

## **McCaskill Family Services, PLLC**

409 Plymouth Road, Suite 250, Plymouth, MI 48170

2040 Grand River Annex, Suite 300, Brighton, MI 48114

734-416-9098, Ext. 1 • www.mccaskillfamilyservices.com • office@mccaskillfamilyservices.com • 734-416-0158

### **POLICIES REGARDING PROFESSIONAL SERVICES**

#### **CONFIDENTIALITY**

Any information that you provide, as well as counseling and/or evaluation records that are maintained, are kept strictly confidential, with the exception of life threatening situations, cases of suspected child abuse, when release is otherwise required by law, or when you request that the information be released. Testing and evaluation data may be entered into the computer by MFS's data entry specialist. Should the need arise; your case may be discussed anonymously during case consultation with another licensed psychologist while keeping identifying information strictly confidential.

#### **PAYMENT OF FEES**

It is customary to pay for professional services when they are rendered, preferably by cash or check made payable to McCaskill Family Services if other payment arrangements are desired, please discuss this with Dr. McCaskill.

#### **CHARGES**

Charges for professional services are as follows:

Initial Clinical Interview (Therapy, first session): \$150.00-\$250.00

Individual and Family Therapy (per 45 minute session): \$75.00-\$195.00

Group Therapy Services (per meeting): \$55.00

Full Psycho-Educational Assessment\*\* \$1,350.00-\$4,750.00 (Based on age of child at time of testing, and clinician performing evaluation)

School Visit (per hour, additional travel fees may apply): \$250.00

Legal fees (per hour): \$350.00

Record Review (Academic, Clinical, etc., per hour): \$150.00

Telephone/Email Communication, per 15 minutes: \$50.00

\*The discount provided for an advanced graduate student to administer an evaluation is provided with the understanding that these evaluations may have a longer report turnaround time due to supervision needs.

\*\*Evaluation Price quoted at Intake is valid for 90 Days.

#### **INSURANCE**

Many insurance plans cover all or part of the costs of psychological services. If you expect to file for reimbursement from your insurance company, we will, at your request, provide you with a suitable receipt on a monthly basis. Submission of forms or receipts to the insurance company is, in all cases, the client's responsibility.

#### **RECORDS**

I understand that there will be certain documents (report cards, parent/teacher report forms, etc.) that I will be required to provide as part of the comprehensive evaluation. I understand if they are not submitted to McCaskill Family Services by the deadline there may be limits to the information that can be comprehensively presented at the included Feedback Session. I understand that if additional Feedback is needed to include any missing documents, which I was not able to submit in time, that I will be billed an additional session fee.

**INITIAL:** \_\_\_\_\_

#### **MISSED APPOINTMENTS**

Clients are requested to provide a **24 HOUR NOTICE** of intention to cancel an appointment. To ensure delivery of notice to cancel your appointment, please e-mail the office at office@mccaskillfamilyservices.com and call (734)-416-9098, Ext. 1. Without such notice, the missed appointment may be charged as professional time.

**Please indicate that you have read the above statements by signing below.**

Client signature: \_\_\_\_\_ Parent signature (If applicable): \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_ Parent name (Printed): \_\_\_\_\_

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

SS#: \_\_\_\_\_