

# McClure, Mallory & Baron

## EDUCATIONAL COUNSELING AND PLANNING

### OFFICE POLICIES AND PROCEDURES

Welcome to McClure, Mallory & Baron. This Office Policies and Procedures handout is provided to offer you some specific information about policies and procedures we employ. Please feel free to ask about any portion of the information that seems unclear or confusing.

ABOUT ASSESSMENT: The purpose of psychoeducational assessment is to identify learning styles, pinpoint strengths and weaknesses, identify learning or emotional difficulties, and make specific recommendations so parents can better help their child at home and at school.

#### CLIENT'S RIGHTS:

1. You have the right to ask any questions about procedures used during the assessment.
2. You have the right to end the assessment at any time without prejudice. If you wish, names of other psychologists will be provided.
3. You have the right to refuse the use of any assessment technique or treatment.
4. You have the right to learn about alternative methods of assessment.

CONFIDENTIALITY: Any written or verbal information that is obtained during the course of the assessment is considered privileged information and will be held in the strictest confidence. No information will be released to others about you or your child unless you give explicit permission by signing a Release of Information form.

There are several situations under which psychologists are required by law to reveal information without your permission. These situations include:

1. Threats to harm another person
2. Threats to harm self
3. Child abuse or elder abuse
4. Court-ordered psychology or evaluations
5. Court subpoena for records

At times, consultation with other professionals is pursued in order to provide the best possible treatment. Every effort is made to maintain the utmost confidentiality possible.

Payment is due at the time services are provided, unless prior arrangements have been made. On the rare occasion when a client leaves a balance on his/her account and does not make payment arrangements with this office, it may become necessary for the account to be turned over to a collection agency.

*By signing below, I acknowledge that I have read this form and have had any questions answered to my satisfaction. I also consent and authorize the administration of all diagnostic and therapeutic treatment to myself/my child that may be considered advisable in the judgment of the therapist. I maintain the right to refuse such treatment.*

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_