Maddisen Espeseth, PsyD, RPT, RSP • Licensed Clinical Psychologist (License Number: PSY32949)
136 South Imperial Highway, Anaheim Hills, CA 92807 • 714-790-4066 • www.drmaddisenespeseth.com

Informed Consent for Psychodiagnostic Assessment for Child Clients

Child (Client) Name:

Today's Date:

This form contains information about the provision of psychotherapeutic services. As a licensed psychologist, I am responsible for adhering to the law and ethical guidelines of various governing bodies including the State of California, the California Board of Psychology, the American Psychological Association, the Association for Play Therapy, and Sandplay Therapists of America. By signing your initials and signature in the designated areas below, you are confirming your understanding and agreement to the provided information.

Professional Background

I am a licensed psychologist under the California Board of Psychology (license number: PSY32949). The acronym listed behind my name, "PsyD," means that I hold a Doctor of Psychology degree. I concentrated in Child and Adolescent Clinical Psychology during my doctoral studies. Additionally, I have a Master of Arts degree in Clinical Psychology (with an emphasis in Child and Adolescent Clinical Psychology) and a Bachelor of Science degree in Health Science.

I am a Registered Play Therapist (RPT), Registered Sandplay Practitioner (RSP), and Certified Internal Family Systems (IFS) Therapist. I am also Phase One trained in the Neurosequential Model of Therapeutics (NMT), certified in Functional Family Therapy (FFT), and Level One trained in Theraplay and Marschak Interaction Method (MIM).

_____(please initial)

Psychodiagnostic Assessment

Psychodiagnostic assessment, sometimes referred to as psychodiagnostic testing, psychological testing, or psychological assessment, involves the administration of standardized, empirically-validated instruments intended to assess psychological domains such as cognitive, neuropsychological, socioemotional, or behavioral functioning. Data collected via both objective (skill/activity-based) and subjective (survey-based) tools is contextualized by information pertaining to a client's present functioning and past history gathered during the initial clinical interview and/or observational phase of testing.

The intent of psychodiagnostic assessment is to assist with identifying the rationale for a client's presenting concerns. Instruments included in a client's testing battery are specific to the initial referral question; therefore, batteries will vary per the client's needs and may fluctuate as testing proceeds.

Once testing is completed, results are scored and interpreted as outlined in a final written report provided to the client's legal guardian(s). This report includes specific

recommendations intended to assist with managing or treating the initial presenting concerns. For instance, if a child qualifies for a Specific Learning Disorder, a primary recommendation would include coordination with the child's school to assist with provision of appropriate academic supports and accommodations.

Given that psychodiagnostic assessment entails a variety of activities (interviewing, testing, scoring, interpretation, report writing, feedback), the process can be somewhat lengthy. Should you have concerns regarding the timeliness of testing, please inform me so that we can work together to address these concerns.

_____(please initial)

Right to Privacy

Your child is entitled to privacy in seeking psychodiagnostic assessment services per the United States Constitution, California Constitution, and California Civil Code. This means that by law, I cannot divulge information regarding your child's services (including his/her role as my client) without your written consent. Some exceptions to privacy are included below. Please see the "Privacy Policy" subsection of the "Notice of Privacy Practices" for an extensive list and explanations of exceptions to privacy.

- Child, Elder, or Dependent Adult Abuse or Neglect
- Danger to Self or Others
- Court Order
- Unpaid Services

_____(please initial)

Coordination of Care

There may be times in which it is helpful for me to collaborate with individuals outside of my immediate relationship with you and your child (for instance, a psychiatrist, physician, academic team, other family members, etc.). In these situations, I will consult with you about the appropriateness of such coordination of care, and with your agreement, gain written consent to involve outside individuals. Should you consent to involve outside individuals in your child's care, you have the right to revoke the authorization at any time.

_____(please initial)

Benefits and Risks

The intent of psychodiagnostic assessment is to assist with identifying the underlying rationale for presenting symptoms. Understanding why your child may be struggling with a particular concern (such as attention or learning difficulties) assists with intervention planning in order to increase your child's access to appropriate services and resources.

Although psychodiagnostic testing is intended to benefit your child, potential risks include uneasiness or distress. For instance, some children fear they are being critiqued or graded, and may experience worry or embarrassment over the course of testing. Similarly, if a diagnosis is revealed by testing results that is considered evocative to a client or parent (such as a child qualifying for Attention-Deficit/Hyperactivity Disorder), distress may similarly result.

Logistically, there is not a guarantee that testing will turn out successfully or definitively clarify the rationale for presenting symptoms. You retain the risk to refuse or cease services at any point. You similarly always have the right to seek alternative services. Psychodiagnostic testing is completely voluntary.

_____(please initial)

Attendance and Cancellation Policy

The typical sequence of testing appointments is as follows:

- Clinical interview(s) (with and/or without the child present depending on factors such as age, rationale for testing, etc.). Clinical interviews typically last between 45 and 90 minutes.
- Usually, 1 to 3 one-on-one testing sessions with the child. Testing sessions typically last between 2 and 4 hours. The number and length of sessions are contingent on considerations such as age, type of testing, the child's capacity to engage for a particular extent of time, etc. During testing sessions, legal guardians are requested to either remain in the waiting room or close proximity to the office in case of emergency or an impromptu need to end the testing session prematurely (such as the child feeling ill). The presence of guardians in the testing room is discouraged given that social cues such as praise can actually sway results. If a child is too weary to engage in testing with me in a one-on-one setting, we will navigate how to proceed in order to reduce this uneasiness.
- Feedback session (with and/or without the child present depending on the same factors taken into consideration during the clinical interview). Feedback sessions are typically 50 to 60 minutes in length.

If you and/or your child are unable to attend an appointment, please inform me at least 48 hours prior to the session to cancel. **If you cancel less than 48 hours prior to an appointment, a $100 cancellation fee will be charged.** The only exception to this cancellation policy is a psychiatric or medical emergency involving hospitalization. If you and/or your child are late to session, we will still end at the expected time.

_____(please initial)

Professional Records

I am required by law to maintain treatment records. I keep these files electronically and

physically stored in a manner compliant with HIPAA federal law. Please see the form, "Notice of Privacy Practices," for more information pertaining to record keeping.

_____(please initial)

Therapist Availability

Please feel free to leave a message at any time on my voicemail. The sole form of electronic communication I utilize is the sending and receipt of survey measures via electronic portals such as Q-Global. The portal is solely used for the transmission of surveys and does not allow client or therapist written messages to be sent back and forth. **I otherwise, do not text message or email. If your child is experiencing a potentially life-threatening emergency, first and foremost, please contact 911 or proceed to the nearest emergency room**. You are welcome to contact me secondarily once the life-threat has been stabilized. For instance, if your child is actively suicidal, call 911 first. Once assessed by county or hospital staff, and/or hospitalized, please then, contact me. I am not a crisis counselor.

_____(please initial)

Unexpected Therapist Absences

I am ethically and professionally-bound to ensure that your child has access to competent care in the event of an unexpected absence on my part due to sickness, accidents, significant family emergencies, etc. Should I be unable to provide services to your child due to such unforeseen circumstances, my colleague, Kylie Han Le, PsyD, licensed psychologist, will be available to assist you. I will provide her with your contact information so that she can offer referrals to other evaluators.

_____(please initial)

Treatment of Children of Separated or Divorced Parents

If your child is a child of separated or divorced parents, please provide me with the most updated copy of the legal decree that outlines custody arrangements. The parent that initiates testing must have sole or joint legal custody of the child.

If legal custody is split, both parents must consent to psychodiagnostic testing. If both parents are not present during the first appointment, services will not proceed until the absent parent has met with me and consented to testing. Each parent will also be offered equal time with me regardless of which parent initiates testing. Information provided by one parent may be shared with the other in order to facilitate the treatment of your child. **Exceptions to dual parental involvement include parents who live out of state, are incarcerated, pose a safety risk, or have a restraining order in place against him/her**. **I am not a custody evaluator or forensic psychologist.** As such, I do **not** make recommendations regarding visitation or custody given that such advice is beyond my

scope of practice. For this reason, I will **not** communicate with attorneys for either parent.

_____(please initial)

Grievances and Questions

As previously noted, I earnestly invite open communication; please inform me of any concerns you or your child may have over the course of treatment. You always have the right to contact the Board of Psychology should you have any questions or complaints regarding the practice of psychodiagnostic assessment.

Board of Psychology
1625 North Market Boulevard, Suite N-215
Sacramento, CA 95834
866) 503-3221
www.psychboard.ca.gov
bopmail@dca.ca.gov

_____(please initial)

Boundaries of Competence

At this time, I offer psychodiagnostic testing to assist with differential diagnosis. I presently test for:

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Autism
- Specific Learning Disorder
- Intellectual Developmental Disorder
- Language Disorder

If additional assessment is needed (such as a speech evaluation), I will explicitly clarify this in the recommendation section. The intent is that your child profits from testing irrespective of whether or not a diagnosis can be identified.

Although I often integrate neuropsychological instruments in my assessment batteries, I am not a board certified neuropsychologist. However, I have previously trained under the supervision of a board certified neuropsychologist. I am familiar with the administration and interpretation of neuropsychological instruments, and am qualified to utilize such assessment tools as a licensed psychologist given past educational and clinical training.

Similarly, although I am qualified as a licensed psychologist to test for communication disorders, I am not a speech-language pathologist or speech therapist. Should your child qualify for a communication disorder, one of the recommendations will include a referral for a speech therapy evaluation.

If your child is abusing substances and appears to demonstrate a severe addiction, I will refer him/her out for drug rehabilitation services, and discharge given that drug abuse typically obstructs identification of appropriate diagnosis. When a child is actively using, testing results tend to be inaccurate beyond the provision of a drug or alcohol-related diagnosis.

Should your child or someone in relation to your child ever threaten or endanger my well-being, it is also considered ethically permissible for me to immediately terminate services.

_____(please initial)

Confidentiality

"Confidentiality" refers to a client's right to communication bound by the professional relationship between client and evaluator. As a licensed psychologist, I am obligated to maintain confidentiality for both legal and ethical reasons. Therefore, I do not have the right to share personal, **non**-life-threatening information that your child may privately disclose to me, such as drug or alcohol non-addictive experimentation, legally non-abusive sexual behavior, sexual or gender identity concerns, non-suicidal self-harm that does not pose an eminent physical danger, truancy, or delinquency. If your child objects to inclusion of such information in his/her testing report, I will honor that request but likely still include recommendations that indirectly address this concern; for instance, if a child is struggling to disclose his/her sexual orientation to a parent due to fear of the parent’s judgement, I may advise family psychotherapy as a recommendation.

Should your child allegedly experience any form of abuse or neglect, pose danger to his/herself or others, or be at risk of immediate physical harm, confidentiality no longer applies, and I am therefore, mandated to coordinate care with the necessary entities. If your child is abusing substances and appears to demonstrate a severe addiction, I will refer him/her out for drug rehabilitation services, and discharge given that drug abuse typically obstructs identification of appropriate diagnosis. When a child is actively using, testing results tend to be inaccurate beyond the provision of a drug or alcohol-related diagnosis.

Maintenance of your child's confidentiality may understandably, lead to uneasiness on your part. Ideally, if your child is engaging in risky behaviors, he/she and I can navigate how to effectively involve you in the reduction of such behaviors. Please know that I am legally, ethically, and morally obligated to uphold your child's safety as a priority. I welcome you to ask questions or share any concerns regarding your child's right to confidentiality.

_____(please initial)

Drug and Alcohol Use

If your child appears to session under the influence of drugs or alcohol, the appointment will be prematurely terminated. Psychodiagnostic testing is not effective if a client is intoxicated in session. If your child appears to session intoxicated on multiple occasions, I will refer him/her out for drug rehabilitation services and discharge.

_____(please initial)

Corona Virus

You understand that by meeting face-to-face, you are assuming the risk of exposure to COVID-19 for you and your child. When meeting in-person, you are agreeing to comply with the following precautions:

- If you and/or your child have tested positive for COVID-19 in the last fourteen days, you will **immediately** inform me and cancel your in-person appointment.
- If you and/or your child have been experiencing COVID-19 symptoms (such as fever, shortness of breath, etc.) in the last fourteen days, you will cancel your in-person appointment.
- If you and/or your child have been in contact with someone with COVID-19 or have traveled in the last fourteen days, you will cancel your in-person appointment.
- You and your child will follow social distancing and mask-wearing recommendations as needed.
- You and your child will follow self-hygiene recommendations (such as regular hand washing, avoidance of touching face or eyes with dirty hands, etc.).

If you or your child have tested positive for COVID-19 or are actively demonstrating symptoms in the last fourteen days, and still come in for a face-to-face appointment, I will require you and/or your child to leave the office immediately and will charge the cancellation fee. If you and/or your child contract COVID-19 less than 48 hours prior to an appointment, please inform me immediately; I will not charge the cancellation fee in such instances.

_____(please initial)

Accommodations

My office is located on the second floor of 136 South Imperial Highway, Anaheim, CA 92807. Unfortunately, the business building does not have an elevator. If you and/or your child are unable to walk upstairs, please inform me and we will collaborate in identifying a suitable meeting place other than my office.

_____(please initial)

By initialing below, you are confirming that you have been provided the opportunity to ask questions. This authorization remains in effect until revoked by you.

_____(please initial)

Your signature below denotes that you have read, understand, and agree with all of the information provided above. Your signature indicates that you are providing consent for your child to participate in psychodiagnostic testing.

Parent/Legal Guardian Signature	Printed Name	Date

Client Signature	Printed Name	Date

Maddisen Espeseth, PsyD		Date

Notice of Privacy Practices for Child Clients

Child (Client) Name:

Today's Date:

I am legally and ethically obligated to maintain a treatment record of care and services provided to clients. The following is written in accordance with Health Insurance Portability and Accountability Act (HIPAA) federal law in conjunction with the United States Constitution, California state law, and the American Psychological Association ethical guidelines. This form explains how your protected health information (PHI) can be utilized or disclosed. ("Protected health information" refers to information pertaining to a client's mental health condition, provision of services, and payments.) This form also includes information about how to access your PHI. Please review the following carefully.

Client Privacy-Related Rights

- Right of Notice
  You are to be provided with a written and electronic copy of this form ("Notice of Privacy Practices"). Should you like another copy at any point in the future, please inform me and I will provide one accordingly.
- Right to Request Restrictions
  You and your child have the right to request restrictions to the use and disclosure of PHI. I am obligated to meet these requests when considered reasonable.
- Right to Receive Confidential Communications
  You have the right to request that bills be mailed to an address other than your home address. You may also request that I not contact your home phone.
- Right to Access Records
  California law requires that treatment records be maintained over the entire extent of active treatment in addition to at least seven years from the date a minor turns 18-years-old. Per the American Psychological Association record-keeping standards, records must be maintained for seven years past the last date of service delivery, or three years after the minor reaches the age of the majority (whichever is later). According to California law, you have the right to inspect treatment records within five days after I receive a written request from you. I must provide you with copies of treatment records within fifteen days after I have received a written request from you per California law. Records cannot be withheld due to unpaid bills per California law. I charge $0.20 per page when providing copies. HIPAA denotes that clients do **not** have the right to inspect or obtain copies of psychotherapy notes. California law permits me to offer you a treatment summary, which is to be completed within ten days of the offer being accepted by you. Should extenuating circumstances exist, you will be informed and the summary will be delivered within

thirty days. **Access to records can be denied if your child is legally authorized to obtain treatment by his or herself, or if I determine that access may result in adverse or detrimental effects on the client-therapist relationship or your child's physical/emotional well-being**. If a court order mandates the release of records, or you provide written consent to authorize the release of records to the California Board of Psychology, I will provide records within fifteen days.

- Right of Amendment

  You have the right to request amendments to PHI. This request can be denied if I determine that the alteration would make the PHI less accurate. Regardless, a record can never be expunged.

- Right of Accounting

  You have the right to receive a list of all PHI disclosures within the past six years. This list must include information pertaining to the date of disclosure, whom the information was disclosed to, and a description of what information was disclosed as well as the rationale. Your written authorization may be utilized instead of such accounting procedure.

- Right to Revoke Written Authorizations

  You have the right to revoke written authorizations at anytime. The authorization will cease to be effective on the date of notification except to the extent action has already been taken in reliance upon it. The revocation will be honored unless contact with a third party is considered an exception to privacy or privilege (such as child abuse, danger to self or other, etc.).

- Right to Hold Privilege

  "Privilege" refers to a client's right to maintain confidential communications from being disclosed in a legal proceeding. A client is typically the holder of privilege, and may therefore, claim privilege during legal proceedings. However, if a client lacks legal capacity (such as a non-emancipated or non-self-sufficient minor), the guardian or conservator is the holder of privilege. In the event that a client dies, the client's personal representative is the holder of privilege. Regardless of who may be the holder of privilege, he/she has the right to authorize any person to similarly claim privilege.

- Minor Welfare

  I am ethically and legally obligated to protect your child's rights and welfare even when consent from a legal guardian is not mandated (such as child abuse reporting) or not permitted by law (such as with emancipated minors).

- Emancipated Minor Rights

  If your child is an emancipated minor, he/she is treated as an adult with regard to confidentiality, privilege, and consent to treatment.

- Right to File a Complaint

  You and your child have the right to contact the California Board of Psychology at anytime to ask questions or file grievances.

Board of Psychology
1625 North Market Boulevard, Suite N-215
Sacramento, CA 95834
866) 503-3221
www.psychboard.ca.gov
bopmail@dca.ca.gov

Privacy Policy

Your child is entitled to privacy in seeking psychotherapeutic services per the United States Constitution, California Constitution, and California Civil Code. This means that by law, I cannot divulge information regarding your child's treatment (including his/her role as my client) without your written consent. Some exceptions to privacy include:

- Child, Elder, or Dependent Adult Abuse or Neglect

  I am a mandated reporter and am therefore, required by law, to report child abuse or neglect to a county welfare department (like Orange County Child Protective Services) or a peace officer. I am similarly mandated to report elder or dependent adult abuse or neglect to a county welfare department (like Orange County Adult Protective Services), law enforcement, a local ombudsman, or a state investigator depending on the adult's place of residency. I am ethically obligated to keep your child's privacy a priority even when filing a report; this means that when filing a report, I only disclose information **directly relevant and limited** to the abuse or neglect and completion of the report. Should I need to file a report, I will attempt to involve you in the process when possible.
- Danger to Self or Others

  I am a mandated reporter and am therefore, required by law, to report to a peace officer, mobile crisis team member, or county-designated professional when a client is considered a danger to his/her self or others. I am ethically obligated to keep your child's privacy a priority even when filing a report; this means that when filing a report, I only disclose information **directly relevant and limited** to the eminent danger to your child or others, and completion of the report. Should I need to file a report, I will attempt to involve you in the process when possible.
- Treatment Emergencies

  If your child is involved in a situation that puts him/her at risk of immediate physical harm and I am contacted by his/her treating health care provider, I am obligated to disclose information in order to ensure your child's safety. For instance, if your child is hospitalized for psychiatric reasons and I am contacted by a hospital staff member, I will only disclose information **directly relevant and limited** to your child's immediate care (such as my role as your child's therapist, session attendance consistency, etc.). I am ethically obligated to keep your privacy a priority even when coordinating care. When possible, I will inform you of this coordination of care and involve you in the process.

- Court Order

  If ordered by a court to release records (as with a subpoena), I am legally obligated to respond. If I am required to appear in court, I will assert privilege on your child's behalf. ("Privilege" refers to a client's right to maintain confidential communications from being disclosed in a legal proceeding.) However, should the judge determine that the requested information is an exception to privilege, I must comply with the court order and release the required information. In extreme circumstances, this may involve disclosure of your child's entire clinical record.
- Civil or Criminal Wrongdoing

  Privilege no longer exists should a client seek psychotherapeutic services to assist with committing a crime, or avoiding detection or apprehension of an already committed crime. I am obligated to contact law enforcement in such situations.
- Unpaid Services

  If you have an unpaid balance for services rendered, I will first attempt to contact you to ideally, resolve the issue with you directly. However, if you are unresponsive to these efforts, I will utilize the services of a collection agency. I am ethically obligated to keep your child's privacy a priority when contacting a collection agency; this means that I only disclose information **directly relevant and limited** to unpaid services (such as your name, balance owed, etc.).
- Electronic Communications

  Please be aware that cell phone and telehealth communications can be intercepted and that confidentiality is therefore, not guaranteed. The sole form of electronic communication I utilize is the sending (to your email) and receipt of survey measures via electronic portals such as Q-Global. The portal is solely used for the transmission of surveys and does not allow client or therapist written messages to be sent back and forth. **I otherwise, I do not text message or email**. I similarly do not interact with clients via social media.
- Consultation and Supervision

  I am ethically obligated to seek consultation and supervision as necessary per a client's treatment needs. I am also personally in the midst of a number of certifications that similarly require professional consultation and supervision. When consulting or seeking supervision, I only disclose information **directly relevant and limited** to the consultation or supervision needs.
- Quality of Care Review

  Per California law, confidential information can be disclosed without your consent for the purpose of quality of care review (such as audits or investigations). If a professional standards review organization requires a review of my competence, qualifications, or health care services, your child's PHI may be disclosed according to the California Civil Code.

- Crimes Involving a Hospitalized Patient
  Per the Welfare and Institutions Code, I am obligated to report to law enforcement if your child is hospitalized and has committed a serious crime (such as murder). I am similarly mandated to report to law enforcement if your child is hospitalized and has been victim to a serious crime (such as rape). I only disclose information **directly relevant and limited** to the crime involvement and completion of the report.
- Mental or Emotional Health-Related Legal Claims
  If your child claims mental or emotional suffering in a legal proceeding, privilege no longer exists.
- Legal Dispute Involving a Deceased Person
  Privilege does not exist if PHI is needed to settle a legal dispute involving a deceased client's interests, deed, or will.
- Malpractice Suit
  If you initiate a malpractice suit against me, privilege no longer exists. Legally, I have the right to utilize treatment records to defend myself.

Written Authorization

There may be times in which it is helpful for me to collaborate with individuals outside of my immediate relationship with you and your child (for instance, a psychiatrist, physician, academic team, other family members, etc.). In these situations, I will consult with you about the appropriateness of such coordination of care, and with your agreement, gain written consent to involve outside individuals. If collaborating with a third party, I only disclose information **directly relevant and limited** to the rationale for coordination of care (which again, you and I determine together beforehand).
Should you consent to involve outside individuals in your care, you have the right to revoke the authorization at anytime.

My Responsibilities

I am obligated by state and federal law to maintain the privacy and security of your child's PHI. Information pertaining to my privacy policy is listed above. With regard to the security of your child's PHI, I am required by HIPAA to lock physical treatment documents in an office filing cabinet, safeguard electronic records with passwords and firewalls, and encrypt emails that involve PHI. In the event that a breach occurs that compromises the privacy or security of your child's PHI, I will immediately inform you and take necessary measures on my part to attempt to resolve the situation.

I will never use or disclose your child's PHI for marketing purposes. Similarly, it is illegal for me to sell your child's PHI in the regular course of business. I am legally and ethically required to follow the terms of this notice that is currently in effect as of November 1st, 2021. Should the terms of this notice change in the future, the update will apply to all PHI in your child's record, and a revised notice will be provided to you.

For further information pertaining to the HIPAA Privacy Rule, please defer to:

United States Department of Health and Human Services: Office for Civil Rights
200 Independence Avenue
Washington, D.C. 20201
800) 368-1019
www.hhs.gov
OCRMail@hhs.gov

By signing below, you are confirming that you have read, understood, and agree with the information included in this form.

Parent/Legal Guardian Signature	Printed Name	Date
Client Signature	Printed Name	Date
Maddisen Espeseth, PsyD		Date

Acknowledgement of Receipt of Notice of Privacy Practices for Child Clients

Child (Client) Name:

Today's Date:

You child is entitled to certain rights pertaining to the use and disclosure of his/her protected health information (PHI) as outlined by the Health Insurance Portability and Accountability Act (HIPAA). By signing below, you are acknowledging and confirming your receipt of a "Notice of Privacy Practices" form. Please feel free to request another copy of the "Notice of Privacy Practices" form at anytime in the future. For further information pertaining to the HIPAA Privacy Rule, please defer to:

United States Department of Health and Human Services: Office for Civil Rights
200 Independence Avenue
Washington, D.C. 20201
800) 368-1019
www.hhs.gov
OCRMail@hhs.gov

Parent/Legal Guardian Signature	Printed Name	Date

Client Signature	Printed Name	Date

Maddisen Espeseth, PsyD		Date

Safety Agreement for Child Clients

Child (Client) Name:

Today's Date:

In the event that your child is experiencing suicidal ideation, homicidal ideation, or symptoms (such as command hallucinations or severe self-harm) that endanger the life or physical safety of your child or another, please call 911 or proceed to the closest emergency room. Please contact me secondarily once the life-threat has been stabilized. Removal of access to sharps (knives, blades, etc.), over-the-counter/prescribed medications (Advil, Tylenol, etc.), poisonous household products (bleach, antifreeze, ammonia, etc.), recreational drugs/alcohol, and firearms/weapons is advised. Ongoing monitoring and supervision are similarly advised.

Please see below for a list of safety and crisis-related resources:

- National Suicide Prevention Lifeline (24-7 Availability; Call)
  800-273-8255 (English and Spanish Crisis Counselors)
  877-727-4747 (Korean Crisis Counselors)
  877-272-4747 (Request Multilanguage Line for Other Language Crisis Counselors)
- Orange County Warmline (24-7 Availability; **Text** or Call)
  714-991-6412 (English Crisis Counselors)
- Didi Hirsch Suicide Prevention (24-7 Availability; **Text**)
  839863 (Text: "HEARME") (English Crisis Counselors)
- Orange County Centralized Assessment Team (24-7 Availability; Call)
  866-830-6011 (English, Spanish, Vietnamese, Korean, Cambodian, and Arabic Crisis Evaluators)

By signing below, you are confirming that you have read, understood, and agree with the information included in this form.

Parent/Legal Guardian Signature	Printed Name	Date

Client Signature	Printed Name	Date

Maddisen Espeseth, PsyD		Date

Payment Information for Psychodiagnostic Assessment for Child Clients

Child (Client) Name:

Child (Client) Date of Birth:

Today's Date:

Intake (First Billed Service) Date:

Fees for Services

The total cost of psychodiagnostic assessment is charged at the time of the first appointment as a single payment. This flat fee includes the provision of (an) initial clinical interview(s), possible classroom observation or consultation with third parties such as teachers as needed, administration of testing instruments, scoring and interpretation of testing results, report writing, and provision of (a) feedback session(s) in which a physical copy of the report is given to the legal guardian(s). At this time, I offer testing services to assess for Attention-Deficit/Hyperactivity Disorder (ADHD), Autism, Specific Learning Disorder, Intellectual Developmental Disorder, and Language Disorder.

Psychodiagnostic testing to assist with the rule-out of 1 diagnosis:
- $3,500

Psychodiagnostic testing to assist with the rule-out of 2 diagnoses:
- $4,000

Psychodiagnostic testing to assist with the rule-out of 3 or more diagnoses:
- $4,500

Provision of copies of the test report to legal guardians or authorized third parties:
- $0

Preparation of documentation supplemental to the actual testing report (such as letters or summaries) unassociated with court-related matters:
- $200 per hour

Participation in activities related to court matters (phone consultations, written material preparation, responding to court orders, etc.):
- $500 per hour

Court Appearance:
- $3,000 per day

Attendance Policy, Premature Termination, and Missed Feedback Sessions

A cancellation fee of $100 is charged if you notify me of a cancellation for any scheduled appointment less than 48 hours prior to the appointment time. Because the total cost of assessment is collected at the initial appointment, premature termination mid-testing does not result in a refund. Should testing prematurely terminate, I will still create a report based on information collected; however, it is highly unlikely that this

report will include a diagnosis or answer to the referral question due to incomplete data collection.

The only exception to being charged the full assessment fee is if solely the clinical interview has been conducted and actual testing has not yet occurred. If you participate in the initial clinical interview and decide not to move forward with actual testing, the cost of the single appointment is $300.

If you miss your feedback session, I will make an effort to reach out to you to reschedule. If you reschedule and similarly miss the second offered feedback session, I will only offer one final (the third) feedback session. Non-attendance of the feedback session does not result in a refund.

Unexpected Test Results

If testing results reveal a diagnosis or concern that is considered evocative to you and/or your child, payment is not refunded. For instance, if a child is tested for Attention-Deficit/Hyperactivity Disorder (ADHD) and results indicate that the child does not qualify for this diagnosis but instead is demonstrating symptoms of anxiety, the testing fee is not reimbursed.

Similarly, because I do not have assessment instruments to definitely diagnose particular conditions, testing reports and feedback that do not provide a clarifying diagnosis, and/or recommendations for supplemental testing with an outside provider do not result in a refund.

No Surprises and Good Faith Estimate Acts

You are protected from surprise billing under the No Surprises Act if paying via insurance. You are never required to receive out-of-network services and have the right to seek alternative mental health services outside of this practice and within your insurance network should you see fit. Seeking psychodiagnostic testing with me is completely voluntary on your part.

When paying for services out-of-pocket, you have the right to receive a good faith estimate outlining the anticipated cost of care. A good faith estimate is not a contract and does not require you to obtain the services listed in the estimate. This initial estimate does not include unknown or unexpected costs that may arise during the provision of services which means that you could be charged more if complications or special circumstances occur; however, you will be informed of all charges before being billed. (No charges will occur by surprise.) You have the right to dispute a claim should you receive a bill that exceeds your good faith estimate by at least $400. I encourage you to contact me directly in order to identify a dispute resolution. Nonetheless, you have the right to contact the United States Department of Health and Human Services (HHS) if you see fit. If seeking the dispute process assistance of HHS, you must contact HHS within 120 calendar days of the original bill date and will be charged $25 by HHS. Should you seek dispute

resolution with either me or HHS, your health care services will not be adversely affected.

United States Department of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201
877) 696-6775
www.cms.gov/nosurprises
OCRMail@hhs.gov

Please see the following Current Procedural Terminology (CPT) service codes utilized by this practice.

- 90791 Clinical Interview and Classroom Observation
- 96136 Test Administration (First 30 Minutes)
- 96137 Test Administration (Proceeding 30 Minute Intervals)
- 96146 Computerized Test Administration
- 96130 Scoring, Interpretation, Report Writing, and Feedback (First 60 Minutes)
- 96131 Scoring, Interpretation, Report Writing, and Feedback (Proceeding 60 Minute Intervals)
- 90887 Case Management
  Non-Court Related Documentation Preparation
  Court Related Activities

International Classification of Diseases, Tenth Edition (ICD-10) Diagnostic Code:

I am required by law to include the following identifying information as part of your good faith estimate.

- Provider Name: Maddisen Espeseth, PsyD
- National Provider Identifier (NPI): 1134592140
- Tax Identification Number (TIN):87-3355446
- Office Location Where Services Are Expected to be Rendered: 136 South Imperial Highway, Anaheim Hills, CA 92807

Please see your good faith estimate for psychodiagnostic testing as a single service (excluding supplemental services such as letter or summary preparation):

- $3,500 (1 diagnostic rule-out)
- $4,000 (2 diagnostic rule-outs)
- $4,500 (3 or more diagnostic rule-outs)

The above estimate is only an estimate and may differ from actual costs should unexpected circumstances arise.

Forms of Payment

I solely accept check or cash payment. I do not accept credit card payment for psychodiagnostic assessment at this time.

- **If paying by check:**

    - Please address the check to: MDE Psychological Services, Inc.
    - Should your check bounce, an additional clerical fee of $50 will be added to the original check balance.

Billing Address

Should there be a need to provide a summary of billed services, am I permitted to send billing information to your home address (please circle)?

Yes No

If no, please include the address you would like me to send billing information to below:

_____

Superbills

As noted above, I directly bill clients. Per request, I offer superbills (itemized summaries of billed services provided to you through this practice) that you can submit to your insurance for possible reimbursement. I am not contracted with any insurance panels and therefore, do not directly bill any panels. It is your responsibility to submit superbills to your insurance panel as you see fit. There is no guarantee of reimbursement/coverage. For instance, it is my understanding that insurance does not offer reimbursement for Specific Learning Disorder (SLD) testing. You always have the right to directly contact your insurance panel to inquire if they accept out-of-network provider services/superbills in order to clarify if and how much your insurance is willing to reimburse.

Unpaid Services

I will utilize the services of a collection agency in the event that you have an unpaid balance for services rendered **and** are unresponsive to my attempts to contact you to resolve the issue.

By signing below, you are confirming that you have read, understand, and agree with the information included in this form.

_____

Parent/Legal Guardian Signature Printed Name Date

_____

Maddisen Espeseth, PsyD Date

Video/Audio Recording Consent for Child Clients

Child (Client) Name:

Today's Date:

I, _____(legal guardian's name) certify that I am the legal guardian of _____(child's name), and thereby, permit the use of videotaping and/or audio recording during the provision of psychotherapeutic services by Dr. Maddisen Espeseth.

I am aware that the video and audio recordings are to be utilized for scoring, training, and teaching purposes, and will destroyed by Dr. Espeseth once no longer needed for such purposes. I have been informed that the video and audio recordings are considered protected health information (PHI) and shall be treated as such with regard to privacy and security. Accordingly, PHI will not be shared outside of the context of professional scoring, training, and teaching relationships, and the tapes will be stored in a secure location inaccessible to the public.

By signing below, you are confirming that you have read, understand, and agree with the information included in this form.

Parent/Legal Guardian Signature	Printed Name	Date

Client Signature	Printed Name	Date

Maddisen Espeseth, PsyD		Date