

Kemper & Associates Neuropsychological Services

501 E. Plaza Circle Drive, Suite 5, Litchfield Park, AZ 85340

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

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, PsyD, 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 from Florida Institute of Technology and is a licensed private pilot, holds a Master of Arts degree in Community Psychology with a concentration in Clinical Psychology from Russell Sage College, a Doctorate Degree in Psychology with a specialization in Marital and Family Therapy from Alliant University, and has an additional two year post-doctoral re-specialization in Clinical Neuropsychology from Fielding University. She has worked in the mental health field in various capacities since 1988. Since 2012, 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, autism, 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.

Alissa Lunsford, MC, BS, Licensed Associate Counselor, earned her Bachelor's of Science in Psychology and her Master's degree in Counseling from Arizona State University in 2019 and 2022. She provides counseling services primarily for children and their families, using a parent-child interaction approach. She also supervises the front desk activities. She works under the supervision of Dr. Kemper.

Christopher Barthule, MS, BS, Psychometrist, earned his Master's degree in Psychology from Grand Canyon University in 2018 and his Bachelor's degree in Psychology from Arizona State University in 2012. He has prior experience as an investigator for the Arizona Department of Child Safety. His work with KANS involves conducting cognitive and neuropsychological testing of patients under the supervision of Dr. Kemper.

Colette, Wilcoxon, MA, PsyD, Intake Specialist/Psychometrist, earned her Doctorate and Master's degree in Psychology from Midwestern University and her Bachelor of Arts degree in Psychology from Howard Payne University. Her work with KANS involves conducting clinical interviews and neuropsychological testing of patients under the supervision of Dr. Kemper.

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, assist therapists with diagnostic clarity and treatment planning, and evaluations for different types of disability determination purposes. We also provide limited counseling services at KANS, based on availability.

Fees for Services

Standard rates for neuropsychological evaluation services are as follows:

- Intake Interview \$200

- Psychological Testing, Scoring, Report Writing - \$250 per hour with a licensed psychologist
- Psychological Testing or Scoring - \$100 per hour with a psychometrist
- Letter or records preparation, completion of official forms, attendance at meetings, consultations with other professionals, phone calls, etc, are prorated per 15 minutes and charged at a rate of \$250 per hour with a licensed psychologist
- 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

When we set an appointment with you, we are setting aside time especially for you. Please make every effort to keep your appointment, or call 72 hours in advance to cancel your appointment. For broken appointments with less than 72 hours notice, we reserve the right to charge a fee for broken appointments before another appointment will be set.

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 18th 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.
- You have a right to refuse any procedure
- You have a right to refuse any medication regimen
- You have a right to discuss all medical treatments with your clinician
- You have a right to discontinue treatment at any time

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 Services

I, _____, _____,

<i>Client Name or parent in case of minors</i>	<i>Date of Birth</i>
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request to be accepted for evaluation and/or counseling 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 cannot 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 services

Signature of client/date

signature of witness/date

Additional 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. Furthermore:

Parents are married and consent to services at KANS for the above-named minor.

_____ Parents are divorced/separated but I have sole legal decision making for my child and there is not another person or party that must also give authorization for evaluation services for the above-named 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-named minor. The name of that person or party is:

and is the $\frac{1}{2}(\lambda_1 + \lambda_2)$ of the minor.

(name of other consenting adult)

(relationship to patient)

The other consenting adult can be reached at this phone number _____. Both parents will also complete the Divorced Parents Policy form.

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 _____