

# GOLD PSYCHOLOGICAL SERVICES

## *Psychological, Forensic, Educational and Therapeutic Services*

701 E Brookside Lane  
Hillsborough, NJ 08844

Phone: (973) 615-7759  
Email: [drgoldstein8@gmail.com](mailto:drgoldstein8@gmail.com)

Web: [www.goldpsychological.com](http://www.goldpsychological.com)

### **Understanding Psychological Services and Informed Consent**

Thank you for selecting Gold Psychological Services as the place for your assessment, therapy, or consultation needs. This document was created to help you understand the policies and procedures for evaluations and prepare you for the steps ahead. Please thoroughly review this document, as it contains information that is very important for you to know.

### **Understanding Psychological Assessment**

Psychological Assessment is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality, and capabilities. It is important to know that Psychological Assessment is not the same as Psychotherapy. Unlike Psychotherapy, Psychological Assessment includes the use of psychological tests that are administered by a Licensed Psychologist. These tests are standardized, objective, and quantitative. Part of the assessment may also include the integration of non-standardized information, such as interviews with you or others, or the review of obtained records, as permitted by you.

#### *Psycho-educational Assessments*

The types of assessments that are utilized at Gold Psychological Services are psycho-educational. This means that the evaluations assess various skills related to the learning process such as intellectual aptitude, academic ability, information processing, attention, and memory. In some cases, the methodology may include assessments of different aspects of emotion and personality. Results from evaluations can help inform individualized and practical recommendations to address present issues and provide diagnostic clarifications. When appropriate, such information can be shared with the individual being evaluated, his or her family members, teachers, or health care providers.

The Psychological Assessment process takes place in four primary stages:

1. **Intake Interview** The intake interview is conducted between the client and the

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therapist. The purpose of this interview is to obtain background information, discuss your concerns, and identify the objectives for the evaluation. This process may take approximately 60 minutes.

**2. Testing** Psychological testing may take place over the course of one or more sessions lasting 1-2 hours per session. The total testing time is usually completed within 4 hours, depending on the individual needs of the client, which is determined during the intake interview.

**3. Scoring, Interpretation, and Report Writing** Your therapist will score and interpret the results from testing and any collateral documents that you provide. In addition, your therapist may prepare a report depending on your needs. The amount of time dedicated to this process typically ranges from 3 – 9 hours.

**4. Client/Parent Feedback Meeting** Your therapist will invite you to a feedback meeting to provide interpretation about the testing results, review diagnostic impressions, and discuss treatment recommendations. This meeting will take place about 2 – 3 weeks after the completion of the testing process and will last approximately 60 – 90 minutes.

In addition to the stages of the Psychological Assessment described above, other services are sometimes necessary. For example, your therapist may find it helpful to speak with other professionals involved in your care, or your child's care. Such professionals can include teachers, physicians, counselors, or other therapists. If this is necessary, you will be asked to sign an Authorization to Release Information form prior to any communication. For some children, a school observation may be recommended to provide a better idea of how your child is functioning in his or her educational setting.

### **Child and Adolescent Psychological Assessments**

Depending on the child's age and nature of the concern, the initial intake interview may include a private conversation between the child and therapist. At this session consent for treatment will be required from parent(s)/legal guardian(s). Psychological Assessment will not begin without applicable consents. If any question exists regarding the authority

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of the representative to give consent for the assessment, the therapist will request supporting legal documentation, such as a custody order, prior to the commencement of services.

### *Privilege*

In order for an accurate assessment to be conducted, a safe and private environment must be created for the child or adolescent. Thus, the dialogue and the content of the individual sessions between the child and therapist will remain private. Limitations include any instances of safety concerns, which will be determined by the therapist. If such situations arise, both the therapist and the child will discuss these issues with the child's parent or legal guardian.

### *Pickup and drop-off policies*

The Gold Psychological Services office is not able to accommodate children outside of a scheduled appointment time. Unattended children in the waiting room can represent a safety issue, as no supervision is available during this time. Parents and guardians are encouraged to wait for their child in the office for the first one or two sessions in case the therapist has a question or if your child would benefit from parental encouragement. After the first one or two sessions most parents/guardians feel comfortable leaving the office to run an errand or enjoy a quick meal. In such cases, we ask for a *timely pickup* and that during this time parents/guardians are available via cell phone.

### **Limits of Psychological Assessment**

There are many potential benefits to Psychological Assessment that include diagnostic clarification, individualized treatment recommendations, insight into the nature of your strengths and areas of impact, as well as providing a written report to assist in facilitating services in the community or at school when necessary. Although most individuals have a positive experience during the assessment process, it is always possible to experience discomfort such as frustration, anxiety, or embarrassment. In addition, it is important to know that the results of the Psychological Assessment may not answer all of your

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questions about your situation, or your child's situation. Thus, other referrals may be made to other service providers.

Testing results may prove invalid due to a variety of factors, including changes in health status, some types of on-going medication or medical treatment, lack of motivation, or attempts to manipulate the testing results. Please inform your therapist of any current health issues, current medications, or other factors that may influence test validity.

### **The Therapeutic Relationship**

The relationship between you and your therapist is very special and unique. You will be sharing information with your therapist that may be sensitive and intimate. It is not your therapist's job to make judgments or give advice. Rather, the therapist's role is to understand your concerns and take this into consideration when formulating treatment recommendations. It is important to know that Psychological Assessment is not Psychotherapy. Completion of testing does not imply an on-going psychotherapeutic relationship with your therapist, unless such a relationship has been specifically and mutually agreed upon.

You can always count on your therapist for professional help. With time, you may come to feel close to your therapist and may wish to spend time with him/her in a more social environment. However, in order to protect your confidentiality and maintain professionalism, therapists and clients do not socialize together. One of the biggest violations of the therapist's role is those therapists who have dated or had sexual relationships with clients. While talking about sexual thoughts or feelings is a part of therapy for many people, sexual relations between a therapist and client is never okay.

In therapy, the focus is always on you. This is a luxury that everyday life doesn't often give us. At first this luxury may seem a little awkward; you may not be used to talking about yourself to someone who doesn't tell you much about themselves in return. After awhile this uneasiness usually goes away and you may find yourself enjoying the time that is devoted solely to you.

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You are encouraged to be honest with your therapist about your feelings, not only about others, but also about your therapist. You are invited to express any fears, anger or resentments that your therapist may trigger in you. This is the best and safest way to establish an effective working relationship.

### **Limits of confidentiality**

In accordance with professional ethics and New Jersey law, the information you reveal in your assessment sessions is confidential, and will not be shared with anyone without your written permission, except as required by law.

Some of the circumstances where disclosure is required by New Jersey law are when there is a reasonable suspicion of child, dependent or elder abuse or neglect. This includes instances when material has been accessed, streamed, or downloaded where a child is engaged in an obscene sexual act. If you are a danger to yourself, to others, or to property of another person, or if you are gravely disabled, your therapist is mandated to make a report to the appropriate authorities. Your therapist is also obligated to disclose information if a close family member communicates to the therapist that you are a danger to others.

Disclosure may also be required during a legal proceeding by or against you. For example, if your mental status is questioned during litigation, therapy or assessment records and/or testimony by your therapist may be required by a Court Order. Your therapist will use her clinical judgment when revealing such information, and do her best to minimize disclosure unless absolutely necessary.

Although Gold Psychological Services does not currently participate in any insurance plans, you may have out of network benefits afforded to you through your insurance. Therefore, disclosure of confidential information may be required by your health insurance carrier in order to process claims. In such cases, your therapist will communicate only the minimum necessary information to the carrier. Gold Psychological Services has no control or knowledge over what insurance companies do

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with the information that is submitted or who has access to your information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance, or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computer and is likely to be reported to the national Medical Data Bank. Accessibility to companies' computer or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also may put you in a vulnerable position.

### *Confidentiality of records*

Gold Psychological Services will prepare and maintain separately for each patient/client a permanent client record, which accurately reflects the client contact with Gold Psychological Services, whether in an office, evaluation, or consultation setting.

Gold Psychological Services documents in the client record material pertinent to the nature and extent of the professional interaction, for example:

- 1) The location of treatment, evaluation or consultation
- 2) The client name, address and telephone number;
- 3) The client complaint on intake;
- 4) Medical history recognized as of potential significance;
- 5) Past and current medications;
- 6) Significant social history;
- 7) Findings on appropriate examination;
- 8) Raw data and interpretation of tests administered;

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- 9) Current functional impairments and rating levels thereof;
- 10) A diagnostic impression;
- 11) Contemporaneous and dated progress or session notes including specific components of treatment, evaluation or consultation;
- 12) Dates of all treatment, evaluation or consultation sessions;
- 13) An evaluation of progress (if applicable);
- 14) A prognosis;
- 15) The client identity on each page;
- 16) Fees charged and paid;
- 17) The identity of each provider of treatment, evaluation or consultation (and supervisor, if any); and
- 18) If services are rendered by a permit holder, the written disclosure form signed by the client as required by N.J.A.C. 13:42-4.4(f).

The client record shall also contain information regarding referrals to other professionals together with reports and records provided by other professionals and integrated into the client's treatment, evaluation or consultation report.

When records are to be maintained as confidential as described previously, Gold Psychological Services has developed procedures to protect such records from access by unauthorized persons. Gold Psychological Services will retain the permanent client record for at least seven years from the date of last entry, unless otherwise provided by law.

Gold Psychological Services has also developed procedures for maintaining the confidentiality of client records in the event of their provider's relocation, retirement,

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death, or separation from the practice. This includes making reasonable efforts to directly notify any patient treated during the six months preceding the cessation, providing information concerning the established procedure for retrieval of records.

### *Request for release of information*

A signed release is required in order to authorize the release of any part of the client file. Gold Psychological Services reserves the right to charge a reasonable fee for any copying costs associated with preparing the client record (i.e., \$.20 per page).

### *Electronic communications*

It is important to be aware that electronic communication such as E-mail can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. A non-encrypted e-mail, such as your therapist's email, is even more vulnerable to unauthorized access. Although your therapist's emails are not encrypted, the therapist's computer is equipped with a firewall, a virus protection and a password.

Phone contacts between sessions can be helpful for discussing particular events or situations that are causing you distress. If phone contact becomes routine and/or a phone conversation becomes lengthy, you may be charged. E-mail is a helpful tool for asking general questions of your therapist, confirming appointments, and conveying relevant information and updates. However, e-mail should not be used as a substitute for a session in the office. Your therapist cannot conduct assessments over the phone or via email.

Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail. Otherwise, your therapist may communicate with you via e-mail when necessary or appropriate. If you communicate confidential or highly private information via e-mail, your therapist will assume that you have made an informed decision and will honor your

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desire to communicate via e-mail. Please do not use e-mail for emergencies. Please, note that e-mails, faxes, etc. are all part of the clinical records.

### *Online reviews*

We understand that there are more choices than ever when it comes to choosing the right therapist. With the Internet impacting virtually all aspects of our lives, it has been increasingly more common for consumers to find and vet businesses online. In the case of psychological assessments, online reviews such as Yelp.com pose a unique challenge for both the therapist and client. If you post an online review based on your experience during an evaluation, you are publicly acknowledging a therapist-client relationship and have thus waived your right to privacy. You should be aware of any potential negative impact that could occur on the basis of this disclosure. Furthermore, the nature of the confidential relationship between client and therapist is known to contribute to the effectiveness of the assessment. Instead, we invite you to share your comments – either positive or negative directly with us. Your therapist is always willing to discuss your reactions and work with you to make your experience in the assessment a positive one.

### *Social networking & Internet searches*

Your therapist neither searches for clients on Internet search engines, such as Google, or searches for clients' Social Networking profiles, such as Facebook. Exceptions to this may include instances of safety or situations of acute crisis.

### **Emergencies**

Your therapist can be reached during normal business hours Monday through Friday by calling Gold Psychological Services at (973) 615-7759. Please note that the therapist may not be immediately available to handle emergency situations. If you are in need of emergency assistance, call '911'. Unless otherwise specified, Gold Psychological Services will make every attempt to return phone messages within 24 hours.

### **Other Office Policies**

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### *Scheduling appointments*

Appointments will be made via phone, email, or form available on the Gold Psychological Services website.

### *Arriving on time for your appointment*

Please make effort to arrive to your appointment on time. If you arrive early you are welcome to wait in our comfortable waiting area and relax before your meeting. You will benefit the most from participating in a full session. We understand that some things are out of your control such as traffic, emergencies, or car problems. In the case that you know you will be late for your appointment, please call ahead. If you are more than twenty minutes late your therapist may decide that it is not in your best interest to hold the session. In such cases, you may incur a missed session fee. If arriving late to your appointments becomes a pattern and it interferes with your assessment, you and your therapist can discuss alternative solutions such as meeting at another time or location, or receiving care from another therapist.

### **Fees**

Obtaining a Psychological Assessment can be a substantial investment and it is important that you know exactly what your financial obligation will be. During the diagnostic interview, you will receive an estimate of charges for the remainder of the evaluation, including testing, scoring, and conducting the feedback session, as well as writing the report if necessary. The fees at Gold Psychological Services for psychological assessments, therapy, and/or consultations are \$175.00 per hour. Payment is due at the time of session. Fees for evaluations prepared for the courts are \$210.00 per hour. Fees for testimony are billed at \$225.00 per hour.

Note: For those wishing to use a credit card, a 3% fee will be added to the total amount.

### *Cancellations*

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Your appointment is reserved exclusively for you. If you missed your appointment or cancel at the last minute, we will be unable to care for another client. We have no method of recovering lost revenue from missed appointments or last minute cancellations. Thus, missed appointments, or those cancelled within **48 hours** of scheduled appointment time are subject to a \$100.00 missed appointment fee.

### *Client Statements*

At the end of each month, clients with outstanding balances will be sent a client statement. This statement will include any balances owed, and a summary of services received. As mentioned previously, payments are due at the time of session. However, if a statement is received, payment for the balance due is expected within 15 days of the date posted on the client statement.

If payment is received after 15 days, the following late fee schedule applies:

If you would like to pay in advance for your Psychological Assessment either by credit card, check, or cash, our staff will track your balance and deduct services rendered from your total credit.

You are responsible for ensuring that all of your fees are paid on your account. This means that even if another person or entity such as another parent is expected to cover the charges and does not, you will be financially responsible. The person calling to request services is generally considered the guarantor on the account. If a balance remains on your account after repeated attempts to collect payment, Gold Psychological Services reserves the right to pursue collections through either a collections agency or small claims court.

### *Returned Checks*

In the event that a deposited check is returned due to insufficient funds ("bounced" checks), a \$35.00 fee will be charged. In addition, you will be responsible for the original amount owed. If such situations arise, you may be asked to pay either with a credit card

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or cash for subsequent sessions.

Payment Schedule	Late Fee
If payment received within <b>15 days</b>	No Fee
If payment received within <b>30 days</b>	.. \$25.00
If payment received within <b>45 days</b>	\$35.00
If payment received within <b>60 days</b>	.. \$45.00

## Consent and Agreement for Psychological Assessment

I, \_\_\_\_\_ [your name] agree to the following services:

- interpretation interpretation
- Consultation with school personnel
- Consultation with attorneys
- Deposition (written testimony given to a court, but not made in open court)
- Testimony in court
- Other (describe): \_\_\_\_\_

The type(s) of feedback you, or your child would like to receive:

- or each measure, an integrative summary, and recommendations for treatment and/or other interventions summarysummary

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e) that provides an overview of findings and recommendations findings and recommendations findings and recommendations

In-person, verbal feedback

Other (describe): \_\_\_\_\_

This agreement concerns myself or \_\_\_\_\_

I understand that this evaluation is to be done for the purpose(s) of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that the fee for these services will be approximately \$ \_\_\_\_\_, and that

This fee is due upon first session.

By signing below, I acknowledge that I consent to psychological assessment by Gold Psychological Services, and that I have been informed of the policies regarding evaluations. I fully understand my rights and obligations as a client of Gold Psychological Services and freely agree to this agreement for these psychological services.

\_\_\_\_\_ Client's Signature

\_\_\_\_\_ Legal Guardian's Signature

\_\_\_\_\_ Legal Guardian's Signature

\_\_\_\_\_ Client's Printed Name, Date

\_\_\_\_\_ Legal Guardian's Printed Name, Date

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\_\_\_\_\_ Legal Guardian's Printed Name, Date

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