

ILDIKO TABORI, PHD

CA PSY19688

**INFORMED CONSENT FOR MINORS – EVALUATION / TESTING
(PARENT FORM)**

I, _____, THE PARENT/LEGAL GUARDIAN FOR
_____, A MINOR, GIVE MY INFORMED CONSENT
FOR PSYCHOTHERAPEUTIC TREATMENT AND/OR PSYCHOLOGICAL/NEUROPSYCHOLOGICAL
ASSESSMENT TO ILDIKO TABORI, PHD, A LICENSED PSYCHOLOGIST IN THE STATE OF
CALIFORNIA. _____ (INITIAL)

I UNDERSTAND THAT MY MINOR CHILD’S MEDICAL/MENTAL HEALTH INFORMATION
CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNDER ANY CIRCUMSTANCES,
EXCEPT IN EMERGENCY SITUATIONS WHEREIN HE/SHE IS:

- A DANGER TO MYSELF
- A DANGER TO OTHERS
- DISCLOSE CHILD, ELDER OR DEPENDENT ADULT ABUSE _____ (INITIAL)

I UNDERSTAND THE PAYMENT ARRANGEMENT I HAVE MADE TO BE AS FOLLOWS:

INSURANCE

- IF MEDICAL INSURANCE IS INVOLVED, THE OFFICE OF DR. ILDIKO TABORI WILL
CHECK THE ELIGIBILITY AND BENEFITS ONLY AS A COURTESY TO ME AND WILL
BILL MY INSURANCE CARRIER ONLY AS A COURTESY TO ME. I AM STILL FULLY
RESPONSIBLE FOR ALL FEES AND CHARGES THAT MY INSURANCE CARRIER DOES
NOT COVER OR PAY, INCLUDING ANY AND ALL CO-PAYS, OUT OF POCKET
EXPENSES, AND DEDUCTIBLES. _____ (INITIAL)

EVALUATIONS / TESTING

- THE FEE FOR A STANDARD PSYCHOLOGICAL EVALUATION IS \$2,250.00, TO BE
PAID IN FULL AT THE CONCLUSION OF EACH TESTING SESSION UNLESS PRIOR
ARRANGEMENTS HAVE BEEN MADE, SUCH AS **BILLING PRIMARY AND
SECONDARY MEDICAL INSURANCE OR OTHER AGREED UPON FEE IF
AUTHORIZED.** _____ (INITIAL)
- THE FEE FOR A STANDARD NEUROPSYCHOLOGICAL EVALUATION IS \$2,500.00,
TO BE PAID IN FULL AT THE CONCLUSION OF EACH TESTING SESSION UNLESS
PRIOR ARRANGEMENTS HAVE BEEN MADE, SUCH AS **BILLING PRIMARY AND
SECONDARY MEDICAL INSURANCE OR OTHER AGREED UPON FEE IF
AUTHORIZED.** _____ (INITIAL)
- I UNDERSTAND THAT THIS FEE MAY VARY DEPENDING UPON THE TYPE OF
EVALUATION REQUIRED AND THAT THE FEE WILL BE QUOTED PRIOR TO THE
ONSET OF THE EVALUATION. _____ (INITIAL)

CANCELLATION POLICY

- I UNDERSTAND THAT SCHEDULED APPOINTMENTS THAT ARE NOT CANCELLED
WITH AT LEAST A 24-HOUR NOTICE ARE BILLED AT THE RATE OF \$80. NO
SHOWS FOR SCHEDULED APPOINTMENTS ARE ALSO BILLED AT \$80. THERE IS
NO CHARGE FOR SESSIONS WITH AT LEAST 24-HOUR NOTICE. _____ (INITIAL)

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____

NAME OF MINOR (PLEASE PRINT): _____