**C.A.A.T. PSYCHOLOGICAL SERVICES, INC.**

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**Assessment Packet**

Includes:

Notice of Policies and Practices to Protect the Privacy of Your Health

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**Notice of Policies and Practices to Protect the Privacy of Your Health Information and the Health Insurance Portability and Accountability Act (HIPAA)**

This notice describes how psychological and medical information about clients and/or their families may be used and disclosed and how clients and/or their families can get access to this information.

Please review it carefully.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may *use* or *disclose protected health information* (*PHI*) related to the client and/or their families for *treatment, payment, and health care operations* with their *consent*. To help clarify these terms, here are some definitions:

* “*PHI”* refers to information in the client’s health record that could identify the client.
* *“Treatment, Payment and Health Care Operations”* 
  + *Treatment* is when I provide, coordinate or manage the client’s health care and other services related to their health care. An example of treatment would be when I consult with another health care provider, such as their physician or another mental health provider.
  + *Payment* is when I obtain reimbursement for the client’s health care. Examples of payment are when I disclose their PHI to their health insurer related to reimbursement for their health care or to determine eligibility or coverage.
  + *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are case management and care coordination, supervision, quality assessment and improvement activities, and business-related matters such as audits and administrative services.
* “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the client.
* “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about the client and/or their families to other parties.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when the client’s and/or their families’ appropriate authorization is obtained. An “*Authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I need to obtain an authorization before releasing PHI, which includes psychotherapy notes. *“Psychotherapy Notes”* are notes I have made about conversations during an individual, group, joint, family counseling or psychological testing session.

Any use or disclosure of Psychotherapy Notes requires your Authorization unless the use or disclosure is:

a. For my use in treating you.

b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

c. For my use in defending myself in legal proceedings instituted by you.

d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.

e. Required by law and the use or disclosure is limited to the requirements of such law.

f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.

g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

Clients and/or their families may revoke authorizations at any time, provided each revocation is in writing. Clients and/or their families may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without consent or authorization in the following circumstances:

* *Child Abuse*: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the California Department of Social Services. If a report is filed I may be required to provide additional information.
* *Adult and Domestic Abuse*: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the California Department of Social Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social Services. If a report is filed I may be required to provide additional information.
* *Health Oversight*: If the California Board of Psychology subpoena me as part of investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure, I must comply. This could include disclosing relevant mental health information.
* *Judicial or Administrative Proceedings*: If clients and/or their families are involved in a court proceeding and a request is made for information about the professional services that I have provided and the records thereof, such information is privileged under state law, and I will not release information without the written authorization by clients and/or their families or their legal representative, or a subpoena of which you have been properly notified and clients and/or their families have failed to inform me that they are opposing the subpoena, or a court order. The privilege does not apply when clients and/or their families are being evaluated for a third party or where the evaluation is court ordered. Please notify me immediately if there is a desire to challenge and attempt to withhold any legal request for records or PHI. I may assist in this process to the extent authorized by law and if circumstances justify further protecting PHI.
* *Serious Threat to Health or Safety*: I may disclose confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to the health or safety of the client, or the health or safety of any other individual.
* *Worker’s Compensation, Law Enforcement and other Government Requests*: If clients and/or their families file a worker's compensation claim, with certain exceptions, I must make available all mental health information in my possession relevant to that particular injury in the opinion of the California Department of Industrial Relations, to the relevant employer, representative, and the Division of Worker’s Compensation upon request. I can share or use PHI for special government activities such as law enforcement, military, national security and presidential protective services.
* *Other Situations*: I am permitted or required to disclose information without either consent or authorization in the following situations:
  + If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
  + If there is a complaint or lawsuit against me, I may disclose relevant information in order to defend myself.
  + I am allowed to share your information to respond to organ and tissue donation requests and to work with a medical examiner or funeral director when an individual dies.
  + There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about my services provided. These situations are unusual in my practice. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the client’s care, or contacting family members or others who can help provide protection. If such a situation arises, I strive, but may not be able, to discuss it with clients and/or their families before taking any action and I will limit my disclosure to what is necessary.
  + For appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

I hope that this written summary of exceptions to confidentiality is helpful. It is important that we discuss any questions or concerns that you may have. The laws governing confidentiality can be quite complex, there are times when I may need to seek formal legal advice.

I never share PHI for marketing purposes. I never sell PHI. I will never contact clients or their families for fundraising efforts. I do not include client’s names in a hospital or any other directory. I do not disclose PHI in the conduct of research.

**IV. Client’s Rights and Provider’s Duties**

*Client’s Rights*

* *Right to Request Restrictions*: Clients and/or their families have the right to ask me not to use or share certain health information for treatment, payment or health care operations. I am not required to agree to a restriction requested. If payment for a service is made out-of-pocket in full, clients and/or their families may ask me not to share that information with their health insurer. I will agree unless a law requires me to share the information.
* *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*: Clients and/or their families have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, clients may not want a family member to know that they are seeing me. Upon request, I may send bills to another address.
* *Professional Records – Right to Inspect and Copy*: The laws and standards of my profession require that I keep Protected Health Information about clients and/or their families in the client’s Clinical Record. Clients and/or their families may submit a written request to see or obtain a copy of the PHI in my mental health and billing records for as long as the PHI is maintained in the record. Except in the circumstance that I conclude that disclosure could reasonably be expected to be injurious to the health or to the life or safety of another, or that disclosure could reasonably be expected to lead to identification of a person who provided information to me in confidence under circumstances where confidentiality is appropriate, clients and/or their families may examine and/or receive a copy of the Clinical Record, usually within 30 days. In most situations, I am allowed to charge a reasonable copying fee. I may withhold the Record until the fees are paid, with some exceptions in emergency situations. If I refuse the request for access to the client’s records, clients and/or their families have a right of review, which I will discuss upon request.
* *Right to Amend*: Clients and/or their families have the right to request corrections to health information that they believe is incorrect or incomplete. I have the right deny the request and will tell you why in writing within 60 days.
* *Right to an Accounting*: Clients and/or their families have the right to receive an accounting of disclosures of PHI for 6 years prior to the date asked, including whom I shared information with and why. I will include all disclosures which clients and/or their families have neither provided consent nor authorization (as described in Section III of this Notice). I will not include disclosures for those about treatment, payment and health care operations and certain other disclosures clients and/or their families may have asked me to make. I will provide one accounting a year for free but may charge a reasonable, cost-based fee for additional requests made within 12 months.
* *Right to a Paper* Copy: Clients and/or their families have the right to request a paper copy of this notice from me at any time, even if they have agreed to receive the notice electronically. I will provide a paper copy promptly, once requested.
* *Right to Choose Someone to Act for You*: If clients and/or their families have given someone medical power of attorney or if someone is the client’s legal guardian, that person can exercise rights and make choices about the client’s health information. I will make sure that person has this authority and can act for the client before I take any action.

I will not use or share PHI other than as described in this notice unless clients and/or their families request in writing. Clients and/or their families may revoke permission to share information at any time by submitting a written request.

*Provider’s Duties*

* I am required by law to maintain the privacy of PHI, to follow the duties and practices described in this notice and to provide clients and/or their families with a copy of this notice.
* I will inform clients and/or their families promptly if a breach occurs that may have compromised the privacy or security of PHI.

**V. Questions and Complaints**

If clients and/or their families have questions about this notice, disagree with a decision I make about access to the client’s records, or have other concerns about privacy rights, they may contact me at (657) 234-2206.

If clients and/or their families believe that privacy rights have been violated and wish to file a complaint with me, they may send their written complaint to me at 1820 West Orangewood Ave, Ste 105, Orange, CA 92868. They may also send a written complaint to the Board of Psychology 1625 North Market Blvd., Ste N-215, Sacramento, CA 95834. I will not retaliate against anyone for exercising their right to file a complaint.

**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This basic notice went into effect on April 1, 2022.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. The new notice will be available upon request, mailed to the address on file or in the secure client portal in SimplePractice.

Please advise me if questions or concerns arise about these policies and the implementation of them.

Privacy Official: Tiffany Shader, PhD (657) 234- 2206

**Agreement and Informed Consent for Assessment**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of psychological assessment, treatment, payment, and health care operations. HIPAA requires that I provide clients and/or their families with the Notice of Privacy Practices (the Notice) for use and disclosure of PHI for evaluation, treatment, payment, and health care operations. The Notice explains HIPAA and its application to personal health information in greater detail. The law requires that I obtain the client’s signature (or the signature(s) of guardians for minor clients) acknowledging that I have provided them with this information at the start of treatment.

Although these documents are long and complex, it is important to read them carefully. Clients and/or their families who sign these documents will also receive a copy of these documents to keep. It is important that clients and/or their families discuss with me any questions they have after reading these documents, and to let me know if there is any part they do not understand. When clients and/or their families sign this document, it will represent an agreement between myself and the individual(s) who sign this document. Clients and/or their families may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, such as if clients and/or their families have not satisfied any financial obligations they have incurred.

Throughout this document, I use the terms “clients,” “families,” “guardians,” and “minor clients” in highly intentional ways. The use of language in this document is intended to be inclusive for all clients and families. Many of the youth I work with live part-time in multiple homes, have legal guardians and caregivers who are not birth parents, and are given or exercise different levels of responsibility for agreeing and consenting to evaluation. In addition, I work affirmatively with transgender and gender nonconforming clients. “Client” therefore refers to the child or adolescent identified who may benefit from psychological assessment. “Families” refers to the client’s family group(s), which often includes some combination of parents, stepparents, adoptive parents, foster parents, siblings, grandparents, other important caregivers, etc. and can involve one or more households. “Guardian(s)” refers to the individual(s) with legal decision-making rights on behalf of the identified client, if applicable. “Minor client” refers specifically to the identified client under the age of 18, also referred to as “child,” “adolescent,” “youth,” or “minor.” California State laws make some distinctions between youth younger than 13 and youth ages 13-17 that are relevant to psychological assessment. Clients and/or their families are encouraged to ask me any questions they have about how the language in this document may apply to their unique family structure.

**Qualifications**

I earned my PhD in Clinical Psychology from The Ohio State University. I completed my predoctoral internship at the National Psychology Training Consortium where I worked with ages 5 to 75 and completed therapy and assessments in a rural population. I completed my Postdoctoral residency at Kaiser Permanente in Santa Rosa, CA where I specialized in Child/Family and in Addiction treatment. I have extensive training and expertise conducting psychological assessments for children, adolescents, and adults. My CA State psychology license number is 32997. My individual National Provider Identifier (NPI) number is 1083014302. The Employer Identification Number (EIN; Federal Tax Identification Number) for CAAT Psychological Services, Inc is 88-1129610.

**Psychological Assessment Services**

I provide psychological assessments, also commonly referred to as psychological evaluations, for children and adolescents. Psychological assessments require active participation from youth and their caregivers to gather information and complete the testing. All individuals are eligible for services regardless of race, ethnicity, sex, sexual orientation, disability, religion, creed, or national origin.

*Assessment Procedure*

In most cases, I will first conduct a clinical interview with the client’s guardian(s). Typically, this guardian-only interview takes approximately 90-minutes and will be scheduled for a 90-minute appointment. During this appointment guardians and I collaboratively identify the *referral question*, which will guide the remainder of the assessment procedure. The referral question is what guardians hope to learn or gain through psychological evaluation. Common referral questions include diagnosing or ruling out attention-deficit/hyperactivity disorder (ADHD) or a learning disorder (e.g., dyslexia, dysgraphia), testing for gifted programs or school admissions, understanding academic difficulties, and assessing other psychiatric diagnoses (e.g., bipolar disorder, oppositional defiant disorder); this is far from an exhaustive list, however.

Next, I will typically conduct a clinical interview with the client, which can often be completed in a 45-minute appointment. However, the length of the clinical interviews may be longer or shorter depending on the client’s age and/or the complexity of the referral question. Thus, additional interview appointments may be necessary to complete the assessment.

Following the clinical interviews and collecting appropriate releases, I may send, or ask you to send, questionnaires to be completed by caregivers, teachers, clients, and/or other informants, also commonly referred to as collaterals (e.g., coaches, therapists), who can provide important information to complete the assessment. I may conduct brief clinical interviews with these informants as well.

Also following the clinical interviews, I, or a psychometrist, will administer psychological tests to the client. Testing appointments typically range from 2-6 hours. Testing appointments may include a cognitive assessment, an academic achievement assessment, and other tests I deem necessary to complete the evaluation depending on the referral question. A psychometrist is highly trained in administering cognitive and psychological

tests. Psychometrists practice under the supervision of Dr. Tiffany Shader. Services conducted by the psychometrist are billed at the same rate as Dr. Tiffany Shader.

After all testing has been completed and questionnaires have been returned to me, I will write the report, which can take up to 4 weeks to finalize. During this time, I will contact guardians to schedule a 45-minute feedback appointment during which I will present the findings of the assessment and answer questions about the assessment report. Occasionally families request additional feedback appointments to answer additional questions. Depending on the age and interest of the client and guardians, clients may be invited to join the feedback appointment(s). Following the feedback appointment(s), I will provide guardians with the assessment report to keep and/or share with the client’s school, pediatrician, and/or other providers.

Together, assessments typically involve 2-4 hours of clinical interviews, 4-6 hours of testing, 2-6 hours of scoring and report writing, and 1-2 hours of feedback appointments for an average of 12-15 hours per assessment.

Re-evaluations are frequently recommended in assessment reports and often require fewer tests and less times to complete. Re-evaluations often occur 12 months or more after the initial assessment and include 1-2 hours of clinical interviews, 2-4 hours of testing, 2-4 hours of scoring and report writing, and 1-2 hours of feedback appoints for an average of 6-10 hours per re-evaluation.

Psychological assessments can have benefits and risks. Since the interviews often involve discussing unpleasant aspects of life, clients may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Many youths find the testing boring and/or frustrating. Psychological assessments may also result in diagnoses or recommendations with which clients and/or their families disagree. On the other hand, psychological assessments have also been shown to provide many benefits. Psychological assessments often lead to better understanding of clients’ challenges and strengths, and referrals for solutions to specific problems. However, there are no guarantees of what each client and/or their families will experience.

**Billing and Payments**

*Professional Fees*

My hourly fee is $300 for assessment services, including clinical interviews, testing appointments, school observations, scoring, report writing, and feedback appointments. I charge this amount for other professional services clients and/or their families may need, though I prorate the hourly cost into 30-minute increments if I work for periods of less than 1 hour, rounded to the nearest 30-minute increment. Other services may include telephone conversations, consultation with other professionals for purposes of the client’s assessment, attendance at meetings with other professionals for the client’s assessment, preparation of records or assessment summaries, and time spent performing any other service clients or their families may request of me or that is requested on the client’s behalf.

Based on the hours required for the typical assessment outlined above, the typical cost for a comprehensive psychological evaluation is between $3,600-$4,500, however the assessment for each client may be more or less expensive, depending on the complexity of the referral question and the extent of testing required. I encourage clients and their families to ask me any questions about billing or payments for psychological assessments at any time. Please review the attached Good Faith Estimate for additional information about costs for my services.

Payment for each session or professional service is expected at the time it is held, unless I agree to otherwise in writing. In most cases, the credit card information clients and/or their families submit to the client’s record will be charged in the evening of the day services are provided. Because much of the assessment procedure occurs outside of scheduled appointments clients and/or their families attend (e.g., report writing, communicating with teachers or other providers, scoring and interpreting tests), charges may be placed on the credit card on file on days I completed such services, even if there was not a scheduled appointment.

Once an appointment is scheduled, payment is expected unless I am provided at least 48 hours (2 days) advance notice of cancellation, or the client and/or their families and I agree they were unable to attend due to circumstances beyond their control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

I am not in-network with any insurance provider and I do not bill insurance. Clients and/or their families are recommended to contact their insurance provider directly and inquire about reimbursement at the out-of-network rate for my services, whether in-person or virtual, and whether reimbursement for my services is contingent upon the deductible. It is also important for clients and/or their families to know that many insurance providers do not reimburse for psychological assessment services. I typically provide a “superbill” at the beginning of each month listing the services provided in the prior month. In the usual case that the credit card on file was charged the evening after each session, the superbill has been paid in full and serves as a record that clients and/or their families can submit to their insurance for potential reimbursement. If client’s and/or their families request it in writing at the end of the assessment process, I can generate one Superbill with all of the assessment services in one document, given that assessments frequently take longer than 1 month to complete. There are some service codes (e.g., phone calls with informants) that are not recognized by insurance and can be included on a separate Paid Invoice for clients and/or their families to keep for their records. Please note that phone calls are generally not reimbursable by insurance. Please also note that non-payment may result in termination of services. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. Clients and/or their families are encouraged to contact me as soon they would like to request one.

*Professional Fees for Legal Reasons*

In general, I only provide legal documents if I am acting as a forensic evaluator or expert witness. As a psychological evaluator, I do not provide forensic opinions. If the client and/or their guardians become involved in legal proceedings that require my participation, clients or their guardians will be expected to pay for all of my professional time, even if I am called to testify by another party. Such services for which clients or their guardians would be responsible for payment could include but are not limited to time related to preparation, speaking to attorneys, waiting, or transportation, even if my services are ultimately not required (such as if settlement is reached), if results are not to their liking, if results are not to their benefit, or even if results are contrary to their benefit. Because of the difficulty of legal involvement, I charge $450 per hour for preparation, involvement in, and attendance at any legal proceeding.

**Incomplete Reports**

In many cases, I cannot consider the assessment complete and comprehensive without completion of the clinical interviews, testing, and receipt of questionnaires from all informants. If I am unable to complete the report, I will attempt to contact you to discuss completing the assessment, providing an incomplete report with the interpretations I can ethically and validly make based on the available information, or withholding any report, depending on the interpretations I can ethically and validly make based on the available information. If I am unable to contact you, I may provide an incomplete report or I may withhold any report, depending on what interpretations I can ethically and validly make based on the available information.

**Interim Summary**

You should evaluate this information along with your own opinions of whether you feel comfortable completing the psychological assessment with me. Assessment involves a large commitment of time, money, and energy, so you should be careful about the evaluator you select. If you have questions about my procedures, we should discuss them whenever they arise.

If either of us determine that I am not a suitable evaluator for your child, I will be happy to provide you with referrals to other providers or agencies better suited to your needs.

**Confidentiality and Its Limits**

The law acknowledges the confidentiality of communications between a client and psychotherapist. With very few exceptions, the information clients disclose to me, or information disclosed to me about clients, is confidential. In most situations, I only release information about my clients’ assessment to others if clients (or their guardians in the case of minor clients) sign a written Authorization form that meets certain legal requirements imposed by California State law and/or HIPAA. With the appropriate signature on a proper Authorization form, I may disclose information for any reason clients (or their guardians in the case of minor clients) request.

There are limits to confidentiality, including mandatory and permissive types of disclosure.

*Mandatory Disclosure of PHI*

There are some situations in which I am legally obligated to report information disclosed to me. Examples include but are not limited to:

* If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
* If I have reasonable cause to believe that an elderly, disabled, or dependent adult has suffered abandonment, abuse, financial exploitation, or neglect, I must report to an appropriate government agency. Once such a report is filed, I may be required to provide additional information.

*Permissive Disclosure of PHI*

There are also times that I may disclose information about clients for purposes of protection, psychological assessment, treatment, payment, or my own business operations. Examples include but are not limited to:

* If I reasonably believe that there is an imminent danger to the health or safety of the client or any other individual, I may take protective actions. These actions may include notifying a potential victim, contacting the police, seeking hospitalization for the client, or contacting family members or others who can provide protection.
* Both HIPAA and State law permit disclosure of information *without* the client’s or their families’ written authorization for purposes of psychological assessment, treatment, payment, or healthcare operations. This may include speaking to a former provider, a current provider, insurance company, or billing person.
* I may occasionally find it helpful to consult with other health and mental health professionals about a case. If I consult with a professional who is not involved in a client’s evaluation, I protect their identity to the extent possible. These professionals are legally bound to keep the information confidential. I will note formal consultations in the client’s Clinical Record.
* I also have contracts with billing and software businesses. As required by HIPAA, I have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of these data except as specifically allowed in the contract or otherwise required by law.

Limits when clients and/or their families go to court:

* If clients and/or their families are involved in a court proceeding and a request is made for information concerning the professional services I provided to the client, such information may be disclosed under force of a properly administered subpoena or court order. If clients and/or their families want to protect the client’s Clinical Record, they may have to go to court on their own for that purpose. If clients and/or their families are involved in or contemplating litigation, they should consult with their attorney about likely required disclosures.
* If clients and/or their families sue someone claiming that they have been harmed, that party may have a right to the client’s information.
* If clients and/or their families are involved in a custody battle, chances are high that the client’s Clinical Record may be successfully subpoenaed for the proceeding, and the client’s Clinical Record is likely to be disclosed.

There are some situations where I am permitted or required to disclose information without either consent or Authorization:

* If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
* If a client and/or their families files a complaint or lawsuit against me, I may disclose relevant information regarding the client to defend myself.
* If a client files a worker’s compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client’s Clinical Record to the client’s employer and the Department of Labor and Industries.

While this written summary of exceptions to confidentiality should prove helpful in informing clients and/or their families about potential situations to be aware of, it is important they discuss with me any questions or concerns they may have now or in the future. I will be happy to discuss these issues and provide clarification when possible. However, if clients and/or their families need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

**Professional Records**

Clients and/or their families should be aware that, pursuant to HIPAA, I use an electronic health record (EHR) system. The client’s Clinical Record includes information about the reasons they and/or their families sought psychological evaluation, a description of the ways in which their problem impacts their life, their diagnosis (if any), evaluation progress, medical and social history, treatment history, any past assessment reports or treatment records that I receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to insurance carriers. Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause harm to my client or someone else, clients (or their guardians in the case of minor clients) may examine and/or receive a copy of the client’s Clinical Record, if they request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that clients and/or their families initially review them in my presence, or have them forwarded to another mental health professional so they can discuss the contents. In most situations, I am allowed to charge a reasonable copying fee. I may withhold the Clinical Record until outstanding fees are paid. The exceptions to this policy are contained in the Notice. If I refuse a request for access to the Clinical Record, clients (or their guardians in the case of minor clients) have a right of review, which I will discuss with them upon request. Psychotherapy Notes are given special protection and cannot be released without specific authorization.

**Client Rights and Responsibilities**

Clients and/or their families have the right to be informed about their psychological services, any risks potentially entailed, and to be involved in planning their assessment and what alternatives might be considered. Clients and/or their families have the right to request or refuse any particular approach, to withdraw from psychological assessment at any time, and to be informed about the possible time frame assessment may require. Clients and/or their families may request referrals to another evaluator or agency. They also have the right and responsibility to choose the evaluator and modality that best suits their needs. If clients and/or their families believe that the work they are doing with me is not helping or is harming them, it is their responsibility to let me know or to find another evaluator.

**Minor Clients and Guardians**

*Guardian Authorization for Minor Client’s Psychological Assessment*

In order to authorize mental health services for a minor, guardians must have either sole or joint legal decision-making on behalf of the minor. If guardians are separated or divorced from other guardians of the minor, please notify me immediately. I may request a copy of the most recent parenting plan that establishes decision-making, limits, or restriction of each guardian or otherwise demonstrates the right to authorize psychological assessment for the minor. Even if one guardian has the legal ability to consent to assessment on behalf of the minor, it is generally my practice to notify other guardians that I am starting a psychological assessment for the minor and to require signed agreement for evaluation from all guardians. I believe it is important that guardians have the right to know, unless there are exceptional circumstances, that their child is receiving a psychological assessment. I also believe that guardians’ signatures are important in order to convey to the child that my services are not in collusion with and/or against the interests of any guardian. Creating such a perceived impression for the child could negatively affect the child’s relationship with guardians as well as possibly with me and/or the services I provide. If I do not have the signed consent of all guardians, I may not work with the minor client. If the reason for individual consent relates to domestic violence or some other extreme circumstance, I suggest seeking services from a provider who works with those issues and can provide the support that the minor client and/or their families may need.

*Access to the Minor Client’s Record*

Unless a protection order or court order such as a parenting plan restricts disclosure, guardians have the right of access to a minor client’s healthcare record if the client is age 12 or under.

*Mandatory Disclosures of Assessment Information*

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have guardians’ or the minor client’s permission. I have listed some of these situations below.

Confidentiality cannot or may not be maintained when:

* Minor clients tell me, or I otherwise learn that, there is reasonable cause to believe through credible report that a child has been or is being neglected or abused—physically, sexually or emotionally. In this situation, I am required by law to report the alleged abuse to the appropriate state child-protective agency.
* I am ordered by a court to disclose information.
* Minor clients tell me they plan to cause serious harm or death to themselves, and I have reason to believe they have the intent and ability to carry out this threat in the very near future. I may take steps to inform guardians or others of what the client has told me and how serious I understand this threat to be and to try to prevent the occurrence of such harm.
* Minor clients tell me they plan to cause serious harm or death to someone else, and I have reason to believe they have the intent and ability to carry out this threat in the very near future. In this situation, I may inform guardians or others, and I may be required to inform the person who is the target of the threatened harm and the police.
* Minor clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, I will need to use my professional judgment to decide whether guardians or others should be informed.

*Communications with Me from Individuals Other than the Minor Client*

In the course of my assessment of minor clients, I may meet with the client’s guardian(s) either separately or together. Please be aware, however, that, at all times, *my client is the minor* – not the guardians nor any siblings, family members, or caregivers of the client. For this reason, my communications with guardians and confidentiality are for the purpose of the client’s assessment.

While I try to respect the autonomy and confidentiality of guardians, family members, caregivers, and other individuals involved in the client’s psychological assessment, because the minor is the identified client, I have no right nor obligation to keep what guardians and/or other individuals tell me confidential from other guardians or from the client. In general, I try to avoid keeping secrets from the client or between guardians or caregivers, as secrets can impair the therapeutic alliance between me and my client, or can appear that I have preferential alliances with individuals other than my client.

If I meet with guardians or other family members or caregivers in the course of the client’s treatment, I will make notes of that meeting in the client’s Clinical Record. Please be aware that those notes will be available to any person or entity that has legal access to the client’s Clinical Record.

*Disclosure of Minor Client’s Assessment Information to Guardians*

Psychological assessment is most effective when a trusting relationship exists between the evaluator and the minor client and their families. Such trust is especially important in gathering accurate and truthful from children and adolescents to provide a valid and comprehensive psychological assessment. As a result, it is important for minor clients to feel open to discuss personal matters without fear that specific thoughts and feelings will be communicated to their guardians.

The psychological assessment report will typically include general information about the client’s current and historical functioning. However, some specific details clients disclose to me that are not directly relevant to the findings of the report may not be included. This may include activities and behavior that guardians would not approve of — or might be upset by — but that do not put the client or others at risk of serious and immediate harm. However, if the client’s risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether the client is in serious and immediate danger of harm. If I feel that the client is in such danger, I will communicate this information to guardians. Below are examples of how I may decide what information I would be able to keep confidential from guardians:

* *Example*: If an adolescent client tells me they have tried alcohol at a few parties, I would keep this information confidential. If the adolescent tells me they drink and drive or have been a passenger in a car with a driver who is drunk, I would not keep this information confidential from my client’s guardian(s). If the client tells me, or if I believe based on things I learn about them, that they are addicted to drugs or alcohol, I would not keep that information confidential.
* *Example*: If an adolescent client tells me they are having voluntary, protected sex with a same-age peer, I would keep this information confidential. If an adolescent client tells me that, on several occasions, they have engaged in unprotected sex with strangers or in unsafe situations, I will not keep this information confidential.

Minor clients and/or their families can ask me questions about the types of information I would disclose. They can ask in the form of “hypothetical situations,” such as: “If a child told you that he or she were doing \_\_\_\_\_\_\_\_, would you tell the parents?”

Even when guardians have agreed to allow the client’s assessment information to remain confidential, I may believe that it is important for guardians to know about a particular situation that is going on in the client’s life. In these situations, I typically encourage the client to tell their guardians, and I strive to help the client find the best way to do so. Also, when meeting for the feedback appointment(s), I may sometimes describe the client’s functioning in general terms, without using specifics, in order to help guardians know how to be more helpful to the client.

*Guardian Agreement Not to Use Minor’s Assessment Information/Records in Custody Litigation*

Family conflict, particularly conflict due to parental separation or divorce, is difficult for everyone, and especially difficult for children and adolescents. Although my responsibility to the client may require gathering information about various caregivers and households, my role will be strictly limited to providing a psychological evaluation for the client to answer the referral question identified at the beginning of the assessment process. Guardians who sign this Agreement agree that in any child custody/visitation proceedings, neither they nor their lawyers on their behalf, will seek to subpoena my records or ask me to testify in deposition or court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements. Please note that signing this Agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I can only testify as the client’s psychological evaluator for the specific referral question. Because my role with the client is evaluative *only for the identified referral question*, I am ethically bound not to provide any opinion about custody, visitation suitability, or parental fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the final decision(s).

**Termination of Psychological Assessment**

Ideally, assessment is concluded following the successful completion of all testing, return of all questionnaires, and feedback appointment in clients and/or their families and I agree that the assessment has been completed. However, evaluation may end for several reasons and the completion of all testing cannot be guaranteed. Clients and/or their guardians may discontinue evaluation at any time by notifying me in writing. I may also terminate treatment under circumstances including but not limited to non-payment, non-attendance, if the referral question is not within my scope of practice, if I learn of multiple relationships that may interfere with treatment (e.g., if a client’s parent is a medical provider for my spouse, if my child is friends with a minor client), or if I believe goodness of fit is lacking (e.g., disagreement between me and clients and/or their families about my diagnostic impression(s), assessment findings, or assessment approach; lack of trust between me and clients and/or their families; disrespectful communication; requests that are beyond my scope of practice). In these cases, termination may not be mutually determined. In any case of termination, I will be happy to provide referrals to other evaluators or agencies potentially better suited to the client’s needs.

Termination of evaluation, whether initiated by clients, their families, or by me, does not relieve the client or family member responsible for billing of their obligation for payment for my services.

**Contacting Me**

In general, I do not communicate about substantive, clinical issues between sessions over email, text, messages, or phone calls with clients or their families. In emergency or crisis situations, contact Orange County Crisis/Suicide Prevention hotline at (877) 727-4747, 911, or proceed immediately to the nearest emergency department. For administrative issues such as scheduling or rescheduling, or completing documents sent through the Electronic Health Record, clients and/or their families have several options for communicating with me.

*SimplePractice*

Clients and/or family members with access to the secure client portal in SimplePractice may opt in to email and text message reminders from SimplePractice. If they provide their email, they may also message me and share electronic documents. It is important for clients and/or their families to know that communication through SimplePractice and documents shared may become part of the Clinical Record for the identified client. I generally try to respond to messages the same day or during the next business day, with the exception of weekends and holidays. For longer messages or in response to shared documents, I will likely suggest discussing them during the next appointment. Please note that email and text message communication cannot be guaranteed to be secure. Signing below indicates that the use of email or text messaging is made with that knowledge.

*Telephone*

Due to my work schedule, I am often not immediately available by telephone and it is my general policy that I do not directly text message clients or their families. When I am unavailable, my telephone is answered by voice mail, which I monitor frequently. I generally try to respond to phone calls the same day or during the next business day, with the exception of weekends and holidays. If I will be unavailable by telephone for an extended time, I will provide the name of a colleague to contact, if necessary. Please note that telephone communication cannot be guaranteed to be secure. Signing below indicates that the use of telephone communication is made with that knowledge.

*Email*

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 established privacy requirements and security standards for protecting the confidentiality and integrity of individually identifiable health information. Email communication is an option clients may choose; however, CAAT Psychological Services, Ins.’s network and computers are not protected by encryption but only by hardware and software firewalls and anti-intrusion software and do not meet HIPAA standards for privacy and confidentiality. Email correspondence with Tiffany Shader, PhD or CAAT Psychological Services, Inc. cannot be guaranteed to be private and confidential. Therefore, signing below indicates that the use of email is made with the knowledge that email is not secure and is used at clients’ own risk.

*Mail*

Clients and/or their families may send me physical mail addressed to Tiffany Shader or CAAT Psychological Services, Inc. at 1820 West Orangewood Ave., Ste 105, Orange, CA 92868. However, mail may not be checked promptly and my replies to requests sent to me via mail may be slow.

*Social Media*

It is my general practice that I do not engage with clients or their families on social media of any kind, including Facebook, Twitter, Instagram, WhatsApp, WeChat, Tik Tok, or any other platform. I do not offer or accept “friend” or “follow” requests. If I accept a request by inadvertently clicking on a request, I may withdraw the request, cancel an acceptance, or block a contact I cannot otherwise withdraw.

*Contact in Public Spaces*

To protect the confidentiality of clients and/or their families, if I encounter clients and/or their families outside of appointments or in a public setting, I will try to act as if I do not have a professional relationship with them, unless they acknowledge our professional relationship first. This means that in most situations in public settings, I will generally not approach clients or their families, mention that I am their evaluator, or acknowledge that we know each other as a result of our professional relationship unless they approach me or acknowledge our professional relationship first.

**Complaints**

I abide by the ethical, professional, and legal standards established by the American Psychological Association and the State of California. If clients and/or their families believe that I have acted in a way that is unprofessional, I hope to discuss the concerns so that I can address them. However, if clients and/or their families ever believe that I have acted unethically in the assessment process, they may contact the Department of Consumer Affairs, Board of Psychology, 1625 North Market Blvd., Ste N-215, Sacramento, CA 95834 (telephone 916-574-7720; email [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov) ; website <http://www.psychology.ca.gov> ).

**Acknowledgment and Consent**

Your signature below indicates that you have read the information included in this Agreement and agree to abide by its terms for treatment for the identified client:

*I have read the policies described above. I understand the content of this Disclosure. I have had the opportunity to ask questions and discuss them and give informed consent for services. I have been provided a copy of this Agreement and the Notice of Privacy Practices that describes how CAAT Psychological Services, Inc and Tiffany Shader, PhD may use and disclose protected health information, certain restrictions on the use and disclosure of healthcare information, and the rights clients and/or their families have regarding protected health information. I have also been provided a copy of the Good Faith Estimate that discusses the expected costs for services and procedures for unexpectedly high costs for treatment. My electronic signature also indicates that I give consent to receiving emails, voice messages, and text messages. I will notify my provider in writing if I do not wish to have emails, voice messages, or text messages.*

*I understand that the credit card I enter will be stored on file and will be charged the evening services are provided. I further understand that if payment is denied by the credit card on file, I may not be able to schedule further appointments until the balance has been paid in full. I agree that by signing below and entering a credit card on file, I am financially responsible for all charges that accrue from treatment and consultation. I further agree that by signing below and entering a credit card on file, I am financially responsible for cancelled appointments in accord with the cancellation policy.*

**Authorization to Treat Minor**

The below signed caregiver(s) authorize Therapist to treat their child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s name & DOB**

**Client Signature or Parent/Guardian Signature #1 Date**

**Tiffany Shader, PhD, Licensed Clinical Psychologist Date**

**California License # 32997**

**Agreement and Informed Consent for Telepsychology**

This Agreement and Informed Consent for Telepsychology contains important information focusing on psychological services using the phone or the Internet. Please read this carefully and let me know if questions or concerns arise. When this document is signed, it will represent an agreement between us.

**Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychological services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that clients and/or their families can engage in services with me without being in the same physical location. This can be helpful in ensuring continuity of care if the client or psychologist moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person, provided the different locations satisfy requirements of the psychologist’s licensure. Telepsychology is also more convenient and takes less time for travel to the meeting, etc. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

* *Risks to Confidentiality*: Because telepsychology sessions take place outside of the psychologist’s private office, there is potential for other people to overhear sessions if sessions are not conducted in a private place for the duration of the session. On my end, I will take reasonable steps to ensure privacy. It is important for clients and/or their families to secure a private place for our session where they will not be interrupted. It is also important for clients and/or their families to protect the privacy of our session on their cell phone or other device. Clients and/or their families should participate in psychological services only while in a room or area where other people are not present and cannot overhear the conversation. I will use headphones to increase privacy and I encourage clients and/or their families to do the same.
* *Issues Related to Technology*: There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
* *Crisis Management and Intervention*: I may not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
* *Efficacy*: Most research shows that telepsychology is as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist’s ability to fully understand non-verbal information when working remotely.

**Electronic Communications**

Clients and/or their families and I will decide together which kind of telepsychology service to use. Clients and/or their families may have to have certain computer or cell phone systems to use telepsychology services. They are solely responsible for any cost them to obtain any necessary equipment, accessories, or software to take part in telepsychology.

**Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of my telepsychology practice. However, the nature of electronic communications technologies is such that I cannot guarantee that all communications will be kept confidential or that other people may not gain access to such communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep protected health information private, but there is a risk that electronic communications may be compromised, unsecured, or accessed by others. Clients and/or their families should also take reasonable steps to ensure the security of our communications (e.g., only using secure networks for telepsychology sessions and having passwords to protect the device used for telepsychology).

The extent of confidentiality and the exceptions to confidentiality outlined in the Notice of Privacy Practices and the Agreement and Informed Consent for Treatment, Agreement and Informed Consent for Group Treatment, or Agreement and Informed Consent for Assessment still apply in telepsychology. Please let me know if any questions or concerns arise about exceptions to confidentiality.

**Appropriateness of Telepsychology**

On a case-by-case basis, I may schedule in-person sessions to conducted psychological testing or to “check in” in-person. I will inform clients and/or their families if I decide that telepsychology is no longer the most appropriate form of treatment or services. I will discuss options of engaging in in-person services or referrals to another professional in the location of the client and/or their families who can provide appropriate services.

**Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person psychological services. To plan for some of these difficulties, clients and/or their families and I will create an emergency plan before engaging in telepsychology services. I generally ask clients and/or their families to identify the location during the session and an emergency contact person who is near the location who I can contact in the event of a crisis or emergency to assist in addressing the situation. I may ask that clients and/or their families sign a separate authorization form allowing me to contact the emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and the client and/or their families are experiencing an emergency situation, do not call me back; instead, contact King County Crisis Connections at (206) 461-3222, or 911, or proceed immediately to the nearest emergency room. Call me back after emergency services have been called or obtained.

If the session is interrupted and there is not an emergency situation, disconnect from the session and try to reconnect. If after 2 minutes there has not been a reconnection, on SimplePractice, I will call the phone number on file. If I do not call back within 5 minutes, then call me at (206) 236-1294, Ext. 4.

If there is a technological failure and we are unable to resume the connection, I will only charge the prorated amount of actual session time. I will try to send a message through SimplePractice or email or call to reschedule.

**Fees**

The same fee rates will apply for telepsychology as apply for in-person psychological services. Clients and/or their families will still be expected to pay for each session at the time it is held, unless we agree otherwise in writing. Clients and/or their families are recommended to contact their insurance provider directly and inquire if potential reimbursement differs between telepsychology and in-person services.

**Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of telepsychology services in the same way I maintain records of in-person sessions in accordance with my policies.

**Consent to Use the Telehealth by SimplePractice Service**

Telehealth by SimplePractice is the technology service clients and/or their families and I will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, you acknowledge:

* Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, you will use a phone to call 911.
* Though you and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
* The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
* You do not assume that I have access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. You will not rely on me to have any of this information in the Telehealth by SimplePractice Service.
* To maintain confidentiality, you will not share your telehealth appointment link with anyone unauthorized to attend the session.

**Informed Consent**

This Agreement is intended as a supplement to the Agreement and Informed Consent that we agreed to at the outset of psychological services and does not amend any of the terms of that Agreement.

Your signature below indicates agreement with the above terms and conditions.

**Client Signature or Parent/Guardian Signature Date**

**Tiffany Shader, PhD Date**

**Licensed Clinical Psychologist**

**CA license # 32997**

**Good Faith Estimate for Health Care Items and Services Under the No Surprises Act**

The purpose of this document is to inform clients and/or their families about their protections from unexpected medical bills.

Provider National Provider Identifier (NPI) number for Tiffany Shader, PhD: 1083014302

Employer Identification Number (EIN; Federal Tax Identification Number) for CAAT Psychological Services, Inc: 88-1129610

Below is a list of services that I bill for:

90791: 90-minute intake session

96130: First hour of psychological testing by a psychologist, including interpreting data, consulting with collaterals, writing the assessment report, conducting the feedback appointment, etc.

96131: Each additional hour of psychological testing by a psychologist, including interpreting data, consulting with collaterals, writing the assessment report, etc.

96136: First 30 minutes of psychological or neuropsychological test administration and scoring by a psychologist

96137: Each additional 30 minutes of psychological or neuropsychological test administration and scoring by a psychologist

All assessment services described above are billed at $300 an hour.

I am not able to identify a diagnosis or identify an appropriate set of assessment instruments until clients and/or their families and I have spent some time together. As soon as I am able to identify an appropriate set of assessment instruments, however, I will share that information. I will also attempt to discuss any changes in my clinical judgments on diagnoses and/or appropriate components of the psychological assessment as they arise.

Together, assessments typically involve 2-4 hours of clinical interviews, 4-6 hours of testing, 2-6 hours of scoring and report writing, and 1-2 hours of feedback appointments for an average of 12-15 hours per assessment (total = $3,600-$4,500).

Re-evaluations are frequently recommended in assessment reports and often require fewer tests and less times to complete. Re-evaluations often occur 12 months or more after the initial assessment and include 1-2 hours of clinical interviews, 2-4 hours of testing, 2-4 hours of scoring and report writing, and 1-2 hours of feedback appoints for an average of 6-12 hours per re-evaluation (total = $1,800-$3,600).

As described in the Agreement and Informed Consent for Assessment, once an appointment is scheduled, payment is expected unless I am provided at least **48 hours advance notice** of cancellation, or the client and/or their families and I agree they were unable to attend due to circumstances beyond their control.

Additional services or assessment procedures may be recommended. This estimate of costs is only an estimate, and the actual charges may differ. Clients and/or their families have the right to initiate the patient-provider dispute resolution (PPDR) process if the charges actually billed substantially exceed the expected charges in this estimate. To begin the PPDR, contact me in writing to dispute the bill. If clients and/or their families dispute the bill, I cannot take or threaten to take any retributive action against clients and/or their families for disputing the bill.

Clients and/or their families may also start the PPDR process with the U.S. Department of Health and Human Services (HHS). If they choose to use the PPDR process, the dispute process must be started within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process through HHS. I do not charge any fees for contacting me to initiate the PPDR process. If the Selected Dispute Resolution (SDR) entity reviewing the dispute agrees with the client and/or their families, they will have to pay the price on this Good Faith Estimate, reduced by the $25 fee in the case that the client and/or their families disputed the bill through HHS. If the SDR entity disagrees with the client and/or their families and agrees with me, the client and/or their families will have to pay the higher amount.

This estimate of costs is not a contract and does not obligate you to obtain clinical services from me. The estimated costs are valid for 12 months from the date of this Good Faith Estimate. Clients and/or their families should discuss any questions about this Good Faith Estimate as soon as possible.

Signing below indicates that you received, read, and understand the Good Faith Estimate.

**Client Name Date of Birth**

**Client Signature or Parent/Guardian Signature Date**

**Tiffany Shader, PhD, Licensed Clinical Psychologist Date**

**California License # 32997**