Ildiko Tabori, Ph.D.

Informed Consent

I, _____, give my informed consent for psychotherapeutic treatment and/or psychological/neuropsychological assessment to Ildiko Tabori, PhD, a licensed psychologist in the State of California.

I understand the payment arrangement I have made to be as follows:

- The fee for a 45-minute session of psychotherapy is $200.00, to be paid in full at the conclusion of each session unless prior arrangements have been made **(i.e., billing primary and secondary medical insurance or other agreed upon fee).**

- The fee for a standard psychological or Neuropsychological evaluation is $2,000.00, to be paid in full at the conclusion of each testing session unless prior arrangements have been made **(i.e., billing primary and secondary medical insurance or other agreed upon fee).**

- I understand that scheduled sessions or evaluations that are not canceled with at least 24-hour notice are billed at the full rate. There is no charge for sessions with at least 24-hour notice.

Signature:_____ Date:_____

Name (please print): _____