

**AGREEMENT TO PROVIDE PSYCHOLOGICAL EVALUATION  
AND CONSULTATION  
and  
OFFICE POLICIES & GENERAL INFORMATION**

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**The following information and agreement to provide psychological services is provided to promote mutual understanding and agreement between Dr. Judith Andrews, Clinical Psychologist, and those persons who seek psychological evaluation and treatment with her. Please read the agreement carefully and ask for clarification of any of the information contained herein prior to signing. Please retain one signed copy for your own records and return one signed copy to Dr. Andrews.**

**CONFIDENTIALITY: All information disclosed within in the process of psychological evaluation sessions, in therapy sessions, in telephone conversations, and in written records pertaining to those sessions is confidential and may not be revealed to anyone without the patient's or parent's of patients (under 18 years of age) written permission, except where disclosure is required by law. Some of the circumstances where disclosure is required by the law are where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; or where a patient presents a danger to self, to others, to property, or is gravely disabled. Disclosure of information obtained in the course of psychological evaluations or in the future after a psychological evaluation, may occur in circumstances where Dr. Andrews becomes concerned about your personal safety, the possibility of you injuring someone else, or when Dr. Andrews is concerned about you receiving proper psychiatric care. She will do whatever she can, within the limits of the law, to prevent you from injuring yourself or others and to insure that you receive the proper medical care. For this purpose and this purpose only, she may also contact the appropriate persons with confidential communications.**

**HEALTH INSURANCE:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order for you to process your own claims for reimbursement. Only the minimum necessary information will be communicated to the carrier and then only with your written permission. Dr. Andrews has no control or knowledge over what insurance companies do with the information she submits or who within an insurance company has access to this information. She will, however, comply with all state laws regarding the Health Insurance Portability and Accountability Act (HIPPA) and release nothing without your permission.

**LITIGATION LIMITATION:** Disclosure may also be required pursuant to a subsequent legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant or opposing party may have the right to obtain psychological records and/or testimony by Dr. Andrews. Dr. Andrews will use her clinical judgement when revealing such information. Due to the nature of the therapeutic process and the fact that it often involves making full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...), neither you (patient nor parent of patient) nor your attorneys, nor anyone else acting on your behalf will call on Dr. Andrews to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested by you unless ordered by a judge in writing.

**CONSULTATION:** Dr. Andrews may, from time to time, consult with other mental health professionals regarding her patients. However, in the consultation process a patient's name or other identifying information is never revealed by Dr. Andrews. The client's identity remains completely anonymous and confidentiality is fully maintained.

**YOUR RIGHT TO REVIEW RECORDS:** As a patient, in the course of evaluation or psychotherapy, you have the right to receive a summary of your records except in limited legal or emergency circumstances or when Dr. Andrews assesses that releasing such information might be harmful in any way. In such a case Dr. Andrews will provide the your records to an appropriate and legitimate mental health professional of your choice

At the culmination of your evaluation, Dr. Andrews will consult with you regarding her findings and in most cases will generate and provide you with a written report of such findings entitled Psychological Evaluation Report.

Considering all of the exclusions and circumstances stated above, upon your request Dr. Andrews will release summary information and your Psychological Evaluation Report to you or any agency/person you specify unless Dr. Andrews assesses that releasing such information might be harmful in any way. There will be usual hourly rate charge for time spent responding to such a request.

**TELEPHONE & EMERGENCY PROCEDURES:**

By consenting here you are agreeing to receive emails, texts, and sometimes video conferencing from Dr. Andrews. The privacy of these correspondences cannot be insured by Dr. Andrews outside of our normal confidentiality agreements.

If you need to contact Dr. Andrews between sessions, please text or leave a message on her cell phone (281) 788 7820 or email her at [judithphdjudith@gmail.com](mailto:judithphdjudith@gmail.com) and your message will be returned as soon as possible. Dr. Andrews picks up messages a few times a day. Please call from 9:00 a.m. to 6:00 p.m., Monday through Friday, for non-emergency calls. After hour emergency calls should be made to Dr. Andrews' cell number: 281 788 7820 (leave a voice mail and your call back numbers). If you cannot reach Dr. Andrews and still need to talk to a mental health professional right away, call 911 and ask to be connected to emergency psychiatric personnel. Additionally, you can go to any emergency room in any local hospital and state that you have a psychiatric emergency and have been unable to reach your doctor.

**APPOINTMENTS: PLEASE REMEMBER!**

While circumstances (emergency or otherwise) do arise that prevent patients from keeping a scheduled appointment, Dr. Andrews cannot absorb the financial cost of patients' missed appointments. Since scheduling of an appointment for evaluation involves the reservation of a three hour block of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Appointments not cancelled by voice mail or email with 24 hours notice will be billed in full (three hours) regardless of the circumstances. If you are canceling an appointment with less than 24 hours notice or are running late, please be advised you will be billed for the appointment and please call or text Dr. Andrews at 281 788 7820 rather than using email. If you are calling or texting to leave a message just prior to your appointment, please be aware that Dr. Andrews may be in session and unable to respond to your call at that time. Initial appointments can be made via email at [judithphdjudith@gmail.com](mailto:judithphdjudith@gmail.com).

**PAYMENTS & INSURANCE REIMBURSEMENT:**

The process of a thorough psychological evaluation is formal and lengthy, generally involving 15 to 20 hours of the psychologist's time. Patients are expected to pay by check the full evaluation fee of \$225.00 per billed hour. A \$1500.00 initial payment is due by mail with paper work filled out by patient and parents one week prior to the first testing session and the balance is due at the time of the follow-up consultation). Complete evaluations generally run between \$2750.00 and \$3000.00 for the total hours involved which include testing time, scoring time, analysis time, follow-up consultation time, and written report time. Telephone conversations and consultation time with other professionals who have knowledge of the patient, site visits, review of records, report writing, and travel time, etc. will be charged at the same rate of \$225.00 per hour.

Patients who carry mental health insurance should remember that professional services rendered are charged to the patients at the time of the service and are not billed to insurance companies. Dr. Andrews will provide you with a copy of your receipt for each hour billed at the time of the follow-up consultation. The receipt can then be submitted by you to your insurance company for reimbursement if you so choose. Some insurance companies pay for psychological testing only with pre-approval or when the patient is in therapy prior to the testing request. If this is the case with your insurance company, you will need to come in for an initial session to determine the need for testing. Because Dr. Andrews is not a provider for any insurance companies, be sure to verify your coverage stating that you are using an "out of network" provider. The CPT code used for psychological evaluations is 96101. Again, it is your responsibility to verify the specifics of your coverage. Please bring a check for the evaluation balance due at the time of the follow-up consultation. If you wish to know ahead of the consultation the exact amount of the balance due over and above your \$1500.00 deposit, please notify Dr. Andrews and she will be happy to provide the balance due prior to the consultation.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Andrews will use legal means (court, collection agency, etc.) to obtain payment.

**MEDIATION & ARBITRATION:**

All disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Andrews and patient. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Harris County, Texas in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorney fees. In the case of arbitration, that sum will be determined by the arbitrator.

**THE PROCESS OF THERAPY/EVALUATION:**

Participation in an evaluation and/ or therapy can result in a number of benefits to the patient, including improved understanding of and resolution of the specific concerns that led the patient or parents to seek the evaluation. Working toward these benefits, however, requires patient effort post-evaluation to engage in recommendations following the evaluation. Psychological evaluations may result in decisions about changing behaviors, employment, substance use, schooling, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often change is a gradual process. There is no guarantee that the results of a psychological evaluation or resultant psychotherapy will yield positive or intended results. Following a psychological evaluation it is your prerogative to accept the results and recommendations or not. Should you enter into a course of therapy following a psychological evaluation, Dr. Andrews is likely to draw on various psychological approaches according, in part, to the problem that is being treated and according to her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, system/family, developmental (adult, child, family), or psycho-educational.

**DISCUSSION OF RESULTS:**

At the time of the consultation following the evaluation, Dr. Andrews will provide you with a very thorough written report detailing all results, a diagnostic impression and summary, a formal diagnosis, and several recommendations. Dr. Andrews will discuss with you (patient or parent of the patient) her working understanding of the problem, treatment plan, and her view of the possible outcomes of treatment. For adolescent patients it is frequently preferable for Dr. Andrews to have separate consultation with parents and the adolescent. Adolescents frequently are more open to hearing results and recommendations when they are in private consultation with Dr. Andrews. Additionally, separate consultations allow for more candid discussions between Dr. Andrews and parents. Patients who are 18 years of age must provide consent for parents to be informed of the results of the evaluation.

If you have any unanswered questions about any of the information outlined in the consultation or the written report, please seek further clarification. You also have the right to ask about other treatments and their risks and benefits. If you could benefit from any treatment that Dr. Andrews does not provide, she has an ethical obligation to assist you in obtaining those treatments. If you request and authorize it in writing, Dr. Andrews will talk to another professional of your choice in order to help you secure treatment pertinent to the recommendations following the evaluation. If at any time you want another professional opinion or wish to consult with another psychologist, Dr. Andrews will assist you in finding someone qualified. If she has your written consent, Dr. Andrews will provide another professional with essential information needed for treatment.

*I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:*

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**Patient name (print) and Signature (if over 18) Date**

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**Parent or Guardian name (print) and Signature Date**  
**(If patient under 18 or if parent is responsible for payment)**

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**Judith Andrews, Ph. D. Psychologist Date**

