

Informed Consent

I hereby consent to diagnostic and/or treatment services by Lenore Strocchia-Rivera, Ph. D., Linda Tafapolsky, Psy. D., Juliana C. Bates, Ph. D., Annetta Scott, Ph D., and/or Cheryl Engel, Ph. D. (hereafter referred to as “Dr. Rivera,” “Dr. Tafapolsky,” “Dr. Bates,” “Dr. Scott,” and “Dr. Engel”), licensed psychologists, who have extensive experience and training in the area of evaluations, assessments, training, and consultations. Throughout the course of our work together, I realize that Drs. Rivera, Tafapolsky, Bates, Scott and Engel are bound to confidentiality except that they are legally and ethically obligated to report concerns related to possible abuse, suicide, or homicide when they arise.

Fees for non-forensic evaluations are charged on an hourly basis at the rate of \$165 per hour. Fees are charged for in-person appointments and all professional work outside of appointments that includes test scoring, interpretation, letter writing, and report writing. It also includes professional work related to communications with other professionals with whom she has been given permission to speak. If off-site services are requested and can be accommodated, a travel fee of \$50 per hour will be charged. A retainer fee of \$1,650 is requested at the onset of evaluation or assessment services. Consultation fees are due at the time of service. If a retainer cannot be provided, fees are payable at interim points of the diagnostic and/or treatment process. Final reports and/or letters will be provided upon payment of all required fees.

Upon completion of the agreed upon services, clients are expected to benefit from Dr. Rivera’s, Dr. Tafapolsky’s, Dr. Bates’, Dr. Scott’s or Dr. Engel’s professional services. Most clients report increased feelings of hope and empowerment as a result of better understanding their psychological makeup; however, no expressed or implied guarantee of improvement is being offered. Clients may terminate the assessment or treatment at any time and will only be financially liable for work performed to date.

Signature of Client (or Authorized Person)

Date