



ASSESS BELIZE

Psychological Testing & Therapy Services

Welcome to Assess Belize: Psychological Testing and Therapy Services. This document contains important information about Assess Belize's professional services and business policies. Please read carefully before signing.

PSYCHOLOGICAL SERVICES

Psychotherapy:

The therapeutic process and the focus of sessions will vary depending on individual presentation and needs. A major part of the professional role of a therapist is to facilitate the awareness, growth and psychological development of the client. Because psychotherapy is a collaborative process, it also calls for an active effort on the client's part. If you have any questions or concerns about our work together, please feel free to discuss as soon as they arise.

Psychological Testing:

Testing includes an intake, a customized set of tests that is administered and interpreted by your licensed clinical psychologist, a detailed written evaluation report, and a thorough feedback session that includes explanation of the results and discussion of relevant recommendations and referrals. If you have any questions or concerns about the evaluation process, please feel free to ask and/or seek clarification at any point.

CONFIDENTIALITY

The law and ethical guidelines of practice protects the privacy of all communications between a client and a psychologist, which means all information discussed in sessions are confidential.

In most situations, information about your treatment and/or your child's treatment will remain confidential unless you sign an "Authorization to Release Information" form. There are some situations, however, where disclosure of information without consent or authorization is permitted.

These include the following:

- If you are in danger of harming yourself or another person
- If you are unable to care for yourself
- If there has been suspected abuse or neglect of a minor, a disabled person, an older adult or dependent adult
- If a court orders the release of information as part of a legal proceeding or as otherwise required by law

If any such situation arises, every effort will be made to fully discuss with you before taking action and disclosure will be limited to what is necessary.

**Clients under 18 years of age and their parents should be aware that information disclosed in sessions are also protected by the confidentiality agreement and parental access to information about sessions with minors is limited. This agreement provides that during treatment, general information about the progress of the treatment and the minor's attendance at scheduled sessions will be shared with parents. Any other communication will require the child's authorization, unless the child is a danger to self, is a danger to someone else or discloses abuse, in which case, the parents/ guardians and/or appropriate authorities will be notified.

PROFESSIONAL FEES

The fee for 50-minute therapy sessions with adults and children 12 and over is \$90.00. The fee for 30-minute therapy sessions with children 11 and under is \$75.00.

Given the range of psychological testing batteries, the exact fee for evaluation will be agreed upon prior to the start of testing, depending on your individual needs.

Fees for other services, such as letter writing, court appearances etc. are generally prorated based on our hourly rate.

PAYMENT

Payment is due at the time services are rendered.

Payment schedules may be agreed upon after a request is made by a client and the terms of such a schedule is formally agreed upon.

** Bank payments and card payments are preferred to cash payments. **

ATTENDANCE

Once an appointment is scheduled, a full appointment fee will be charged unless a 24-hour notice of cancellation is provided.

Sessions will start and end at the scheduled appointment times.

ENDING THERAPY

Therapy may end at any time. Joint discussion about the decision and a final session(s) is encouraged to aid in transitioning as our work together ends.

CONCLUSION AND SIGNATURES

I have read and understand the Services, Policies, and Informed Consent information listed in this document and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I consent to participate in evaluation and/or therapy.

Name of Client: _____

Signature: _____ Date: _____
DD/MM/YY

If client is under 18 years of age

Name of Parent/Guardian: _____

Signature: _____ Date: _____
DD/MM/YY

Name of Psychologist: _____

Signature: _____ Date: _____
DD/MM/YY