

Glen D. Greenberg, PhD. ABPP

## **INFORMED CONSENT INFORMATION**

*Information about services, confidentiality, fees, and financial policy*

For crisis services, contact your physician or local emergency room. We do not provide crisis care.

This practice provides psychological testing services. In addition to clinical services, Dr. Greenberg trains graduate students and conducts research. Therefore, I may ask permission to involve an advanced doctoral student in an assessment, for the patient to take a test or questionnaire being developed, or allow the use of archival data for research (without patient identification).

This practice does not do medical-legal or competency assessments. If litigation is involved, contact a psychologist who performs those types of exams. Please inform us up front about any potential litigation related to the illness or injury.

### **APPOINTMENTS**

Office hours are 9 am to 4:00 pm during the work week. Testing usually lasts 3-4 hours. If you cannot keep an appointment, please provide 24-hour notice. You can leave a voice mail (610 566-0501) anytime to change an appointment.

### **CONFIDENTIALITY**

Issues discussed are generally legally protected as both confidential and privileged. However, there are limits to confidentiality and privilege. These limitations include 1) suspected abuse or neglect of a child, elderly person, or disabled person, 2) when I believe a patient is in danger of harming themselves or another person, or a patient is unable to care for themselves, 3) if a patient indicates they intend to physically injure someone the law requires me to inform that person as well as the legal authorities, 4) if there is a court order to release information, 5) when the insurance company will not pay for services unless documentation is provided when filing a claim, for insurance audits, case review or appeals, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. The patient or legal representative may be asked to sign a Release of Information form so I may contact other professionals or family members or send records.

### **RECORD KEEPING**

Your records will not be released without the written consent of the patient or legal guardian, unless as outlined in the Confidentiality section.

### **FEES**

- Intake fee is \$300.
- Testing fees are based on an hourly rate (\$300) and include time for scoring, interpretation, and report writing. Scoring and report writing can extend over two days so dates of service and bills may include professional work when the patient is not present.
- The fee to complete forms is \$20 and is billed to the patient.
- A missed testing appointment fee is \$300.

### **FINANCIAL POLICY**

- Insurances accepted:
  - MEDICARE: We accept the payment from traditional Medicare only.
  - BLUE/CROSS BLUE/SHIELD: We accept Delaware BC/BS.
  - Check with the office to see if other plans are accepted.
- As with any healthcare practice, the patients (or responsible party) is responsible for any insurance company plan deductibles, co-insurance, and co-payments.
- Inform the office of all insurance and financial arrangements before a service. If you have been seen previously by us but your insurance changed let us know about the new insurance or you will be responsible for your bill. If your insurance changes during a service let us know or you may be responsible for charges after the period the insurance changes.
- For Workers Comp (WC) or accident claims, provide us with the WC Claim or accident information AND your regular health insurance information which may be billed if accident benefits are exhausted or denied by WC.
- Uninsured or out-of-pocket patients are asked to pay prior to the service.
- If Dr. Greenberg is an out-of-network provider for your insurance, or you are paying out of pocket for a service, our office can provide a bill to submit to insurance for possible reimbursement. However, you are responsible for the entire cost of the service.
- For an HMO you must have a referral even if we are contracted with that plan. If we are not contracted with your insurance company, please obtain a referral for an out-of-network provider (if your plan has that option) or pay out-of-pocket costs.

### **TESTING**

Testing requires full cooperation and effort by the patient to generate valid findings. The results of a testing cannot be pre-determined, and there is no guarantee of any specific finding.

Please sign the next page indicating that you understand and agree to the above policies.

**Keep this page for your records.**

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**INFORMED CONSENT AGREEMENT**

*Information about Treatment, Confidentiality, Fees, and Financial Policies*

By signing below, you are indicating that you have read the Informed Consent Form and agree to the office policies:

- The confidentiality policy
- The financial policy
- To provide full effort during testing
- Consent to the assessment or treatment

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PRINT Patient name

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*Signature* of Patient or the Legal Guardian

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Date

Signature is a legal representative

**Return this signed page to the office.**