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Disclosure for Evaluation

Liz Pechous, Ph.D.

The following is a disclosure statement of my practice policies, client's rights and responsibilities, fee schedule and theoretical basis for evaluation of children, adolescents, and adults. Please review this document in detail, as you will be asked to initial and sign a copy, indicating that you have been informed and agree with these guidelines.

Qualifications

The term "Licensed Psychologist" in the state of Washington, indicates a person who charges a fee, who engages in the "practice of psychology." It includes, but is not limited to, providing services to individuals, families, groups, organizations, and the public. In order to be licensed, a person must hold a doctoral degree from a regionally accredited institution, obtained from an integrated program of graduate study in psychology as defined in WAC 246-924. The individual also must have had no fewer than two years of supervised experience, at least one of which shall have been subsequent to the granting of the doctorate degree, with each year no less than 1500 hours. He or she also must have passed a jurisprudence examination. I have fulfilled all the above requirements, in the forms and at the institutions specified below.

Background & Education

July 2002	ESA	Washington State University, Spokane Campus Education Staff Associate (ESA) Certificate in School Psychology
December 2000	PhD	California School of Professional Psychology--Fresno Ecosystemic Clinical Child Psychology Proficiency Fully APA Accredited Clinical Psychology Program
June 1997	MA	California School of Professional Psychology--Fresno Clinical Psychology, Specialty Child
June 1995	MSCP	Chaminade University of Honolulu, HI Masters of Science in Counseling Psychology (MSCP)
Aug. 1985	BBA	University of Hawaii at Manoa, College of Business Administration Bachelor of Business Administration--Management

I co-founded ICARD, PLLC in February 2001 with Cori Valley, LMHC. I have been providing therapy and evaluations to children, adolescents, adults, and families since 2001 for diagnostic purposes for all psychological disorders including a specialty in autism spectrum disorders (ASD), ADHD, anxiety, and learning issues. I take advantage of trainings related to the practice of psychology, evaluations as much as possible to keep up to date on all the newest research and intervention techniques. I have also done forensic evaluations as well. I have presented at local and statewide conferences and am a recognized expert in Autism Spectrum Disorders in Washington & Idaho.

Confidentiality: _____ (initial)

Under the laws of the State of Washington, anything discussed in the evaluation process and any information obtained about you or your child from any source is confidential and cannot be disclosed to others without your/your child's (if they are age 13 or older) signed consent. This communication is privileged. If you desire that I talk to someone else (your/your child's physician or PCP for example) about your evaluation, I will ask you (and/or your child if they are age 13 or older) to sign a release of information form that will remain a part of your file.

There are limits to confidentiality and under specific circumstances I am required by Washington State law to report information to the appropriate authorities, even without your consent. The following are limits to confidentiality:

- Physical/sexual abuse, exploitation, or neglect of a minor (under 18 years old).
- Physical/sexual abuse, exploitation, or neglect of an elder, dependent adult, or developmentally disabled adult.
- Threat or intent of clear and imminent danger to the health or safety of yourself or others.
- If you decide to bring a civil suit against someone, in so doing you waive all rights to confidentiality. Relevant records may be subpoenaed by a court of law and they may ask me to testify concerning the nature of the evaluation.
- If you are submitting your bill for payment to a third party/insurance company they have full access to your records and all the information within, including but not limited to diagnosis, social security number, and evaluation. By allowing them to become a part of the payment process, you waive your rights to confidentiality.

If any of these above circumstances occurs in the course of your or your child's evaluation process, I will discuss the concern with you in order to clarify the situation and to seek appropriate solutions.

In addition to the limits of confidentiality as stated above, it is important for you to know that I may discuss your case with my clinical team. The confidentiality of minors (age 13 - 17 or older if guardianship is in place) will be respected; however, parents will be informed if their child or adolescent is homicidal, suicidal or unable to care for him or herself.

Privacy Limitations – Cell Phone, Texting and E-mail Use: _____ (initial if it is okay to use)

As part of doing business in private practice, I often communicate with physicians, agencies and individuals on my cell phone, texting and/or e-mail on my computer. There are no guarantees of privacy with cell phone, texting and/or e-mail. If you do not wish to have me communicate with you or others regarding your case over the cell phone, texting and/or e-mail please let me know in writing.

Mutual Responsibilities During Evaluation Process: _____ (initial)

We have responsibilities to each other in the evaluation process. My office sends you initial paperwork. Step 1 (Intake) of your evaluation will not be scheduled until all paperwork is completed and returned. At this juncture, the waitlist is approximately 2 to 3 months for evaluations. That means that this 6 to 9 month waiting time starts *after the paperwork is returned*, fully completed by you. It is your responsibility to call to check on where your child is on the waitlist and when the anticipated scheduled appointment will be. When you get to about one month prior to an appointment time, you will be contacted by ICARD, PLLC to confirm an appointment time and check if there are any changes to insurance or evaluation information. You will be scheduled for that initial intake appointment, which is Step 1 (Intake) of our evaluation process. For the intake, you will see Dr. Liz or Dr. Kristin for an initial appointment (without your child if it is a child

evaluation). Following that appointment, you will be scheduled for a second appointment, which is Step 2 (Testing) of our evaluation process, for additional testing for you (if necessary) or initial testing your child. Following that second appointment, you will be scheduled for Step 3 (Feedback) of our evaluation process, which is a third appointment. The third appointment is for a feedback session in which a written diagnostic letter or report will be given, depending on the type of evaluation for which you have engaged ICARD, PLLC services. *For ADOS-2 evaluations the Step 1 and Step 2 processes are likely combined into one appointment.*

Your responsibility will be to participate as much as required in the evaluation process and update ICARD, PLLC if there is a change to the original reason for evaluation and/or additional testing requirements are necessary. For instance, it is possible that your child's school may request information that was not originally anticipated. Such an occurrence could add to our timeline, and it is your responsibility to inform me of such an event. That could delay the feedback session and written documentation. Also it is your responsibility to talk to me or Dr. Kristin about any concerns regarding the evaluation or process along the way. Please do not hesitate to initiate questions or a discussion of your concerns.

Depending on the time of year you initiate services, it is possible that the 2 to 3 month waiting period may not be completed during the same school year as when you seek an evaluation. We will make every effort to complete the requested evaluation as soon as possible, but it is important that you understand the timeline involved. If you feel that another service provider can better meet your timing needs, you have the right and responsibility to seek out the services of the provider you believe will best meet your/your child's needs.

Theoretical Orientation for Evaluations: _____ (initial)

I utilize best practices and evidence-based practices in the psychological evaluation of children, teens, and adults. I gather information from individuals, parent(s) and/or guardians, caregivers and/or teachers, providers, or other relevant sources to inform my best clinical judgment in conducting the evaluation for the nature and purpose required. I will use questionnaires, standardized assessment tools, and observations as necessary to accomplish this. For autism specific testing of younger children (ages 18 months to 10 years) I utilize the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) Modules Toddler, 1, 2 or 3 to look at possible ASD diagnosis.

Payment: _____ (initial)

For an office visit, my standard fee is billed at the rate of \$190 per hour unless other arrangements have been made with you for a sliding scale rate. Your insurance carrier will likely have a lower contracted rate and copay and/or coinsurance that is required. You are only responsible for the allowable charges and your copay and/or coinsurance. *However, if your insurance does not cover my services, then you agree to pay me directly.* Also at the beginning of the New Year deductibles, if applicable, are due. This may change the amount you usually pay until the deductible is met. We do accept debit and credit cards for payment. The initial Intake appointment is billed at \$285. Co-payments are due at the time of service.

Other Payment may be made in one of two ways: 1) After each session, or 2) at the end of each month when you receive a statement from us. If you itemize your taxes, the fees that you pay for psychological services that are not reimbursed by insurance are usually deductible as medical expenses. Your canceled checks, credit or debit card receipts, and fee bills are likely sufficient evidence.

Fees for Services Related to Court: _____ (initial)

If I am required to go to court or participate in any way in actions related to the court, my fee is \$300 per hour. This hourly rate applies to preparation of any documents, files, round trip travel, and time waiting. This rate is set based on the fact that I specialize in evaluations. When I work with cases that involve the court, I hire lawyers to consult. My hourly rate of \$300 is reasonable because my lawyers that focus on issues involving forensic evaluations charge somewhere between \$250 and \$350 per hour. These services cannot be billed to insurance companies. You will be responsible for all charges incurred for court-related services.

Structure for Evaluation Appointments: _____ (initial)

Evaluation appointments vary based on the nature and purpose of that evaluation. All evaluations follow a 3-step process: Intake, Testing, and Feedback. When ICARD is contacted for testing and evaluations, potential clients are told there is a 2-3 month waiting list at this time. Information is collected and paperwork sent out automatically. When paperwork is returned, clients are put on the waiting list. They may also have electronic links to rating scales and/or questionnaires needed for the evaluation from parents, client, and/or school, if applicable. Then the intake will be scheduled.

Step 1 for Evaluation: Intake is done with Dr. Kristin and/or Dr. Liz. Following this, next steps are determined as to type of testing and person will be contacted to schedule for Step 2.

Step 2 for Evaluation: Testing is done depending on the type of evaluation requested (see below). Step 3 for Evaluation, Feedback is scheduled following completion of testing. Documentation will be written by a member of the evaluation team and reviewed, edited, and signed by Dr. Liz Pechous.

Step 3 for Evaluation: Feedback session is completed with Dr. Liz and/or Dr. Kristin and the client (if adult) and/or parent(s). Findings and recommendations are reviewed with the family and questions are answered. Final signed documentation (report or diagnostic letter) and 2 copies will be provided. After feedback appointment, documentation will be sent to PCP, providers, agencies and schools per evaluation type with release given as appropriate. *So there will be at least three appointments unless other arrangements are made for an evaluation.* Requested type(s) of evaluation (check those that apply) for this case are as follows:

ADOS-2/ABA (Autism testing for young child—ages 2 -8 years or in Idaho all ages)

Diagnostic Evaluation (clarify a possible diagnosis)

DDA (Developmental Disabilities Administration)

Social Security

Other Learning Testing (Cognitive/Academic/Memory/Learning)

for IEP/504 Plan

Other—please specify _____

Cancellations: _____ (initial)

If you need to cancel an appointment, it is essential that you cancel your appointment at least 24 hours before the time of your appointment. If you do not give the required notice of cancellation, you will be billed \$35. Since the insurance company cannot be billed for any session you have missed, payment is your responsibility for sessions missed without a 24 hour notice of cancellation.

Complaints: _____ (initial)

If you have a concern or complaint about your or your child's evaluation, please talk with me about it. If we cannot resolve your concerns, you should be aware there is a resource for you to contact for a review of the services your evaluator has provided. This resource is through the Department of Health, and the contact information is:

Department of Health
Health Systems Quality Assurance (HSQA)
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857

Phone: (360) 236-4700
Email: HSQAComplaintIntake@doh.wa.gov

Disclosure Statement Verification

By signing this document, I, _____ (name of client and/or parent if applicable), acknowledge that I have read the disclosure statement and have received a copy of it. I have had the opportunity to ask questions, which have been answered to my satisfaction. I verify that I have read and understand the information presented in this Disclosure Statement provided to me by Dr. Liz. I agree to pay \$190 per hour and it will be billed to _____ per the contracted rate or unless a sliding scale fee of \$_____ per hour applies. *If insurance does not cover the fees for services, I am responsible for these charges unless there is another arrangement.*

If I cancel an appointment and give less than 24-hour notice, I understand that I will be billed \$35 for that appointment as it cannot be billed to insurance. I have been shown my rights and responsibilities as a client for evaluation (or parent or guardian of a client) and agree to uphold these in accordance with the above disclosure. If I have further questions about my (my child's) evaluation, or Dr. Liz's training, credentials or the evaluation process, I agree to address these directly with her or alternatively contact the DOH at the above contact address. My signature indicates that my rights as a client (or parent or guardian of a client) have been clarified and that I give my informed consent for the evaluation services identified above. I understand at this time there is a 2-3 month waitlist and it is my responsibility to call to check on where I or my child may be on the waitlist and when the anticipated scheduled appointment will be. If I feel that another service provider can better meet my timing needs, it is my responsibility to seek out appropriate alternative services I believe will best meet my/my child's needs.

Client Name _____ DOB _____

Client signature (if 13 yrs or older) _____ Date _____

Parent or Legal Guardian signature _____ Date _____

I verify that I have given my client a disclosure statement explaining the evaluation process and describing our respective roles in the evaluation relationship. I have answered any questions s/he has asked and agree to provide further information if necessary. I agree to uphold my portion of responsibility in the services provided to this client, as is described in the information that I have provided her/him above.

Liz Pechous, Ph.D. _____ Date _____