Ildiko Tabori, Ph.D.

INFORMED CONSENT (MINOR)

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

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

- The fee for a 45-50-minute session for psychotherapy is $195.00 to be paid in full at the conclusion of each session unless prior arrangements have been made **(i.e., billing primary and/or secondary medical insurance)**.
- The fee for a standard psychological/neuropsychological evaluation is $1,950.00 to be paid in full at the conclusion of each testing session unless prior arrangements have been made **(i.e., billing primary and/or secondary medical insurance)**.
- I understand that scheduled sessions or evaluations that are not cancelled 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): _____