

RIGHTS AND OBLIGATIONS AGREEMENT

The Center for Assessment, Inc. offers educational and/or psychological evaluations. Our professional staff will work collaboratively with each client to meet his or her needs and to provide the best assessment, evaluation and treatment recommendations. Our facility ensures that each client has certain Rights and Obligations outlines below:

Limits on Confidentiality: Disclosure is required by law when there is a reasonable suspicion of child, dependent or elder abuse or neglect. Disclosure is also required where a client presents a danger to self and/or others.

Disclosure may be required pursuant to a legal proceeding. If a client places his or her mental status at issue in litigation, the court may determine that the defense and/or prosecution has the right to subpoena the client's treatment records and/or testimony by his/her clinician.

Emergency Situations: In the event of a mental health emergency, if the client is unable to reach a clinician at The Center for Assessment, Inc., they are asked to call Common Ground Sanctuary at 1-800-231-1127 or go to the nearest hospital Emergency Room.

Telephone Consultations: Clinicians are normally available during office hours and will make every effort to return non-emergency telephone calls on a timely basis. Please remember that each clinician must see regularly scheduled clients and fulfill other professional obligations; therefore, time spent on telephone calls is limited. Matters needing to be addressed that require more than 5 minutes may require an appointment.

Records: Clients have the right to review or to receive a copy of their evaluation and/or a summary of their records at any time except in limited legal or emergency circumstances when the clinician assesses that releasing such information might be harmful in some way. In such an instance, the clinician will provide the records to an appropriate and legitimate mental health professional of the client's choice. If the client wishes to review their records with a clinician, a session will be scheduled for that purpose. Clients are asked to discuss any concerns that they have with their clinicians.

Professional Fees: Clients are expected to pay for services prior to each session unless other arrangements have been made. The initial session (diagnostic interview) lasts approximately 90 minutes and is \$125. After this session, appointments are scheduled at a frequency determined by treatment needs. Each 45- 50 minute session is \$90. If a longer session is necessary, this fee may vary. There is a \$30 returned check fee. You will be expected to pay for each session at the time it is held, unless we agree otherwise. Any bill not paid by the date it is due will be sent to a collection agency.

In addition to therapy appointments, the charge is \$90 per hour for other professional services. Other services include report writing, telephone conversations lasting longer than 5 minutes, attorney consultations and consulting with other professionals (with your permission). If you are involved in legal proceedings that require clinical participation, you will be expected to pay for professional time, including document preparation and court preparation, even if the

clinician is called to testify by another party. The charge for court appearances is \$200 per hour plus travel time.

Insurance: Insurance may be used for therapy services only. Insurance WILL NOT pay for risk assessments. Your bill is based on the services you received. You are responsible for paying the bill if your insurance company does not cover all the costs. What your health insurance covers is based on an agreement between the company, or person who employs you, and the insurance company. You need to contact your insurance company with any questions about what they will cover.

Cancellation and Missed Appointments: Time has been set aside for the client's appointment. A minimum of 24-hours is required for the cancellation of an appointment. A \$50.00 fee will be charged for each late cancellation or missed therapy appointment. A \$150 fee will be charged for a missed assessment appointment. This fee is non-refundable and not subject to chargebacks. This fee may be waived if there are extenuating circumstances.

Complaints and Disputes:

Make sure that you express any dissatisfaction at the soonest opportunity so any problem can be resolved sooner rather than later. Please contact the Center for Assessment, Inc. as soon as possible if you are dissatisfied with the services provided. In most cases, any dispute can be resolved to your satisfaction. Please be prepared to present a factual record of what happened, when, and with whom. A formal complaint must be submitted, in writing, no more than 30 days from the date of service.

Chargeback Abuse Policy:

If you pay by credit/debit card you agree not to file a card chargeback with regard to the purchase without first corresponding with us about the details of your dispute and allowing us reasonable time to investigate and respond to your dispute. With any risk assessment, the results may not be favorable to the individual. If The Center for Assessment, Inc. completes an assessment and the results are not what the individual had hoped for, this is NOT grounds for a chargeback. In the event the client breaches this agreement, upon a resolution in our favor of the chargeback by either the credit card issuing company or the credit card processor, you agree to reimburse us for any costs incurred in researching and responding to the chargeback.

Termination: If the clinician determines that he or she is not effective in helping the client reach their therapeutic goals, the client will be given an appropriate referral. If at any time the client feels that the clinician is not effectively helping them achieve their goals, they may terminate the relationship and an appropriate referral will be made. Failure to abide by the terms of the Rights and Obligations Agreement may result in termination from treatment.

I have received and read this Agreement. I understand my Rights and Obligations and agree to be bound by this Agreement. I further understand that if I fail to abide by the terms of this Agreement, The Center for Assessment, Inc. may terminate our relationship.

I understand that if I fail to cancel an appointment within 24 hours or if I fail to attend a scheduled appointment the charge will be \$50 for a therapy appointment and \$150 for an assessment.

I understand that I may not file a chargeback without first corresponding with you to allow you time to investigate and attempt to resolve your dispute. I further understand that I may not file a chargeback simply because the results of the assessment are unfavorable.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Clinician Signature: _____ Date: _____