# Prestige Evaluation and Consulting Services, LLC

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Phone: 214-274-9386; Fax: 214-473-4246

# **Informed Consent and Business Practices**

Daralyn A. Plains, Ph.D., of *Prestige Evaluation and Consulting Services, LLC*, is licensed as a Licensed Psychologist and Licensed Specialist in School Psychology (LSSP) in the state of Texas. As a Licensed Psychologist, Dr. Plains may assess, evaluate, and treat mental, emotional, cognitive, learning, and/or behavioral disorders that interfere with mental health, educational growth and development, and the social and emotional functioning of individuals at all stages of life. Her licensure as a Licensed Specialist in School Psychology allows her to provide these same services in the public school system.

Dr. Plains obtained her Bachelor's Degree in Psychology from Grambling State University, followed by a Master's Degree in Clinical/Counseling Psychology from Southern Methodist University. She then obtained a Ph.D. in School Psychology from Texas Woman's University with an emphasis in Neuropsychology. Dr. Plains has extensive experience in providing consultation services and conducting psychological and psychoeducational evaluations in the educational system as well as in the private sector.

# **Nature of Services**

#### Consultation

• In the instance that previous psychological or psychoeducational evaluations have been conducted in the private sector or public school system, guidance can be provided with regard to the next steps, recommendations, second opinions, and insight into what can reasonably be expected to be implemented in the school setting. Consultation regarding Behavior Intervention Plans (BIPs), Individual Education Plans (IEPs), and any other service, program, or personal concern you may have relating to the educational and emotional/behavioral growth and development of your child can be addressed.

## School Readiness Assessments

A targeted assessment for children ranging from 4 to 6 years of age is offered in an effort to assist parents
with obtaining information related to their child's readiness for entrance into Kindergarten or 1st grade.
Depending upon parent concerns, assessment observations, and additional information provided,
recommendations for a trans-disciplinary evaluation or additional testing may be made.

#### Psychoeducational Evaluations (including Dyslexia)

 A Psychoeducational Evaluation seeks to identify specific learning competencies in the areas of reading, written language, and math. The impact of social and emotional factors is taken into consideration and may lead to a recommendation for additional assessment or alteration of the initial assessment plan. The assessment plan is individualized and dependent upon the presenting concerns.

### Attention Deficit Hyperactivity Disorder (ADHD) Evaluations

This evaluation involves the assessment of an individual's ability to sustain mental energy and mental
effort, executive functioning, and the individual's ability to focus and maintain a developmentally
appropriate activity level in school and non-academic activities. Information regarding attentional
functioning at home and in the educational or work environment will be gathered in addition to the battery
of assessment instruments administered.

#### Psychological Evaluation for disturbances in mood and behavior

• These evaluations will be based upon the presenting concern and will seek to identify whether or not an individual has challenges related to anxiety, depression, impulse control, and other conditions manifesting in disturbances of mood and behavior, including Autism Spectrum Disorder.

## Preoperative Psychological Evaluation

• The purpose of a preoperative evaluation is to provide the client and the client's surgical treatment team with information which will assist with anticipating and preparing for the potential challenges associated with significant behavioral and lifestyle changes that are required post-surgery. Emotional and behavioral factors and conditions which may be contraindicative of surgery are identified, and recommendations to

address these factors and conditions are provided. Preoperative evaluations are most frequently requested by the surgical staff.

Entrance Examinations and Accommodations

• Evaluations are conducted to provide supporting documentation for the justification of accommodations on entrance examinations for private schools and colleges. Evaluations to support the presence of a disability and/or need for accommodations in college are also conducted.

## Counseling Services

• The implementation and evaluation of treatment plans which may include interventions such as counseling, consulting, assessment, and referral.

# **Confidentiality**

According to the law and ethics code, what you and your child discuss with employees of *Prestige Evaluation and Consulting Services*, *LLC* is not shared with anyone else without your written permission. However, there are several exceptions, which are designed for your protection and safety. These exceptions include:

- If you or your child is a victim of child abuse, or if you or your child divulges information about such abuse, employees of *Prestige Evaluation and Consulting Services*, *LLC* are required by law to report this to the appropriate authorities.
- If you or your child is a victim or perpetrator of elder or dependent adult abuse, or if you or your child divulges information about such abuse, employees of *Prestige Evaluation and Consulting Services*, *LLC* are required by law to report this to Adult Protective Services or other appropriate authorities.
- If you or your child threatens harm to yourself, someone else, or the property of others, employees of *Prestige Evaluation and Consulting Services*, *LLC* may be required to notify the police and potential victim(s), or take other reasonable steps to prevent the threatened harm.
- If ordered by the court, *Prestige Evaluation and Consulting Services*, *LLC* may have to testify or release your records.
- Consultation may be sought with another professional from time to time, but without identification of the patient whose case is the subject of consultation. Prestige Evaluation and Consulting Services, LLC rely on certain persons or entities, who are not employees of Prestige Evaluation and Consulting Services, LLC, to provide services on behalf of the company. These persons or entities may include accountants, lawyers, billing services, and collection agencies. When these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be business associates of Prestige Evaluation and Consulting Services, LLC.

Except for the specific situations listed above, you must provide signed permission before *Prestige Evaluation and Consulting Services*, *LLC* can share information with anyone about any aspect of evaluation or consultation services provided to you. In this situation, you will be required to complete a "Consent for Release of Confidential Information" form in order to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission.

If you have any questions regarding confidentiality, you should bring them to Dr. Plains' attention before signing this consent form. By signing this consent form, you are giving your consent to *Prestige Evaluation and Consulting Services*, *LLC* to share confidential information with all persons mandated by law and you are releasing and holding harmless Dr. Plains and *Prestige Evaluation and Consulting Services*, *LLC* from any liability that may result.

Please also note that in the case of separation or divorce, assuming joint custody, information is not intentionally withheld from the other parent. Information collected will be shared with both parents.

#### **Minors and Parents**

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless Dr. Plains of *Prestige Evaluation and Consulting Services, LLC* believe that doing so would endanger the child or we agree otherwise. Because privacy in psychological and psychoeducational evaluations is often crucial to the evaluation of conditions related to disturbances in mood and behavior, particularly with teenagers, it is the practice of *Prestige Evaluation and Consulting Services, LLC* to only share responses or comments that are noteworthy or are indicative of concerns relating to the health, safety and wellbeing of the child.

# Communication

By checking-off the items listed below and signing this form, you consent to allow *Prestige Evaluation and Consulting Services*, *LLC* to communicate with you using these methods:

☐ Home Address	☐ Home Phone	
Personal Cell Phone	☐ Personal E-mail Address	
If Client is a Minor:		
☐ Mother's Cell Phone	☐ Mother's E-mail Address	
☐ Father's Cell Phone	☐ Father's E-mail Address	
Other:		

By signing this form, you agree to immediately advise *Prestige Evaluation and Consulting Services*, *LLC*, in writing, in the event of any changes in this information.

# **Record Keeping**

**Prestige Evaluation and Consulting Services, LLC** is required to maintain records for a period of seven years after the date of your last session. These records include service dates, case notes, correspondences, progress reports, if applicable, and billing information.

### Charges

If you are a parent seeking testing for your child, please be aware that you have the right to request testing at no charge through your child's local public school district. An evaluation performed outside of the school district will be considered by school personnel, but automatic acceptance of the findings and recommendations by school district personnel is not guaranteed.

The current rate for services provided is \$200.00/hour. This amount is charged for all professional services you may need. Some of the services provided include evaluations, report writing, counseling services, consultation, telephone conversations lasting longer than ten minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request. Should any forms (i.e.- disability forms, accommodations requests, etc.) need to be completed, or letters written, by Dr. Plains, a flat fee of \$50 will be assessed as compensation for the time involved in completing and producing the requested documents.

Payment for services can be made in two installations. For all evaluations, 50% of the estimated cost of services is due at the conclusion of the initial meeting, and the remainder is due at the final meeting when the evaluation findings/report is presented. **Evaluation reports will not be released until the client's out of pocket responsibility has been paid in full.** Additionally, in situations where a minor child's parents are separated or divorced, the parent who brings the child in for testing is responsible for payment of services. The parent not in attendance *will not* be billed separately by the office. Once the evaluation process has been completed, a detailed receipt can be provided for use in efforts to seek reimbursement from the parent who was not in attendance.

Cash, Checks, Visa, or MasterCard are accepted forms of payment. **Effective February 1, 2017, there will be a 3% Service Charge fee for use of credit cards.** Should a check be returned for insufficient funds, <u>a returned check fee</u> of \$40.00 will be billed.

If your account has not been paid at the agreed upon time, *Prestige Evaluation and Consulting Services*, *LLC* has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

#### **Insurance Reimbursement**

Dr. Plains is an In-Network Provider with Blue Cross Blue Shield (BCBS), Aetna, United/UMR and Cigna PPO plans and will be considered an Out-Of-Network Provider for all other insurance plans. Claims for BCBS, Aetna, United/UMR and Cigna will be filed on your behalf. For all other insurance plans, a detailed receipt can be provided for your use when seeking reimbursement.

When an insurance company (Blue Cross Blue Shield, Aetna, United/UMR or Cigna) has denied a claim, the family will owe the contract rate the insurance company would have paid if approved. By signing this consent form, you acknowledge the understanding that you are solely responsible for any and all fees resulting from services provided by *Prestige Evaluation and Consulting Services*, *LLC*.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, Dr. Plains will provide you with whatever information she can based on her experience and will do her best to help you in understanding the information you receive from your insurance company.

Health insurance companies are usually willing to verify in advance whether neuropsychological, psychoeducational, or psychological testing is a covered benefit under the terms of your health insurance policy. However, it is important to note that a verification of benefits is not a guarantee of reimbursement or payment by your insurance company. There are times when an insurance company may choose to not issue payment for services that were already provided, even if they initially stated that such services would be covered under your plan. While Dr. Plains will do all that she can to obtain payment from your insurance provider, you will ultimately be responsible for payment of services rendered should these efforts prove unsuccessful. It is important to know that testing for educational purposes (i.e. - testing solely for a learning disability or dyslexia) and achievement testing are not covered by the vast majority of insurance plans or are considered medically necessary for insurance purposes. In this instance, the client will be responsible for payment of the educational testing/portion of the evaluation not deemed medically necessary for insurance purposes. The fees for educational testing are due at the time services are rendered, as services which are not considered medically necessary will not be billed to the insurance company.

You should also be aware that most insurance companies require you to authorize Dr. Plains to provide them with a clinical diagnosis. Sometimes Dr. Plains has to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such files confidential, Dr. Plains has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. You will be provided with a copy of any report submitted, if you request it. By signing this Agreement, you agree that Dr. Plains can provide requested information to your carrier. Even if you choose to use your insurance benefits, you are still financially responsible for charges not covered by a third-party payer. It is important to remember that you always have the right to pay out of pocket for my services to avoid disclosure of any information to your insurance provider.

# **Legal Proceedings**

If Dr. Daralyn A. Plains is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. Participation in such legal matters will be billed at a rate of \$400.00 per hour, with a minimum charge of 3 hours.

# **Report Completion**

The turnaround time for the completion of evaluation reports is approximately 2-3 weeks. Should a report be needed in fewer than 2-3 weeks, there will be a charge of \$200 for expediting the report.

#### **Notice of Cancellation**

Notice of cancellation must be received by phone or email at least 48 hours, or two business days, before your scheduled appointment; otherwise, there will be a \$50.00 charge for the missed appointment. You are responsible for calling to reschedule your appointment. Please email Ms. Shea Lewis at <a href="SLewis@prestige-ecs.com">SLewis@prestige-ecs.com</a> for assistance with rescheduling or call 214-274-9386.

## **Emergency Procedures**

If you need to contact Dr. Daralyn A. Plains or *Prestige Evaluation and Consulting Services, LLC*, you may call (214) 274-9386 and leave a message. Messages are checked on a regular basis and your call will be returned as soon as possible. In a life-threatening emergency, please call 911 or go to the nearest emergency room. You may also contact your community crisis hotline (e.g. Suicide & Crisis Center Hotline, 214-828-1000 or the National Suicide Prevention Lifeline, 1-800-273-8255).

# **Consent for Evaluation and/or Treatment**

Client:	T'	M:411	Birthdate:
Last	First	Middle	
Please read an	d initial the following:		
			t for evaluation and have had the opportunity to ask testing and estimated billing costs prior to the start of
	I understand that I am responder be released until my estimate		vices rendered and that the evaluation report will not ibility has been met.
	considered a medical nece	ssity by most insuran equested through public	e Dyslexia, Specific Learning Disability, etc.) is not ce companies (as insurance carriers are aware that school districts), and fees for such will be unable to be
	I am aware that there is a \$50 writing of letters.	O fee for the completion	of forms (i.e documents for accommodations) and
	I have reviewed and signed the	he COVID-19 consent.	
give my authoridiagnostic/evalu	rization and informed consent	t to receive, or for the valuation and Consulti	ator, legal guardian (circle one)} of the client. I hereby e client to receive, psychological and/or educational <i>ng Services, LLC</i> . I further certify that I have full legal
Client:		Date:	
	(Signature)		
Or			
Parent:	(Signature)	Date:	
Print Name: _			_