



*MindWorks Psychological Services*  
7450 Dr. Phillips Blvd. Suite 312, Orlando, FL 32819  
310 S. Dillard Street Suite 160 Winter Garden, FL 34787  
Phone 407.415.1450 Fax 321.234.5587  
<http://www.MindWorksPsych.com>

## **OFFICE POLICIES AND AGREEMENT FOR PSYCHOLOGICAL SERVICES**

This document (Agreement) explains my psychology evaluation services, office policies, and the Health Insurance Portability and Accountability Act (HIPAA), a federal law that along with Florida state law safeguards your privacy rights. HIPAA requires that I obtain your signature acknowledging that I have provided you with this information on the first date of service. Under HIPAA and the APA Ethics Code, I am legally and ethical responsible to provide you with informed consent for psychological assessment.

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from the clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless we have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

**Who am I?** I am Dr. Stacy Carmichael. I completed my undergraduate studies at a small private college in Iowa in 1996. I directly pursued my PhD in Clinical and Health Psychology, with a concentration in Clinical Child Psychology, graduating from the University of Florida in 2003. I completed a one-year residency at Nemours Children's Hospital at Al DuPont Hospital for Children. I am the mother to a special needs child who is now a happy young adult, so I understand many of the challenges you or your families might be facing or have gone through. I truly enjoy conducting comprehensive evaluations of children, adolescents and adults and providing clients with the information necessary to obtain services and direct helpful interventions to ensure future success.

**What will happen when you come in?** I specialize in the assessment and diagnosis of learning, psychological, developmental and neuropsychological or memory disorders. Psychological or neuropsychological assessment involves a comprehensive evaluation of your intellectual, academic, social, personality and emotional functioning, and may include areas such as memory, processing, language and attention. This usually includes an interview with you about your history and current functioning, and testing. Testing involves paper and pencil and hands-on activities, answering questions verbally or by pointing, and/or sometimes using a computer. The evaluation compares your results to other adults your age, often of the same gender, in order to help determine if your functioning is within normal limits or is impaired.

Testing is usually quite time-intensive for the psychologist and requires specialized knowledge, expensive materials and/or technology. This testing may occur over one session (2 to 6 hours) or two sessions (2 to 6 hours) long, maybe longer if necessary. Breaks are provided every hour of testing, or as needed. Please feel free to bring along any snacks that you might want. I provide coffee, tea, water and/or soda.

As we will first talk on the telephone or via email about your concerns before the testing session, I should be able to provide you with an estimate of how much time is required. Our first session will involve a review of relevant history before the initial testing is started and making sure to address your concerns. Then, we test!



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Make sure you have a good night's sleep before the testing and eat breakfast. If you wear glasses or a hearing aid or any other device, make sure to bring it. If you are taking stimulant medication, such as Ritalin, or other medication, check with me and your doctor beforehand about coordinating dosage time with testing, or whether or not to take such medication. If you have previous school testing or psychological testing results, therapy records or relevant medical records, please bring or send the records to me for review. (APA, Division 40.)

**The following assessments could be completed during your evaluation:**

Intellectual functioning	Behavioral functioning	Emotional Functioning	Social Functioning
Mental Status Exam	Achievement testing	Adaptive behaviors	Visual-motor testing
Sensory Processing	Language testing	Neuropsychological testing	
Personality assessment			

**Risks and benefits:** Psychological assessment generally presents a low risk of harm. Most commonly, some anxiety or frustration regarding testing and performance may be present, as difficult tasks might be unpleasant to sit through, or it may be hard to discuss difficult life situations. Usually, people find the activities fun and enjoy demonstrating their skills and knowledge. Another risk for some is that you may not be eligible for accommodations or supports you are hoping you will be eligible for, even with a diagnosis. Insurance companies who release information to medical information databanks may potentially adversely affect access to future coverage for you depending on the diagnosis. It is important that the results of the evaluation are used with sensitivity and discretion to ensure that you are not adversely affected by the use of such information. Benefits typically include a detailed description of your strengths and weaknesses in the areas assessed, specific recommendations for addressing concerns, and assistance with qualifying for special educational or governmental programming and supports.

**Professional Fees and Payment:** Insurance companies often do not authorize payment for psychological testing and/or limit reimbursement for this type of evaluation. A non-refundable deposit fee of \$500 is often required in order to book the appointment and reserve your spot. Any remaining payment that we discussed based on your testing needs is **due on the day of testing** and will cover your clinical interview, psychological testing time, scoring time, report writing time, and communication of written results to you. Reports will not be started until all fees are paid.

Fees for comprehensive evaluations are calculated based on a flat rate for the psychologist's time spent interviewing, administering tests, scoring and interpretation and report writing. I include a feedback session at no extra charge to review the results of the evaluation and discuss recommendations, and I am always available to you for consultation regarding recommendations provided in the report. Total cost for a comprehensive evaluation generally falls between \$1500 - \$2500, and I'll usually give you a flat fee based on estimated testing and time. Any necessary court proceedings, phone consultations or observations would be additional costs and based on the hourly fee.

Payments are generally accepted in the form of cash, check, or major credit cards. Again, payment is due on the day of testing. I can also accept HSA/FSA cards, PayPal, Venmo or Apple Pay. Please make checks payable to the Stacy Carmichael PhD, LLC. All returned checks will incur a \$30.00 returned check fee. Once a check payment has been returned for insufficient funds, payment will only be accepted by a guaranteed form of payment such as cash or a cashier's check. Overdue accounts of more than 60 days may be turned over to collections to obtain payment. When accounts are turned over to collections, your name, date of services, and account balance will be shared. No information related to your evaluation will be revealed.



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You may submit to your insurance company a super bill; however, they then have record of your diagnosis, which will be provided to the Medical Information Bureau.

**Cancellation Policy and Rescheduling Appointments:** A cancellation fee consisting of your full deposit fee will be billed to you for a cancellation that occurs within 24 hours of the scheduled appointment. This time is reserved for you only and you are paying for the psychologist's reserved time. A physician note must be provided in the event of an emergent illness in order to apply the deposit to another reserved time slot. Weekend appointments may be available for a surcharge. Otherwise, appointments are offered Monday through Friday from 9am to 6pm.

**Reports and Records:** My reports are known for being thoughtful, comprehensive and thorough. You want your psychological evaluation to be complete and well conceptualized. This can take some time to score and consolidate results with all other clinical information. Generally, reports are completed and emailed to you with a password encryption (unless you request otherwise for it to be mailed via USPS) within two weeks, but sometimes can take up to four weeks, after the date of your evaluation. You may request a **RUSH REPORT**, which will be completed within 7 days, for a surcharge of \$5. Again, payment is due at the time of the evaluation. You will be provided with a verbal summary of the results of the evaluation immediately after the evaluation, so you will leave the evaluation knowing the likely diagnoses and what you need to do next. It is office policy to retain client data for ten years after the last client contact, via electronic record. Paper records will be shredded after they are scanned into the computer.

**Confidentiality:** The law protects the privacy of communication between a client and a psychologist. In general, what you share is not revealed to anyone else without your written consent regarding release of this report. In order for me to communicate with your physician, I require a written release of information from you that authorizes this communication and/or release of records. However, there are some exceptions, which are for your protection. These include instances in which you report abuse (physical, sexual or emotional) and/or if you are deemed to be an immediate harm to yourself or others. I will not testify in court unless by court order of a judge. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court order would be likely to order me to disclose information. Sometimes information will be shared with collaborating psychologists or health professionals, without identifying information, but this will be noted in your record if this occurs and what other professionals think. If insurance pays you for the evaluation, the company will ask for certain information and at times, they do request a copy of your entire report. This information may be reported to medical information databanks (MIB) and could be used to deny benefits to you in the future, such as health or life insurance for privately underwritten policies. I may have contracts with fax, testing, web hosting and storage companies. As required by HIPAA, I have a business associate contract with these companies, in which they promise to maintain the confidentiality of client information/data except as specifically allowed in the contract or otherwise required by law.

**Contact Information and Emergency Procedures:** Due to my work schedule, I am often not immediately available by phone, if with a client. Please leave a message on my voicemail and the best contact number, and I will attempt to return your call as soon as possible. My small practice does not have 24-hour crisis availability, support staff, or a psychiatrist. In case of an emergency, you may try to call me. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In a situation where serious harm may occur, call 911 or get safe transportation to the nearest hospital emergency room.



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**Client Agreement:** *I acknowledge the receipt of Dr. Stacy Carmichael's Office Policies and Agreement for Psychological Services, and I understand and agree to comply with these policies. I understand that these policies will always be available to me on Dr. Carmichael's website, but that I may always request a hard copy if I am unable to access them. I also acknowledge the receipt of the HIPAA PRIVACY NOTICE for my review. I understand that the HIPAA form will remain available on Dr. Carmichael's website but that I may always request a hard copy if I am unable to access it.*

*I understand that no guarantee or warranty about my psychological evaluation is being offered or implied. I understand that no specific promises have been made to me by about the outcome of the evaluation or the specific diagnoses that will be made. I understand that any of the above information in the Office Policies and Agreement for Psychological Services document can be discussed and may be open to change. If at any time during the assessment process I have questions about any of the subjects discussed in the Office Policies and Agreement for Psychological Services document, I can talk with you about them, and you will do your best to answer them. I understand I have the right to withdraw my consent at any time, for any reason. However, I will make every effort to discuss my concerns about the evaluation with you in advance. I have read and understand the above and hereby agree to participate in a psychological evaluation by Florida licensed psychologist, Dr. Stacy Carmichael.*

Your Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date of signature \_\_\_\_\_