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## Patient Information Sheet for Adults/Couples

1. **Description of Professional Services.** Psychological services may include the following: Initial Evaluation, Consultation, Individual, Couples, and/or Family Psychotherapy, Telephone Conferences, Psychoeducational Assessment, Intellectual Assessment, and Personality Assessment. The goal of Psychological services is to promote healthy individual and relational functioning in all domains, including the cognitive, behavioral, social, and emotional domains. The aim of the provider of psychological services is to use professional training and experience to promote developmental competence and social-emotional adjustment.
2. **Appointments.** The first appointment is generally an Initial Evaluation that lasts approximately one hour. Prior to the first visit, you may be asked to complete forms that provide important information for the first meeting. Consultation and Individual Psychotherapy sessions are 50 minutes. Couples/Family Therapy sessions are 50 minutes long and may be attended by some or all family members. Formal Psychological Assessment sessions are arranged to answer specific questions on a case by case basis and may involve two entire mornings/afternoons for the administration of a full psychological battery of tests. Telephone conferences may be needed between appointments or to coordinate services among professionals.
3. **Length of Psychotherapeutic Treatment.** Psychotherapy may be relatively brief (10 sessions or less), however this is not always the case. After a diagnostic assessment, psychotherapy may or may not be recommended. When a patient engages in therapy, a treatment plan is devised based upon goals that are collaboratively developed. Evaluation of treatment goals lead to decisions about shortening or lengthening treatment.
4. **Psychological Testing.** Formal psychological assessment is designed to answer specific referral questions about developmental or learning strengths and weaknesses, and to help rule-in or rule-out possible developmental and/or emotional disorders. Testing may be recommended after an initial evaluation or after a certain amount of psychotherapy. Other professionals may request formal assessment. Test batteries may include standardized intelligence and achievement tests as well as neuropsychological screening tests, rating scales, symptom inventories, and projective tests such as drawings, storytelling cards, and inkblots.
5. **Client History.** For purposes of therapy and/or assessment it is often important to assess current functioning in light of family history. Questions may be asked about individual and family social, medical, psychiatric, and psychological history.
6. **Confidentiality.** Professional ethics and state law require complete confidentiality of information shared as a result of psychological services rendered. Cases will not be discussed with anyone without written consent from adults and parents of minor patients, except as follows:
  - a. If contact reveals that the patient is a danger to self or others
  - b. If child abuse is suspected

- c. To insurers for claims payments
  - d. To mental health professionals who are in practice with the providers for purposes of "covering" for the provider when she is unavailable or for purposes of hospitalization or for emergency psychiatric services
  - e. As required by state regulations
7. **Cancellation and Missed Appointment Policy.** Patients are expected to notify the psychologist 24-hours advance if they must cancel an appointment. Missed appointments or those cancelled with less than 24-hours notice, carry a charge of \$55.00. The patient, not insurance carrier, is responsible for this charge. This fee can be paid at the next appointment.
  8. **Payment for Professional Services Rendered.** Payment is required at the time of services rendered, unless prior arrangements have been made. There will be charges for telephone contacts. Fees also will be charged for letters, copies, and/or reports requested. There will be no charge for records sent to another mental health professional. Charges for travel time may be included in an out-of-office consultation.
  9. **Insurance.** It is the responsibility of the patient to know their insurance benefits. You will determine the types of mental health providers that are covered by your policy, as well as which diagnostic categories and psychological services are covered. Patients are responsible for reimbursing the provider if services exceed benefits outlined in their policy or managed care plan, or if their insurance is terminated while in treatment.
  10. **Overdue Accounts.** Accounts are considered delinquent after 30 days of nonpayment. If an account reaches \$150, routine visits will terminate unless payment of the entire amount due is made at the time of service. Delinquent Accounts will be turned over to a collection agency, with a surcharge of 30% added.
  11. **Ethical and Professional Standards.** The ethical guidelines and practice standards published by the American Psychological Association are adhered to in this practice. The practice of psychology is regulated by the Texas State Board of Examiners of Psychology.
  12. **Patient Questions.** Patients and parents are encouraged to directly address any and all questions to the service provider, Sydney Paver Ph.D. Questions about consumers' rights may be addressed to the Texas State Board of Examiners of Psychology.
  13. **Follow-up Services.** You may be contacted after termination of services for purposes of quality control and practice development.

My Signature attests to the following: 1) I have read this information, understand it, and consent to psychological services; 2) I authorize Sydney Paver Ph.D. to release any pertinent information acquired in the course of my evaluation or treatment to my insurance company; 3) If pertinent, I authorize my insurance benefits to Sydney Paver, and that I understand I am financially responsible for non covered services; 4) I understand that Dr. Paver is a sole practitioner in independent practice, and not a part of a professional association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient