**Additional services provided at the above listed hourly rates:**

- Phone consultations with client, physicians, attorneys, counselors, treatment programs or others designated by the client shall be billed at the above listed hourly rates.
- Family Interventions shall be billed at the above listed hourly rates.

**Additional services provided at a rate of one and a half times** of the above listed hourly rates:

- For services rendered outside of normal office hours, a fee of one-and-a-half times the above listed standard rates shall apply. After hours is defined as evenings and weekends, as follows:
  - Evenings (9:00pm – 8:00am, Monday through Friday)
  - Weekends (6:00pm Friday – 8:00am Monday)

**Additional services provided at a rate of two times** the above listed hourly rates:

- Court or legal process appearance fee, whether subpoenaed by client or any other party in reference to the client, including but not limited to court attendance, testimony, deposition, hearings, trials, legal proceedings, mediation or representative meetings shall be billed at a rate of \$250 per hour.
- Travel time to and from a destination (for court, sessions, etc.) shall be billed at a rate of \$50 per hour plus mileage at \$0.55 per mile.

**I UNDERSTAND AND ACCEPT THE ABOVE RATES AND THAT A PRE-PAYMENT FOR SERVICES MAY BE REQUIRED.**

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**The Summit Standard Fee Information for Testing and Assessment**

This is a partial listing of fees for testing and assessment services provided by Rebecca L. Marshall, Ph.D. at The Summit Counseling Center. These fees are subject to change.

| <b><u>Standard Fees</u></b>   |            |
|---|------------|
| Administrative Fee (Charged at First Session Only).....                                       | \$20       |
| Consultation and Testing (Hourly Fee) .....   | \$180      |
| Administrative Costs for Testing Materials (Depending on Tests Administered) .....            | \$25-\$100 |
| <b><u>Types of Assessments</u> (all-inclusive fee structure):</b>                             |            |
| Developmental Screening Assessment for Preschool Children (ages 3-5 years) .....              | \$750      |
| Screening Assessment for Learning Disabilities and Attention Disorders (ages 5-25 years)..... | \$750      |
| Comprehensive Psycho-Educational Assessment (ages 5 – 25 years) .....                         | \$2950     |
| Comprehensive Neuropsychological Assessment (neurological & other medical diagnoses).....     | \$2950     |

**Additional services provided at the above listed hourly rates:**

- Phone consultations with client, physicians, attorneys, or others designated by the client shall be billed at the above listed hourly rate.
- Written report preparation fees (whether for court, insurance, medical, or other client needs) shall be billed at the above listed hourly rate.

**Additional services provided at a rate of one and a half times of the above listed hourly rates:**

- For services rendered outside of normal office hours, a fee of one-and-a-half times the above listed standard rates shall apply.

**Additional services provided at a rate of two times the above listed hourly rates:**

- Court or legal process appearance fee, whether subpoenaed by client or any other party in reference to the client, including but not limited to court attendance, testimony, deposition, hearings, trials, legal proceedings, mediation or representative meetings shall be billed at a rate of \$360 per hour.
- Court travel time (from The Summit to the destination and return trip) shall be billed at a rate of \$360 per hour.

**Rebecca L. Marshall, Ph.D.**

**Explanation of Services:**

**Developmental, Psycho-Educational, and Neuropsychological Testing and Assessment**

**Developmental Screening for Preschool Children (2-5 years) \$750**

- \* 45-60 minute consultation and interview of parent(s).
- \* 1 testing session with child lasting approximately 2 hours, using screening measures to assess the following domains: cognition, communication, social-emotional development, sensorimotor development, and adaptive behavior.
- \* Questionnaires given to parents and preschool teachers (if applicable) to complete.
- \* Summary report including recommendations and referrals.
- \* 20-30 - minute feedback session with parent(s).

**Screening Assessment for Learning Disabilities and Attention Problems (5-25 years) \$750**

- \* 45-60 minute consultation and interview of parent(s).
- \* 1 testing session lasting approximately 2 hours, using screening measures to assess academic achievement, attention, & behavioral and emotional well-being.
- \* Summary report including recommendations and referrals.
- \* 20-30 - minute feedback session with parent(s) and/or child/adolescent/young adult.

**Comprehensive Psycho-Educational Assessment (5-25 years) \$2950**

- \* 45-60 minute initial consultation and interview of parent(s) and/or child/adolescent/young adult.
- \* 2 testing sessions lasting approximately 3 hours each, assessing intellectual ability, academic achievement, learning and memory skills, attention, behavioral and emotional well-being, language and writing skills, executive function and reasoning skills, visual-spatial processing skills, and fine motor and sensory processing skills.
- \* Comprehensive written report including recommendations and referrals.
- \* 45-60 minute feedback session with parent(s) and/or child/adolescent/young adult.

**Comprehensive Neuropsychological Assessment (5-25 years) \$2950**

- \* 45-60 minute initial consultation and interview of parent(s) and/or child/adolescent/young adult.
- \* 2 testing sessions lasting approximately 3 hours each, assessing: intellectual ability, academic achievement, learning and memory skills, attention, behavioral and emotional well-being, language skills, executive function and reasoning skills, visual-spatial processing skills, and fine motor and sensory processing skills. Areas of particular or additional focus during assessment will depend on the nature of the neurological or other medical problem.
- \* Comprehensive written report including recommendations and referrals.
- \* 45-60 minute feedback session with parent(s) and/or child/adolescent/young adult.