

WINSi

WESTERN INSTITUTE FOR NEURODEVELOPMENTAL STUDIES AND INTERVENTIONS

2501 Walnut Street, Suite 102 | Boulder, CO 80302

Telephone: (303) 442-4750 ☎ Fax: (303) 443-4682

WINSI INFORMED CONSENT FOR EVALUATION AND/OR TREATMENT

PATIENT NAME: _____ **DOB:** ____/____/____

I hereby consent to evaluation and/or treatment of **myself / my child** administered at the Western Institute of Neurodevelopmental Studies and Interventions (WINSi). I agree that should I present my child for evaluation and/or treatment, that I have legal authority to do so. I understand that it is my responsibility to maintain scheduled appointments, provide payment for services rendered and provide an accurate and complete account of current and past evaluations, treatment, symptoms and complaints.

Signature of Patient/Parent/Guardian

Date

Please Print Name

Relationship to Patient

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WINSI FINANCIAL POLICY

PATIENT NAME: _____ **DOB:** ____/____/____

Charges for neurological and neuropsychological evaluations include the following: interview sessions, review of records, test scoring, report writing and feedback appointments.

Kytja Voeller, M.D., Jill Gitten Aloia, Ph.D., Jean Rirodan, Ph.D., CCC-SLP and Occupational Therapists charge \$215.00 per hour for these services.

WINSi does not contract with insurance companies and we do not bill or accept insurance. We will provide you with copies of your paid invoices appropriate for submitting to your insurance company for reimbursement.

All charges are your responsibility until paid in full. WINSi will not bill any third parties, other family members, or ex-family members.

Signature of Financially Responsible Party

Date

Please Print Name

Relationship to Patient

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NEUROPSYCHOLOGICAL EVALUATION PAYMENTS

PATIENT NAME: _____ **DOB:** ____/____/____

Intake interview: 1 to 3 hours; 2 hours typical, including preliminary record review.

Test Administration: 6 to 10 hours, depending on complexity.

Note that inclusion of complex language testing, supplementary personality tests or mood evaluation will push time to upper limits of this range.

Test Scoring and Interpretation: 2 to 3 hours

Communication with other professionals, patient or family: 0 to 2 hours.

*Note that if extensive case management is required, length will be greater.
Phone calls over 15 minutes will be billed.*

Feedback Session: 1 to 2 hours; 1.5 hours typical

Report Writing: 4 to 6 hours, depending on length of test battery and complexity of case.

TOTAL TIME: 14 to 26 hours, with 18 hours being typical.

18 hours results in an **estimated** overall fee of \$3,870.00.

Please note that reports are generally quite comprehensive and include detailed history, test results, neuropsychological interpretations, diagnostic profile, prognostic implications and recommendations for treatment, academic accommodations, etc. Ongoing consultation is available if requested. Forensic work, such as deposition or court appearances, is billed at a higher rate. Please inquire if you require further information on forensic work.

Neuropsychological evaluation payments are due as follows:

- 1. \$1,000.00 due at the initial appointment.**
- 2. \$1,000.00 due on the first day of evaluation.**
- 3. \$1,000.00 due at the feedback appointment.**
- 4. Balance due upon receipt of final report. Any overpayment will be refunded.**

Signature of Financially Responsible Party

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EMERGENCY CONTACT INFORMATION

PATIENT NAME: _____ **DOB:** ____/____/____

EMERGENCY CONTACTS:

1. Name: _____

Relationship: _____

Phone: _____

2. Name: _____

Relationship: _____

Phone: _____

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____ **DOB:** ____/____/____

I acknowledge that I have received a copy of the Notice of Privacy Practices of the Western Institute for Neurodevelopmental Studies and Interventions.

Signature of Patient/Parent/Guardian

Date

Please Print Name

Relationship to Patient

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YOUR RIGHTS AS A PATIENT

Thank you for choosing to work with Jill Gitten Aloia, Ph.D. This document is intended to inform you of your rights, and to meet the legal requirements of the State of Colorado. If you have any questions or concerns, please ask and we will try our best to give you all the information you need.

Dr. Aloia's Educational Background Includes:

B.S. in Psychology, University of Florida, 1994

Pre-doctoral Internship Brown University Medical School, 2000-2001

Ph.D. in Clinical Psychology, University of Florida, 2001

Fellowship in Pediatric Neuropsychology, Brown University Medical School, 2001-2002

Fellowship in Cognitive Neuropsychology, Brown University, 2002-2004

Board Certification in Clinical Neuropsychology, American Board of Professional Psychology, 2014

Dr. Aloia is licensed as a Clinical Psychologist in the state of Colorado. Her license number is 3018.

Client Rights:

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Board of Psychologist Examiners. Questions, concerns or complaints may be addressed to:

Board of Psychologist Examiners
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of postdoctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

You are entitled to receive information from Dr. Aloia about her methods of therapy, the techniques she uses, the duration of your treatment (if determinable) and her fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

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Confidentiality:

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

Other Important Information:

You can reach me by calling my confidential phone line and voicemail at (303) 442-4750 or e-mailing me at jaloia@winsi.net. Because I do not provide an emergency response system, I may not return your call promptly.

E-mail is an acceptable form of communication with me; however, as with any form of communication, I cannot completely ensure its confidentiality. You should not email me with urgent concerns or to tell me about self-injurious thoughts or actions. Rather, you should call 911 or contact your nearest emergency room if you are in imminent danger of hurting yourself or someone else. If there is time for you to safely leave a message on my voicemail indicating you are in a state of emergency after you call 911 or go to an emergency room, please do that as well.

Collaborating on treatment is essential. Please keep me informed in terms of what you feel does or does not work for you in our sessions. You are welcome and encouraged to ask questions about my practice, any of my policies, your bill, or any other concerns that arise.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client.

Signature of Patient/Parent/Guardian

Date

Witness