Rebecca Elman, Ph.D., P.A.

Doctor-Client Policies for Gifted Assessments

Welcome to my practice. The following provides important information regarding my policies for gifted assessments. Please review this information carefully and sign below to indicate that you have read and understood these policies.

Confidentiality: Information you share with me will be kept confidential and will not be disclosed without your written authorization, except as required or permitted by law. Exceptions to confidentiality may include situations involving suspected child abuse or neglect, or when there is a serious risk of harm to you or another person. If consultation with another professional is necessary, I will make every effort to protect your privacy and limit identifying information whenever possible.

Evaluation Process and Release of Information: The gifted assessment includes an evaluation of your child's intellectual abilities and may also include a parent interview, behavioral observations, and review of relevant educational information. With your written authorization, I may communicate with school personnel and other professionals involved in your child's care or education and obtain or provide information relevant to the evaluation.

Fee Policy: Payment is due the morning of the evaluation after the assessment has been completed. Results will not be shared until payment is received. I accept Zelle, Venmo, check, and credit card. Payments made by credit card are subject to a 3% processing fee.

Cancellations and Missed Appointments: Due to my busy schedule and limited appointment availability, I ask that you please contact me as soon as possible if you need to cancel or reschedule your appointment. Appointments that are not cancelled or rescheduled at least 48 hours in advance will require a 50% deposit in order to schedule a new appointment. The deposit will be applied toward the cost of the rescheduled evaluation.

Communication: Please feel free to contact me with questions regarding the evaluation via phone or email. When I am unavailable, you may leave a confidential voicemail, and I will generally return calls within one business day.

Informed Consent: I have read and understood the preceding information and have had an opportunity to ask questions. I understand the nature and policies of the evaluation and consent to enter into a professional relationship with Rebecca Elman, Ph.D., P.A.

Patient or Parent/Guardian's Signature: _____

Date: _____