

Aspiring Minds

Neuropsychological Assessment & Psychotherapy Clinic

Ludmila Zaytsev, Ph.D.
Clinical Psychologist (PSY 23050)

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Please read the consent form below carefully. It is important that you understand the kind of services the Aspiring Minds Clinic provides, and the terms and conditions under which these services are offered. If you have any questions, Dr. Zaytsev or clinic staff will be happy to discuss them with you.

Informed Consent

Confidentiality

Information about clients is kept confidential within the office. Client information will not be shared outside the office without the client's written permission.

Limits of Confidentiality

All information disclosed within these sessions are strictly confidential and may not be revealed to anyone outside the Aspiring Minds Clinic staff without the written permission of the client, or if applicable, the client's representative. Confidentiality is waived under the following conditions:

- If you are deemed in danger of harming yourself or anyone else
- If the therapist believes that a child is being neglected or abused
- If an elder is being abused
- If the client is a minor (under 18 years of age), the client does not have the legal right to keep therapy confidential from his/her parents. For the purposes of therapy, however, the parent may agree to grant the minor privacy in therapy.
- Professional therapy never includes sex. Allegations of sexual misconduct by a licensed health care provider must be reported to the CA Board of Psychology.

Communication via E-mail

According to HIPAA regulations, we need your expressed authorization to communicate with you via email regarding your case or the case of your child. However, you need to be aware that while every effort is made to ensure privacy, email messages sent over the internet are not always completely secure.

- Yes, I wish to communicate with you via email, when needed. This includes sending me a copy of my child's (or my) report in .pdf format. My email address is _____
- No, I do not wish to communicate with you via email.

After Hours Contact/Emergencies

The operating hours of the office are Saturday from 10 am to 6 pm. This office is not equipped to offer treatment on an emergency or walk-in-crisis intervention basis. If in case of an emergency, you are unable to reach Dr. Zaytsev (such as after business hours or during vacation or holiday time), you are advised to:

- Call 911
- Go to the emergency room of the nearest hospital for an evaluation
- Contact the switchboard of Los Angeles Crisis Hotline 800-854-7771 and speak with a counselor by phone

Release of Records

Written records are released only after an authorization for Authorized Release of Information form is signed by the client or guardian.

Psychological Assessment

A written report of the assessment results, conclusions, and recommendations will be released to you and to anyone you authorize to receive it. Raw data (the test questions and answers) may only be released to another psychologist who has been trained to interpret them.

Fees and Financial Agreement

We do not accept insurance as a form of payment for services rendered. A detailed receipt will be provided when all fees are paid in full. This receipt will contain all of the information necessary to submit a claim to your insurance company, should you choose to do so. Please be aware that insurance companies vary in their reimbursement for psychological and educational testing services, and no amount of reimbursement is guaranteed. If payment in full is not received within 30 days of the follow-up parent conference, collections procedures may be initiated. We accept cash, check and credit card payments.

Clients agree to pay the agreed-upon fee at the time of service, whether or not their insurance company reimburses them for all or part of the fee.

- Assessment payments are made in two installments, half in the first visit and the balance at the time of the feedback session. In case the client decides to discontinue assessment process upon completion of the intake interview/consultation, the session fee of \$300 will apply.
- Therapy payments are made at the beginning of each session.

Additional services (e.g., consultation with schools, IEP meeting attendance, etc.) may be provided upon request at an hourly rate of \$150 per hour.

In case the therapist is subpoenaed to testify in court regarding your case, an hourly fee of \$250 will apply and require an initial retainer of \$1,250.00.

No-Show and Cancellation Policy:

Your visit has been reserved for you. A 24-hour notice is required for cancellation or you will be charged a late cancellation fee of \$100. If you fail to appear for an appointment without a 24-hour notice of cancellation, your full appointment fee will be charged.

STATEMENT OF UNDERSTANDING

I have reviewed the information above and give consent for treatment. Further, I agree that I have been afforded the opportunity to discuss any questions about the terms of this agreement before signing below.

I have read all the items listed above and hereby consent to services at the office of Ludmila Zaytsev, Ph.D. for (1) myself or (2) child, _____, for whom I am legal guardian. I agree to pay the total fee of \$ _____ for evaluation and/or \$ _____ per therapy session.

Client Signature (if over 18 years old)

Date

Parent or Legal Guardian (if minor)

Date

Psychologist

Date