

Wendy Carannante and Associates PLLC

**MISSION STATEMENT: "To provide compassionate and high quality care."
CREDENTIALS/ EDUCATION/ EXPERIENCE**

OFFICE ORGANIZATION/ EMERGENCY COVERAGE

For assessments and individual counseling sessions, a professional will work with you or your child individually and privately. For family services to include consultation and data collection, a professional will work with the family privately.

If you or your child are in crisis and you cannot reach us directly, telephone the emergency service at your local mental health center or go to the nearest emergency room (911). Staff who operate the 24-hour emergency service are well trained and always available. Please be sure to leave a message on our voice mail so that we can reach you as soon as possible.

CONFIDENTIALITY

To ensure quality treatment for you or your child, we may need to collect information such as present and past health conditions (including family members), history, past services, and payment information. Included in you or your child's file may be diagnosis, treatment plan, progress notes, records OR test reports received from other professionals, legal matters, medical information, and billing/insurance information. As a health care provider, we are required to keep this protective health information (PHI) confidential. Although this file is Wendy Carannante & Associates, PLLC's physical property, the information belongs to you. You can inspect, read, or review it and if you want a copy we can make you one at your expense although we cannot provide test protocols. If you find something in your file or in a report that you believe is incorrect or missing, you can ask the provider to amend it. However, in some rare situations, the provider does not have to agree to do so. In some very unusual situations, you may not be able to see all of what is in your file. You or your child's PHI may be used for treatment, payment, and health-care operations. We are required by law to give you notice of how your PHI is used and have you sign the forms acknowledging that you have been notified. PHI is routinely used for treatment when several forms of treatment are coordinated amongst professionals of various disciplines: physicians, teachers, tutors, speech and occupational therapists, as well as other psychologists.

Generally, all information you or your child provide is confidential and will be released only with your written permission. However, under particular circumstances where people might be endangered, the law requires that some of what you or your child tell us must be shared. Threats or actions which suggest or imply you or your child to be an immediate danger to self or others, or reports of child abuse or neglect must be reported. In some cases, we may be obliged to release information due to a court order. Under HIPPA, providers may share or disclose your PHI to others who provide treatment to you, such as a psychiatrist or personal physician, without obtaining your authorization to do so. Although the law allows this, it will continue to be our practice to ask each client to sign an authorization form before I share or disclose PHI to other providers.

FEES FOR SERVICES

I. Assessment/Evaluation Structure (Depending on your insurance, some of these fees may be covered)

- *Initial Consultation/Intake (Required)- \$125*
- *Psychoeducational Evaluation (includes both psychological and educational evaluation and feedback session)- \$1275*
- *Psychological Evaluation – (includes ADHD testing and includes feedback session) - \$825*
- *Educational Evaluation (not covered by insurance and includes feedback session) - \$485*
- *Testing - \$125/hr*
- *Educational Record Review - \$50/hr (not covered by insurance)*
- *There is a processing fee per additional copy of testing report*

II. Counseling Services

- *First Visit - Intake includes diagnostic interview and treatment plan- \$125*
- *Subsequent Visit - Counseling - \$100/hr*

IV. Consultation Services

- *Initial Consultation - \$125*
- *By attending school meetings, phone conversations, or in writing to client or to other parties on behalf of client >10 min- \$100/hr*
- *Travel = \$50/hr.*

TIMELINE AND PAYMENT FOR EVALUATION SERVICES

The evaluation takes several hours (anywhere from 8 to 20) of testing, reviewing information supplied, scoring, and report writing. The evaluation can take anywhere from 2 to 5 weeks after the last testing/evaluation data is received or completed. If the evaluation is needed before two weeks from the last testing date, please request an expedited (quick turnaround) on the evaluation for an extra fee. Any outstanding balance is due at the feedback session prior to receiving a copy of the report.

PAYMENT POLICY/INSURANCE REIMBURSEMENT

Wendy Carannante & Associates, PLLC may or may not be a provider in your insurance. We may verify your benefits as a courtesy if we are in network. Then we will file the claim for you if Wendy Carannante & Associates, PLLC is in network. If Wendy Carannante is not in network with your insurance, the above out of pocket fees are due prior to session. In some situations, insurance may not cover all of the treatment/evaluation. It is your responsibility to contact your insurance company and obtain information about coverage and cost so that you are fully informed about your benefits and financial responsibilities. This is including but not limited to co pays, deductibles, and out of pocket maximums. Co pays and or deductible payments are due prior to service being rendered.

If you do not provide Wendy Carannante and Associates with your insurance information and/or we are not a provider, then we will be considered an out of network provider and you must pay in full prior to services rendered. If you have a deductible that is not met, you may be asked to pay for your service at the visit. It will be your responsibility and choice to seek reimbursement from your insurance company if your provider is out of network. Coverage may be adequate, limited, or not at all for educational testing. Most insurance companies provide a form that is filled out and returned to them. Delinquent accounts may be referred to a collection service. You will be responsible for any fees accumulated by collection agencies and/or attorneys. By signing the Statement of Practice, you agree to these terms.

Signature X _____

SCHEDULING AND CANCELLATION OF APPOINTMENTS

We will schedule appointments at our mutual convenience. If you must cancel an appointment, please be sure to call at least 24 hours before your scheduled time. Appointments not canceled 24 hours in advance of the scheduled time will be charged \$50.00 fee. Signing here states you have been notified of and agree to these terms.

Signature X _____

AUTHORIZATION, AGREEMENT, AND SIGNATURE

Having read and understood the above (3 page) statement of practice, I authorize the practice of Wendy Carannante and Associates PLLC to provide consultation, counseling, assessment, and or other related services available to myself or my child. My signature below is an acknowledgement of awareness of, and agreement to adhere to the policies and procedures stated in this statement of practice.

Printed name of patient _____ Printed name of parent or guardian (if patient under 18yrs) _____

Signature X _____ DATE: _____