



Nicole Ann Cavenagh, PhD
Licensed Psychologist/Pediatric Neuropsychologist

OFFICE AND FINANCIAL POLICIES

Thank you for choosing Nicole Ann Cavenagh, PhD as your psychological healthcare provider. Our primary concern is that you receive the optimal and proper services for your child's care. Therefore, if you have questions regarding clinical services, please contact Dr. Cavenagh. If you have any questions about payment or other policies, please contact my front office staff.

Appointments and Scheduling:

- All intake paperwork and outside records requested by this office must be provided in advance of the initial parent interview appointment or the appointment will be rescheduled.
- Initial interview and feedbacks sessions are to be attended by parents only. Should you choose to bring your child(ren) to these appointments, they will be rescheduled, which may result in a significant delay in your child's evaluation proceedings.
- Tardiness:
 - If you are up to 15 minutes late for a scheduled appointment, you will be seen but the appointment will end at the scheduled time.
 - If you are 15 minutes or more late, the appointment will be rescheduled.
- Cancellations:
 - Please provide **at least 72 hours'** notice for cancellations. Failure to give **at least 72 hours'** notice for cancellation for any reason (including traffic, childcare issues, illness, or any other reason) will result in forfeiture of your deposit (please see Financial Policies). Please note that your insurance company cannot be charged for a failed or cancelled appointment and you will be responsible for payment.
 - Once an evaluation has begun, it must be completed in a timely manner. It is your responsibility to work with our staff to reschedule any cancelled appointments as soon as possible.
- Failed/Missed Appointments:
 - If you do not attend a session and do not call to cancel, all of your future appointments will be cancelled.

Record Retention:

- Per Utah Administrative Code 432-500-21 Section 3(a), psychologists are required to maintain records for adult clients over 23 years of age, for seven years after the last date of service. Children's records will be maintained until a minor reaches 18, or the age of majority, plus an additional 3 years. After that time, records may be destroyed.

Communication Outside of Scheduled Appointments:

- Dr. Cavenagh sees patients by appointment only and is rarely immediately available by telephone. She does not answer calls while with patients. Please leave a message and every effort will be made to return calls within 2 business days. Please provide times that you will be available in the message.
- If you choose to do so, you may contact our office via email. Please note that no clinical services or information may be exchanged via email. Electronic communication, such as e-mail, is not a secure medium for transmission of protected health information and our office cannot guarantee the confidentiality of information transmitted in this way.
- Our clinicians and staff do not accept "friend" or networking requests from patients or patient's family members through social media or other online forums. Further, per the American Psychological Association Ethical Principles and Code of Conduct, Section 3.05, our clinicians do not engage in potentially harmful multiple relationships with patients or patient's family members.
- If you or your child are experiencing a medical or psychological emergency, please contact your primary care physician, call 911, or proceed to the nearest emergency room.

Financial Policies:

- Payment for services is due at the time that the service is rendered. We accept cash and credit cards (please contact our front office staff for information on credit cards accepted).
- Nicole Ann Cavenagh, PhD, is not paneled with any insurance providers in the state of Utah and **does not** submit bills to insurance companies for out-of-network reimbursement. Upon request, my office can provide you with "Record of Services Provided and Fees Collected" (e.g., superbill) that includes dates of services, procedure codes, and clinical diagnoses that you may use to seek reimbursement on your own.
- You hold the contract with your insurance carrier and Nicole Ann Cavenagh, PhD, is not a party to that contract. As such, Nicole Ann Cavenagh, PhD can make no statements or guarantees regarding whether or not your insurance carrier will provide you with reimbursement should you submit the aforementioned "Record of Services Provided and Fees Collected."
- You are responsible for your account and expected to pay for all services at the time services are rendered and in accordance with Nicole Ann Cavenagh, PhD, policies as detailed in this document. In the case of a minor child or an adult under the care of a legally appointed guardian, the parent or guardian who brings the patient to the appointment is responsible for payment.
- Nicole Ann Cavenagh, PhD, does not split bills or bill to multiple parties to accommodate divorced or separated parents. In cases of divorce and/or joint legal custody, services will be billed to the parent who signs the Office and Financial Policies form. Nicole Ann Cavenagh, PhD, will not attempt to collect payment from anyone other than that authorizing parent. If a court order or other agreement requires one parent to pay all or part of the evaluation or treatment costs, it is the responsibility of the authorizing parent to collect from the other parent.

- Should there be a balance on your account at any time (e.g., services rendered after completion of the feedback session), that balance is due in full within 30 days of receipt.
- Failure to pay your account within 90 days will result in your account being referred to a collection agency. Expenses incurred by the collection agency will be your responsibility.
- Our office **does not** provide refunds for appointments cancelled by patients (other than as described under Cancellations, above) or that patients failed (e.g., No Call/No Show) to attend.
- Records requested by another healthcare provider's office can be sent by fax or mail free of charge. Records requested by other entities, including patient/patient's guardian, will be billed separately at \$0.53 per page for the first 40 pages and \$.32 per page for each additional page (a higher fee may be charged for pages both sides of which must be copied or items on nonstandard pages) and the actual cost of postage per Utah Code 78B-5-618. Payment is expected prior to the release of records. Please see Utah Code 78B-5-618 for any additional fees that may apply.
- At this time, our clinicians are not contracted with any insurance carriers in the state of Utah. Charges for services are as follows:
 - **Neuropsychological Evaluation for ages 6 years through 16 years = \$2200.00**
 - **This fee is inclusive of parent interview, time spent reviewing records, direct assessment of child, test scoring and interpretation, report writing, and parent feedback session.**
 - **Payment of the above fee is due as follows:**
 - **50% deposit is due at the time your appointments are scheduled. This can be paid to our office staff over the phone or via our website. Your appointments will be confirmed upon receipt of deposit.**
 - **Please be aware of our cancellation policy, described above, as it pertains to your deposit.**
 - **Balance (remaining 50%) is due at the time of your parent interview.**
 - Telephone Consultation Fees (other than parent interview or feedback sessions):
 - Telephone Consultation Brief (15 minutes or less) = \$65.00
 - Telephone Consultation Intermediate (15-30 minutes) = \$135.00
 - Telephone Consultation Complex (up to 45 minutes) = \$195.00
 - Please inquire with our front office staff should you require information on fees for specific services not listed above.

Divorced or Separated Parents:

- When parents are separated or divorced, it is strongly preferred that both parents consent to evaluation or treatment for their child and to agree regarding payment for these services. In circumstances where one parent is seeking services, Nicole Ann Cavenagh, PhD, recommends that the child's other parent, if any, be informed of the decision to seek evaluation or treatment for the child.
- I may ask for you to provide me with documentation (e.g., birth certificate, most recent custody decree, adoption decree, etc.) that establishes custody rights and the right to authorize evaluation or treatment of the child.

- Unless there is legal documentation stating otherwise, please be aware that either parent may request access to the child's information/medical records.

Legal/Custody Evaluations:

- At this time, Nicole Ann Cavenagh, PhD, **does not** provide any services or evaluations pertaining to litigation, forensic evaluations, and/or custody evaluations.
- All legal guardians of a child are strongly encouraged to participate in the evaluation proceedings.
- All legal guardians must agree not to ask clinicians or staff of Nicole Ann Cavenagh, PhD, to testify in court in any way, shape, or form. We will not provide evaluation results to the court or attorneys for litigation or other purposes. All legal guardians must agree to instruct their attorneys not to subpoena or refer to clinicians or staff of Nicole Ann Cavenagh, PhD, in any way, shape, or form in any court filing. If we are required to testify or release records under court order, we retain the right to terminate psychological services.
- Clinicians and staff of Nicole Ann Cavenagh, PhD, are ethically bound to not provide opinion regarding either parent's/guardian's fitness for custody or visitation.
- If clinicians and/or staff of Nicole Ann Cavenagh, PhD, are required to participate in court or legal proceedings of any type, the party responsible for the participation agrees to reimburse The Center for Child and Family Development at the rate of \$1,650.00 for a half-day (up to 4 hours) and \$3,000 for a full-day (up to 8 hours) for time spent traveling, preparing reports, testifying, being in attendance, and any and all other case-related activities or costs.

My signature, or the signature of parent or guardian, below indicates that I have read, understand, and accept the Office and Financial Policies described within this document.

I hereby give my consent for an evaluation and /or treatment of my child.

Thank you for choosing Nicole Ann Cavenagh, PhD, as your health care provider. I appreciate your trust and the opportunity to serve you.

Please sign, date, and return this copy to the doctor's office.

Patient Name (Print)

Parent/ Guardian (Print)

Relationship to Patient

Parent/ Guardian (Signature)

Date

Parent/ Guardian (Print)

Relationship to Patient

Parent/ Guardian (Signature)

Date

Staff Witness Signature

Date Signed

A copy of this form will be considered as valid as the original. You may request a copy of this form from the front office staff if so desired.