The Costello Center
8081 38th Ave N., St. Petersburg, FL 33710
Phone: 727-345-2667 Fax: 727-209-2667
www.thecostellocenter.com

ACADEMIC EVALUATION

Client Name: _____ Date: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

Address: _____
Street City State Zip Code

Email address: _____

Telephone contact:	May we leave a message?	
Cell: _____	Yes	No
Home: _____	Yes	No
Work: _____	Yes	No

What is your relationship to the client? ❑ Self ❑ Mother ❑ Father ❑ Legal Guardian ❑ Other: _____

If Legal Guardian, is there a court order appointing you? ❑ Yes ❑ No

If NOT the Mother/Father, please complete the following:

Name: _____ Phone: _____ May we leave a message? ❑ Yes ❑ No

Address (if different than the client's):

_____
Street City State Zip Code

How did you hear about The Costello Center? ❑ Website ❑ Referred by: _____

❑ Other: _____

Who is the appointment with today?

_____

So that we can help you, please fill out the following information. If we have not provided enough space, please feel free to use the back of the page.

What are the problems or difficulties that the client is experiencing?

_____

_____

_____

When did these problems begin?

_____

_____

What other strategies has the client tried to help with these problems or difficulties?

_____

_____

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Has the client ever had a psychological, special education, language, or neurological evaluation? If yes, please provide any information you wish to share.

Has the client ever had an Individualized Education Plan (IEP) or 504 Accommodation Plan or any other academic accommodations in school?

Are there any factors currently impacting the client's performance? (i.e. family dynamics, friendships)

What are the client's strengths?

Health

Is the client currently having any medical concerns that may be impacting the problems or difficulties? If yes, please explain.

Is the client currently taking any medication? If yes, which medication(s)?

Has the client ever had any head injuries (loss of consciousness), seizures, hospitalizations, or surgery? If yes, please explain.

School

Is the client currently attending school? If yes, which school and current grade level? If not attending school, highest grade level/degree completed.

Did the client repeat any grades?

What are the client's academic strengths?

What are the client's academic weaknesses?

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Is the client currently receiving any additional academic support (e.g. tutoring, coaching, one-on-one assistance)?

What is the client's feelings/attitude towards school?

Home

What language(s) are spoken in the home and which is primary?

Who currently lives in the home with the client?

Please put any comments or significant information that will help us understand the client needs better:

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WELCOME! The following information is presented with the belief that by having a clear understanding and awareness of the business aspects of The Costello Center it will provide the clarity needed to facilitate a healthy outcome in the client's personal academic process. By signing your initials at the bottom of each page you are indicating that you have read and understand all intake documents and the information contained in this document on behalf of the client being seen.

INFORMATION ABOUT YOUR INDEPENDENT CONTRACTOR/ PROVIDER: The client's provider will, upon request, share his/ her professional background information as it pertains to education, professional orientation, or area of expertise. Please also note that biographies of each **independent contractor** are posted on the website www.thecostellocenter.com.

TERMINATION OF SERVICES: If the client's provider has not heard from the client in 90 days, without it being planned/discussed with the provider, the client's records will indicate that they have been discharged. However, if at any time the client chooses to return, they are welcome to call and schedule an appointment.

PROFESSIONAL CONSULTATION: Professional consultation is an important component of ensuring the best services are being provided. As such, providers may choose to participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, any personal identifying information regarding the client's situation will **NOT** be revealed.

COLLABORATION WITH OTHER PROFESSIONALS: To provide quality services, providers often need to collaborate with other professionals, such as the client's physician, psychiatrist, gynecologist, past therapists, attorney's, and or other mental health professionals. You will be asked to complete a release/disclosure of information for either yourself or your child to authorize these exchanges; a release/disclosure form must be signed before these services are provided.

RECORDS AND RECORD KEEPING: Providers take notes during sessions, and will also produce other notes and records. These notes constitute their clinical and business records, which by law, providers are required to maintain. Such records are the sole property of the **INDEPENDENT CONTRACTOR/PROVIDER.** Should you request a copy of the client's records, such a request **MUST** be made in writing to the provider. The client's **INDEPENDENT CONTRACTOR/PROVIDER** reserves the right, under Florida law, to provide you with a **treatment summary in lieu of actual records.** The **INDEPENDENT CONTRACTOR/PROVIDER** also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider as you authorize. The client's provider maintains records for a minimum of seven years following termination of services (as required by Florida law). After seven years, the client's records may be destroyed in a manner that preserves confidentiality. Some **INDEPENDENT CONTRACTOR/PROVIDERS** use **paperless electronic progress forms/notes.** These are confidentially protected and these records will also be destroyed in a manner that preserves confidentiality.

CONFIDENTIALITY: The information disclosed by you or your child is confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, situations where you or your child poses a threat of serious harm to themselves or someone else, cases involving suspected child abuse, elder or dependent adult abuse; cases in which providers are court- ordered to testify or produce records; or as outlined in the "Notice of Privacy Practices", (Copies available upon your request).

FEES AND INSURANCE: It is **YOUR** responsibility for payment **at the time of each visit.** A **$50.00 service charge** will be levied on all checks returned by a bank for any reason. **You** may discuss with your/your child's provider any questions about yourself or your child's fee for their appointment (s). Tutoring/Life Coaching fees **CAN NOT** be submitted to insurance for possible reimbursement, these providers are independent contractors and do **NOT** have a contractual fee with insurance providers for use at **this** office.

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APPOINTMENT SCHEDULING AND CANCELLATION POLICIES: When an appointment is scheduled, that time is reserved for the client. If the appointment is missed or cancelled without sufficient notice, the **PROVIDER/INDEPENDENT CONTRACTOR** does not have sufficient time to fill that slot. Therefore, sessions must be cancelled a minimum of 24 hours in advance **(this does not include voicemails left during non-business hours when the office is closed, notification of a cancellation must be given during business hours)** or the full fee for that session will be charged.

DELINQUENT ACCOUNTS: You are responsible for all charges incurred and you understand that services **MUST** be paid in full at the time of each service unless other arrangements have been made in writing in advance through the client's individual **PROVIDER/INDEPENDENT CONTRACTOR.** Should the client's account become delinquent, you agree to pay interest at 1.5% per month, and if it becomes necessary for the account to be referred for collection action, you agree to pay the actual balance due plus interest and any collection expenses of any balances owing, court, and attorney fees.

INDEPENDENT CONTRACTOR/PROVIDER AVAILABILITY: You **MAY LEAVE A NON-URGENT MESSAGE FOR YOUR CHILD'S** Provider at any time by calling The Costello Center **(727) 345-2667**. If you wish for your or your child's provider to return your call, please be sure to leave your name and phone number (s), along with a brief message concerning the nature of your call. **NON-URGENT** phone calls are generally returned within 48 hours during normal workdays. Please note our office closes early on Friday, at 3:00 pm.

EMERGENCIES: Please understand that your /your child's provider is **UNABLE** to personally provide continuous 24 hour crisis service. In the event of a medical emergency or an emergency involving a threat to you, your child's safety, or the safety of others, **PLEASE CALL 911 to request emergency assistance, or go to the nearest emergency room. Email and phone messages are never to be used for urgent situations.**

VACATIONS AND OTHER UNEXPECTED ABSENCES: Taking time off is a part of self-care. Your/your child's **INDEPENDENT CONTRACTOR/PROVIDER** will periodically take time off for vacation and/or holiday and services may be temporarily on hold. Notification will be given in advance, whenever it is possible by your/your child's provider. Otherwise, if for some reason your/your child's Independent Contractor/Provider cannot make your/your child's scheduled time due to illness, a family emergency etc., The Costello Center will do their best to contact you as early as possible to notify you of the situation.

ANCILLARY SERVICES: The Psychiatrists, Counselors, Certified Addiction Professionals, Nurse Practitioner, Psychometrists, Psychologists, Life Coaches, Tutors, Play Attention Coaches, are **ALL INDEPENDENT CONTRACTORS** and **NOT EMPLOYEES** of The Costello Center.

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E-MAIL AND PHONE COMMUNICATION: Some parents/guardians prefer to communicate about appointment times or other administrative issues via e-mail. Although information stored on our computers is on an in-house server, e-mail transmitted through regular services is not encrypted. This means that a third party may be able to access information in an e-mail and read it, since it is transmitted over the Internet. In addition, once the e-mail is received by you, someone may be able to access your e-mail account and read it. This may include your employer if you use a work-related e-mail address. E-mail should be considered more similar to a "post-card" than to a sealed letter, and for that reason the risks of using email are listed below:

A. General email risks include but are not limited to the following: (A) Email can be immediately broadcasted worldwide and received by many intended and unintended recipients; (B) Recipients can forward email messages to other recipients without the original sender's permission or knowledge; (C) Users can easily send an e-mail to the incorrect address; (D) Email is easier to falsify than handwritten or signed documents; (E) Backup copies of email may exist even after the sender or the recipient has deleted his or her copy; and (F) Without the benefit of face-to-face interaction, emails can be misinterpreted in tone and meaning.
B. Specific email risks include but are not limited to the following: (A) Email containing information pertaining to a client's diagnosis and/or treatment must be included in the client's medical records. Thus, all individuals who have access to the medical record will have access to the email messages; (B) If you are sending your emails from your employer's computer, your employer does have access to your emails; (C) While it is against the law to discriminate and Florida subscribes to a "no cause" termination policy, an employer who has access to your email can use the information to discriminate against the employee. Additionally, the employee could suffer social stigma from a workplace disclosure; (D) Insurance companies who learn of your child's PHI information could deny you coverage; (E) Although providers will endeavor to read and respond to email correspondence promptly, they cannot guarantee that any particular email message will be read and responded to within any particular time frame. The exception would be when that email is part of a scheduled time frame for a prepaid email counseling session.
C. Conditions for use of Email: All email messages sent or received that concern your child's diagnosis or treatment or that are part of your child's medical record will be treated as part of their PHI. Reasonable means will be used to protect the security and confidentiality of the email. Because of the risk outlined above the security and confidentiality of email cannot be guaranteed.
Your consent to email correspondence includes your understanding of the following conditions: (A) All emails to and from you concerning your child's personal health information (PHI) will be a part of their file and can be viewed by health care and insurance providers and TCC office support staff; (B) Your email messages may be forwarded within the center as necessary for diagnosis, treatment, and reimbursement. However, they will not be forwarded outside the office without your consent or as required by law; (C) Though all efforts will be made to respond promptly this may not be the case. Because the response cannot be guaranteed *please do not use email in a medical emergency;* (D) You are responsible for following up with the provider or support staff if you have not received a response; (E) Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmissible diseases, mental health, and developmental disability or substance abuse issues; (F) Since employers do not observe an employee's right to privacy in their email system, you should not use your employer's email system to transmit or receive confidential emails; (G) The Costello Center will take reasonable steps, but will not encrypt, to ensure that all information shared through emails is kept private and confidential. However, The Costello Center is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct or system failure.

Parent/Guardian please initial the options that meet your needs. You can change this at any time by communicating to The Costello Center front office staff and your Provider in writing.

_____ I **do not wish** to receive any treatment-related information via e-mail.

_____ I understand the risks of unencrypted e-mail, and **do hereby give permission** for The Costello Center and my Provider(s) to contact me or to reply to me via unencrypted e-mail.

Please provide preferred e-mail address_____

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Acknowledgement

By signing below, the Client(s) acknowledge that Client(s) have reviewed and fully understand the *Notice of Privacy Practices*, as well as the terms and conditions of this *Informed Consent and Agreement*. Client(s) have the right to discuss such terms and conditions with their provider, and have had the right to have any questions with regards to its terms and conditions answered to the Client(s)' satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Provider. Moreover, Client(s) agree to hold Provider free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save Provider negligence, that may result from such treatment.

_____	_____	_____
Client Name (please print)	Signature of Client (or authorized representative)	Date

Financial Agreement

I understand that I am financially responsible for payment for all services rendered at the time of service and that I am obligated to pay all charges. Any assignment and authorization in no way releases me from said responsibility and imposes no obligation on my provider to collect money on my behalf.

_____	_____	_____
Name of Responsible Party (please print)	Signature of Responsible Party	Date

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