

Thrive Psychological and Consulting Services, LLC

Comprehensive Evaluations for Children and Adolescents

Fees

I, the undersigned, understand that I am personally responsible for the agreed upon fee that my child's, _____ (child's name), evaluation entails. I agree to pay 50% at the time of the initial testing session. The final payment will be due at the exit meeting and before I receive a written report of the evaluation results.

Evaluation Fees: \$1,950 includes:

1. Initial Interview
2. Testing and Assessments
3. Exit Meeting, including a written report

I understand what the evaluation process entails and that the testing may require more than one appointment based on individual needs.

Client Rights and Consent

The information disclosed by you and gained through the evaluation process is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, situations where the client poses a threat of serious harm to himself/herself or someone else; cases involving suspected child, elder or dependent adult abuse; and/or cases in which I am court-ordered to testify or produce records.

My signature indicates that I agree to the fees noted above and give consent for my child to receive services provided through Thrive Psychological and Consulting Services, LLC (formerly K12 Psychoeducational Services, LLC).

Signature of Parent or Guardian

Date