

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

## **Doctor-Client Policies**

**Welcome to my practice.** There follows some essential information about my practice. Please read and sign at the bottom to indicate that you have reviewed this information.

**Confidentiality:** Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. However, confidentiality is not guaranteed in life-threatening situations involving you or others, in situations in which children are put at risk (such as by sexual or physical abuse or neglect), or as may otherwise be required by law, including judicial process. If I need to discuss your treatment with a colleague, I will make every effort to disguise identifying information, including using a pseudonym.

**Fee policy:** For gifted testing, full payment is due the day of testing. For comprehensive evaluations, a fifty percent (50%) deposit is due on the first day of testing and the balance will be due upon furnishing of the report. Checks and cash are accepted.

**Reporting of the results:** I will not share testing results with you in front of your child. Rather, I will call you the day of the assessment, after I have carefully scored all the tests, to share the results (this applies to gifted testing only). I will send you the report upon completion thereof. Parents are welcome to return to the office to review the results, or they may call to ask any questions they may have after they have read the report.

**Phone and emergency contact:** If you need to contact me by phone, please do not hesitate to do so. When I am not available, please leave a message on my voice mail. I am usually able to return calls the same day.

**Informed Consent:** I have read and understood the preceding statements. I have had an opportunity to ask any questions I may have, and I agree to enter a professional relationship with Rebecca Elman, Ph.D., P.A.

Patient or Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_