

# **Kemper & Associates Neuropsychological Services**

13575 W. Indian School Rd., Unit 500, Litchfield Park, AZ 85340

Phone (623) 312-3713 \*\*\* Fax (623) 328-9352

[www.KemperNeuropsychServices.com](http://www.KemperNeuropsychServices.com)

Welcome! This document contains information about the background of our providers, professional services offered, fees and business policies, as well as information about the privacy of your protected health information and storage, transfer and access to your health records. Please read it carefully and ask us if you have any questions.

## **Providers Background**

**Valerie Kemper, Psy.D., Licensed Psychologist, Clinical Neuropsychologist** is the founder and **Clinical Director of Kemper & Associates Neuropsychological Services**. She has a Bachelor of Science degree in Aviation Management with flight training to obtain a pilot's license, a Master of Arts degree in Community Psychology with a concentration in Clinical Psychology, a Doctorate Degree in Psychology with a specialization in Marital and Family Therapy, and an additional two year post-doctoral specialization in Clinical Neuropsychology. She has worked in the mental health field in various capacities since 1988. Dr. Kemper is a licensed psychologist in the states of Arizona and New York. For the past several years, Dr. Kemper has concentrated her clinical work on evaluations. She conducts psychological and neuropsychological evaluations for an array of ages for diagnostic purposes and to make treatment recommendations to other providers. Such evaluations are performed to diagnose ADHD, learning disabilities, dementia, traumatic brain injury, neurocognitive disorders, mood disorders and other psychological disorders. She also performs evaluations to make recommendations about readiness for certain surgical procedures, return to work readiness, and disability determination. Dr. Kemper is the clinical supervisor at KANS and meets weekly with the residents she supervises and directly supervises all neuropsychological evaluations.

**Breanne Fahs, Ph.D., Clinical Psychologist**, earned her Bachelor of Arts degree in Psychology and Women's Studies/Gender Studies from Occidental College in 2001, her Master of Science in Psychology from the University of Michigan in 2002, and her Doctoral Ph.D. degree in both Clinical Psychology and Women's Studies from the University of Michigan in 2006. She has been a licensed clinical psychologist in the State of Arizona since 2010 and works primarily with adults and adolescents. She specializes in issues of sexuality, LGBT clients, mood disorders, trauma, couple's work, and addiction. Additionally, she is a full professor at Arizona State University where she teaches and researches in the area of women's sexuality, embodiment, and political activism. Her research experience is extensive, as she has published six books and over 60 peer-reviewed journal articles and book chapters in psychology and women's studies. In tandem with her academic work, she currently serves as a private practice clinical psychologist and the secondary research supervisor at Kemper and Associates Neuropsychological Services. See her website at [www.breannefahs.com](http://www.breannefahs.com).

**Andrew Fitzgerald, Ph.D., Licensed Psychologist**, earned a Bachelor of Arts in Psychology, a Master's degree in School Counseling, and a Doctoral Degree in Counseling Psychology all through Northern Arizona University. He spent two years as a School Counselor serving the northern Arizona region where he worked with elementary students and teachers on a variety of classroom, personal, and interpersonal issues. He has a passion for teaching and has taught courses at the University level since 2010 from freshman psychology through graduate level counseling courses. Dr. Fitzgerald enjoys supervision and training, and has been a mentor and secondary supervisor to many graduate students and doctoral interns. He completed his residency with Dr. Kemper in the field of neuropsychological assessment, enjoying learning about the complex "puzzle" of analyzing and interpreting test data. He is the Intake Coordinator at KANS and secondary supervisor to residents.

**Gregory Logid, Ph.D., Neuropsychology Post-Doctoral Resident**, earned his PhD and MA in Clinical Psychology from the California School of Professional Psychology at Alliant International University, San Diego. He also earned a BA in Psychology from Concordia University Irvine. Dr. Logid completed his pre-doctoral internship in lifespan neuropsychology in Wake Forest University Medical Center's Department of Neurology, Neuropsychology Section in Winston-Salem, North Carolina. While at WFUBMC he trained in pediatric and adult neuropsychological evaluations for a variety of neurological and neurodegenerative disorders including dementias, movement disorders, Epilepsy, tumor, and traumatic brain injury, as well as general pediatric and educational assessments. Dr. Logid's additional Wake Forest Medical Center experience included pediatric psychological consultation for general medical inpatients and group and individual therapy in the inpatient Adolescent Behavioral Health Unit. Additional clinical background includes training in neuropsychological pre-transplant evaluations at UCSD Medical Center and child custody evaluations, forensic psychological services, as well as individual and group therapy at the Institute on Violence Abuse and Trauma. Dr. Logid is also a US Air Force veteran. He is continuing his training in neuropsychology with a two-year residency program at KANS.

**Jackie Fulcher, LMSW, Psy.D., Clinical Psychology Post-Doctoral Resident**, earned her Bachelor's degree in Psychology from the University of Arizona in Tucson, Arizona, and her Master's in Social Work degree from Arizona State University, and her doctoral degree in Clinical Psychology from an APA-accredited program at Fielding Graduate University. She is a Licensed Masters Level Social Worker in the State of Arizona, with experience in providing services to clients of all ages. She has previously worked with adults and children with developmental disabilities, veterans in the Southwest Blind Rehabilitation Center, psychiatric inpatient adults with serious mental illness, and has recently worked at a substance abuse treatment facility for women with a history of trauma. She is currently in a two year residency at KANS, with the focus of training being psychological and neuropsychological evaluations.

**Sarah Yassin, Psy.D., Neuropsychology Post-Doctoral Resident**, earned her Psy.D. and MS in Clinical Psychology from Nova Southeastern University. Dr. Yassin completed her pre-doctoral internship in neuropsychology at Samaritan Health Services, an APA accredited program. While at Samaritan health Services, she trained in adult neuropsychological evaluations for a variety of neurological and neurodegenerative disorders, looking at how cognitive skills such as attention, memory and problem solving work and interact with mood, personality and behavior. Dr. Yassin's internship experience also included providing behavioral health services at a primary care clinic and conducting bariatric evaluations at a metabolic and weight management center. Her training at KANS is focused on neuropsychological and psychological evaluations.

**Tamara Fisher, Psy.D., Neuropsychology Post-Doctoral Resident**, earned her Bachelor's degree in Psychology from Lander College for Women in New York City and her Masters and Doctoral degree in Clinical Psychology from an APA-accredited program at Arizona School of Professional Psychology at Argosy University, Phoenix, with a Neuropsychology concentration. Dr. Fisher completed her pre-doctoral internship from an APA-accredited program at Southwest Behavioral and Health Services. Dr. Fisher's internship experience included providing behavioral health services in an outpatient clinic to children, adults, couples, and families. She is currently in a two-year residency at KANS, with the focus of training being psychological and neuropsychological evaluations.

**Steven Moore, BA, Psychometrist**, earned his bachelor's degree in English from Eastern New Mexico University. He has received intense training at KANS in the administration of psychological and neuropsychological testing. He is currently working toward Board Certification in Psychometry which requires 3000 hours of testing, scoring, and associated administrative experience under the supervision of Dr. Kemper. He anticipates earning board certification in January of 2019. He has worked with examinees as young as 4 years old up to 90 years old. In his off hours, Mr. Moore coaches youth sports and is a prolific reader.

**Zachary Krings, B.S., Psychometrist**, graduated magna cum laude from Northern Arizona University in 2010 with dual bachelor's degrees in psychology and journalism. He began his graduate studies at Northern Arizona University in 2010 in Educational Psychology with a School Psychology emphasis. He is currently a doctoral

candidate, and anticipates receiving his Ph.D. in School Psychology in December 2018. He has had training in the school systems throughout Northern Arizona, and has worked extensively on the Hopi and Navajo reservations. During his training, Mr. Krings has provided school-based services, interventions, and evaluations for early intervention services, college-based services, and all grades in between. He has also worked with a diverse range of individuals, such as the medically fragile, individuals with various school-based diagnoses at various levels of functioning, and individuals with varied medical and mental health diagnoses. His primary interest has been in Autism Spectrum Disorders, and he was trained in evaluating such during his doctoral internship. He is the primary assistant to Dr. Kemper in conducting Autism Spectrum Disorder evaluations.

**Latoya Vazquez, B.S., Office Manager at KANS**, earned her Bachelor's of Business Administration from Northern Arizona University in 2011. She oversees the day to day operations of scheduling, verifying benefits, and coordinating referrals from other providers in the community.

**Maryann Clark, Receptionist.** She is the primary receptionist at KANS, scheduling appointments, greeting new patients, and verifying benefits.

### **Scope of Professional Services**

The scope of services offered at KANS involves neuropsychological assessment, as well as psychological evaluations for readiness for medical procedures, educational assessments, and evaluations for different types of disability determination purposes. We do not provide counseling services at KANS, but rather refer all counseling services to West Valley Family Development Center, 623-536-7956.

### **Fees for Services**

Standard rates for services provided by a licensed doctor of psychology are as follows:

- Intake Interview (90 minutes) \$200
- Psychological Testing, Scoring, Report Writing - \$200 per hour with Dr. Kemper
- Psychological Testing or Scoring with a psychometrist or supervisee of Dr. Kemper's - \$100 per hour
- Letter or Records Preparation, Attendance at Meetings, Consultations with other professionals, and Phone Calls are prorated per 15 minutes and charged at a rate of \$200 per hour with Dr. Kemper
- Legal consultations and depositions are billed on a case by case basis depending on the complexity of the case.

If you will be using an insurance benefit for your services then we will be calling your insurance carrier to verify benefits and obtain coverage information. Verification of benefits is not a guarantee of coverage. We will provide you with the information gleaned from the verification process, but you as the customer are ultimately responsible for verifying your own coverage, obtaining authorizations if needed, and paying deductibles, co-insurance, or co-pays as dictated by your plan.

Payment is expected when services are rendered. As a courtesy, we will submit claims to your primary insurance carrier if we are contracted with them. We do not submit claims to secondary insurance companies. If your insurance company does not reimburse for your services, then you will be responsible for fees at the standard billing rates noted above. If your insurance policy includes deductibles, co-insurance, or co-pays then we are not allowed to change your contract with your insurance company. This means that we are not allowed to adjust or waive your set deductible, co-insurance, or co-pay amounts. In addition, these fees are due upon receipt of services, not after your insurance company processes your claim.

### **Fees for Broken Appointments for Testing**

At the completion of an intake interview, you will be given a letter containing important information about your testing appointment. Please be sure to read this document carefully as it contains information about medications to take or not take on your day of testing, forms required to bring back on your testing day, fees for testing and feedback appointments, as well as information about broken appointment fees for testing.

If you are unable to keep a scheduled testing session, please follow the written directions provided to you in the letter you receive at your intake interview regarding the cancellation and reschedule process.

### **Protocol for the Secure Storage, Transfer and Access of Your Records**

In Accordance with Arizona House Bill 2786, we are required to inform you of how your records will be securely stored and transferred and how you may access your records. When your evaluation is completed, records are kept on site, in a secure area, for a minimum of two years, after which time, the records may be moved to a secure off site location. Your records will be maintained by KANS for a period of at least 7 years after the completion of your evaluation. If the client is a minor at the time of evaluation, then records will be maintained for a period of 7 years after the 18<sup>th</sup> birthday of the client. After the minimum record maintenance period then records will be destroyed by means of shredding of documents, unless you wish to claim the records for your own property. If you would like copies of or access to your records then you must submit a request in writing. Request for copies or access will be granted within 30 days of receipt of such request, unless there is reason to believe that release of such records may be harmful to your emotional wellbeing or otherwise not in your best interest. You will be charged a reasonable copy fee for copies and professional time required to satisfy your request.

### **Your Privacy, Protected Health Information, Confidentiality and Rights**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required by law to maintain the confidentiality of your health information. Some circumstances may require us to use and disclose your protected health information (PHI), such as:

- For purposes of diagnosis, treatment, or referral and obtaining payment for services rendered to you
- For the treatment, payment, or health care operations activities of another health care provider who treats you
- For healthcare and legal compliance activities
- To a relative, friend, or other individual included in your care if I obtain your verbal agreements to do so and in certain other circumstances where I am unable to obtain your agreement and believe that disclosure is in your best interest
- To a public health authority in certain situations as required by law (such as to report abuse, neglect, or domestic violence)
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process
- For law enforcement activities in limited situations, such as when responding to a warrant or if you are under custody of a law enforcement official
- For military, national defense and security, and other special government functions
- To avert a serious threat to your health and safety or that of another person or the public at large
- For worker's compensation and similar purposes

**Also in accordance with HIPAA, you have the following rights:**

- You may inspect and obtain a copy of most of the health information that we have about you. Your request must be in writing. Normally you will have this information within 30 days of your request. You will be charged a reasonable fee for copies of information. In certain circumstances, you may be denied access to your medical information if it is considered to be harmful to your wellbeing or otherwise not in your best interest.
- You have the right to ask for an amendment to your health information if you believe that something is inaccurate in your record. Your request must be in writing and must include the reason(s) for your request. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when it is believed that the information you requested to amend is correct.
- You have the right to request that we restrict how we use and disclose the medical information we have about you. We are not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding.
- You may file a complaint if you believe your privacy rights have been violated. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- You have the right to be notified and provide your written authorization for uses and disclosures not stated in this agreement or permitted by law. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information per that authorization.
- You may obtain a copy of this notice and may ask questions regarding this notice or our privacy practices.

**In Case of Fire or Natural Disaster**

Should you be in the building when a fire or natural disaster occurs, then immediately exit the room you are in and follow the exit signs to the nearest safe exit.

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## General Consent for Evaluation

I, \_\_\_\_\_, \_\_\_\_\_  
Client Name Date of Birth

request to be accepted for evaluation services as described to me. I have been given a packet of information regarding Kemper & Associates Neuropsychological Services (KANS), to include information about the following:

- Background Information of all providers at KANS, including levels of education and supervision
- Professional Services Provided
- KANS's protocol for the secure storage, transfer, and access to records
- Fees for services, including that co-pays, deductibles, and co-insurance can not be adjusted or waived per our agreements with third party payers; that co-pays, co-insurance, and deductibles are expected to be paid at the time that service is rendered or prior to a written report being released to any party; and that recipients of service (or their parent/guardian) is responsible for any unpaid charges that a third party payer does not pay
- Information about records pertaining to the privacy, protected health information, confidentiality, and procedures for filing a complaint regarding HIPAA violations
- Information about client rights, not necessarily related to HIPAA, and how to address concerns or grievances regarding your evaluation

\_\_\_\_\_  
Signature of client/date signature of witness/date

## Specific Consent for Treatment for Minors

I, \_\_\_\_\_, do hereby state that I am the natural parent or legal  
(name of parent or guardian)  
guardian of \_\_\_\_\_. I am authorized to make a request for and  
(name of minor)  
give my consent for evaluation services.

\_\_\_\_\_ Per any legal agreements, there is not another person or party that must also give authorization for evaluation services for the above mentioned minor.

\*\*\*Note: If this option is checked then please provide a copy of the legal document which gives you permission to make sole legal decisions for the minor child

\_\_\_\_\_ Per any legal agreements, there is another person or party that must also give authorization for evaluation services for the above mentioned minor. The name of that person or party is:

\_\_\_\_\_ and is the \_\_\_\_\_ of the minor.  
(name of other consenting adult) (relationship to patient)

The other consenting adult can be reached at this phone number \_\_\_\_\_. I understand that the other consenting adult will be contacted by a representative of KANS prior to scheduling any testing appointment.

\_\_\_\_\_  
Signature of parent or guardian and date signature of witness and date

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## Request for appointment reminders

KANS uses automated appointment reminders. Please indicate the phone number where you would like the automated appointment reminders to call you, understanding that if you do not answer the call then a message will be left. Number to call: \_\_\_\_\_

## Permission To Be Contacted For Future Research

At KANS we have a number of research interests and projects underway. Depending on your particular reason for evaluation and outcome, you may be a good candidate to participate in the number of research projects we may have. Please sign below if you would like to be contacted and considered in the future for our research projects:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Insurance Information and Authorization for Payment of Services

\_\_\_\_\_ I will not be using health insurance and will pay for services privately, understanding that payment for services is due when services are rendered or prior to any written report or records being released. I give my permission for the credit card information listed below to be kept on file and charged as services are rendered.

\_\_\_\_\_ I authorize that my credit card information may be kept on file and charged when appropriate for co-pays, deductibles, co-insurance, broken appointment fees (including broken appointments for initial intakes), or private payments:

Visa or Master Card CC number \_\_\_\_\_ expiration date \_\_\_\_\_

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

\_\_\_\_\_ I request to use my health insurance and authorize payment of medical benefits to Kemper & Associates Neuropsychological Services and it's parent company West Valley Psychological Services, LLC. I also authorize the release of any medical or other information necessary to process claims. I understand that co-pays, deductibles, or co-insurance will be paid by me at the time that services are rendered.

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

Insurance ID # \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Name of Patient \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

Full Address of Patient \_\_\_\_\_

Ph # of Patient \_\_\_\_\_ Patient Relationship to Insured: self \_\_\_ spouse \_\_\_ child \_\_\_ other \_\_\_

If name of insured is different than patient, please complete the following information regarding the insured:

Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

Full Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Ph # of Insured \_\_\_\_\_