



"Making Children's Mental Health a Priority"

115 A South Walnut Circle
Greensboro, NC 27409

Telephone: (336) 547-7460
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TRISTAN'S QUEST MENTAL HEALTH SERVICES AND FEE AGREEMENT

Information Describing Our Staff, Financial Arrangements, Confidentiality, and Patients' Rights

Mental Health Services: We provide psycho-social and psycho-educational services in a child and family-friendly environment. We provide innovative, strengths-based services to children, adolescents (ages 3-21), and adults through individual, small group, and family sessions. These services include: academic support; study skills and organization classes; anger management/social skills classes taught individually or in small groups; support groups for adolescents; parent education, advocacy, and support; and consultation. **We are not set up to provide emergency mental health services;** however, a staff member will make every attempt to be available to you as soon as possible after we have been contacted in the event of a crisis situation.

Staff Qualifications:

Dr. Jean Allen leads the staff at Tristan's Quest. She holds a Ph.D. in Child Development and Family Relations and completed a specialization in Special Education Learning Disabilities. She has 35+ years experience working with and advocating for children with special needs and their families. She is an invited speaker at many events throughout the Triad and is a guest-lecturer at several colleges and universities in the Piedmont area of North Carolina. She presents at local, state, regional, and national conferences about the work of Tristan's Quest with children with special emotional and behavioral challenges. She is known and appreciated for her genuine ability "to meet individuals where they are" and "to accept them as they are, while inviting them to grow."

Richard Allen holds a B.S. in math with a concentration in computer science. He has tutored students from elementary through college level for 15 years. His relaxed, student-centered approach allows him to work effectively with youth to build their self-confidence as they become more proficient in all areas of math and computer skills.

Tristan's Quest Schedule of Fees

Psychosocial/Psycho-educational Services: Insurance and Medicaid will not pay for these services, but we will work with families to set up affordable payment plans.

Initial Intake \$100 (flat rate, 1-1.25 hours)

Extended Intake \$150 (1.5-2 hours)

Individual Sessions

Academic Support:	\$40/hour
Self esteem work:	\$40/hour
Goal Setting:	\$40/hour
Anger Management:	\$40/hour
Social Skills:	\$40/hour
Parent session:	\$40/hour
Conflict Resolution training:	\$40/hour
Post adoption consultation:	\$40/hour

Classes

Caring Kids (Preschool Social Skills: Learning about Emotions)	\$360 (may be pro-rated at \$30.00/session)
Caring Kids Summer Rate	\$325 (may be pro-rated at \$32.50/session)
Good Citizenship K-1 (Anger Management/Social Skills)	\$360 (may be pro-rated at \$30.00/session)
Good Citizenship K-1 Summer Rate	\$325 (may be pro-rated at \$32.50/session)
Good Citizenship 2-3 (Anger Management/Social Skills)	\$360 (may be pro-rated at \$30.00/session)
Good Citizenship 2-3 Summer Rate	\$325 (may be pro-rated at \$32.50/session)
Good Citizenship 4-5 (Anger Management/Social Skills)	\$360 (may be pro-rated at \$30.00/session)
Good Citizenship 4-5 Summer Rate	\$325 (may be pro-rated at \$32.50/session)

Support Groups

Leadership PLUS

(Middle School Boys Weekly Support group)	\$25 per week
(High School Boys—Weekly Support group)	\$25 per week

Growing Up with Style, Grace, and Confidence

(Elementary School Girls—Weekly Support group)	\$25 per week
(Middle School Girls—Weekly Support group)	\$25 per week
(High School Girls—Weekly Support group)	\$25 per week

Friday FUN Night

(Social networking for middle and high school students with high-functioning Autism or other social challenges)	\$25 per session
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Let's LEGO at TQ

(A Saturday social opportunity for elementary aged students) \$25 per session

Tutoring/Remediation

(Social Skills/life skills for independence for high-functioning children and youth with Autism Spectrum Disorders. Weekdays 3 pm – 6 pm. Late pickup at 6:30 for an additional fee) \$100 per week

Educational Assessments

Price varies

Study Skills

(10 hours of instruction over 8 – 10 sessions) \$450 (\$550 with comprehensive written assessment)

Classroom observations/meetings at schools or other settings:

\$50/hour

Cancellations and Rescheduling: Any psychosocial/psycho-educational service is most successful when it is made a priority. **Tristan's Quest will charge the full fee for appointments missed or cancelled less than 24 hours in advance.** However, no charge will be made if (1) you are ill, (2) you have an emergency, (3) driving conditions are hazardous due to inclement weather, **and** (4) we are able to reschedule you for an alternative time within the same week.

Returned Checks: You will owe the amount of the check plus any fees the bank charges us for a bounced check.

Confidentiality & Patients' Rights: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. **Please note that we do discuss cases internally at Tristan's Quest in peer supervision, and by signing this form you give permission for these discussions.** As a general rule, outside of peer supervision, we will not disclose information regarding a client unless authorized to do so by the client in writing. Under our ethical standards, information received from a child will also be kept confidential except under the following circumstances: A child reports that he/she is going to hurt himself; a child reports that he/she is going to hurt someone else; a child reports that he/she is in fear that someone is going to hurt them.

Minors & Parents: In the state of North Carolina, children less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in a therapeutic environment is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. It is our policy not to provide treatment to a child under 18 unless he/she agrees that we can share general information about the progress of his/her treatment. Before giving parents any information, we will discuss the matter with the minor, if possible, and do our best to handle any objections he/she may have, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents (or other authorities) of our concern immediately, regardless of any objections the minor may have to our doing so.

Contacting Your Child Developmentalist: While we are usually in the office, we cannot take calls when we are with clients. When we are unavailable, our telephone is answered by a receptionist or a voice mail system which we monitor frequently. We will make every effort to return your call promptly, or at least within 24 hours, with the exception of weekends and holidays. We will make every effort to return emails within 24 hours.

In Case of an Emergency: As noted above, we do not provide emergency services, and thus you should exercise one of the following options in an emergency: call 911 or contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier's emergency procedures.

[The following pages may be downloaded, completed, and brought to your initial intake session]

Please sign below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. **YOUR SIGNATURE INDICATES THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.** I have read and understand the Service and Fee Agreement. I agree to the statements herein and terms of payment, to include payment of all fees listed.

If minor patient, I certify that I have the legal right to consent treatment for the minor.

Print ***CLIENT FULL NAME** Legibly

*If a child is receiving care, the child's name goes here, NOT the parent's name.

*If a couple is receiving care, please list as Patient Name the person with insurance. (This is for your convenience so the Receipt we provide you will be structured correctly for you to turn in for insurance.)

Date of Birth of **CLIENT**

Signature of client, or of Parent if Client is a Minor
(If parent signs, please also print parent name legibly beside parent signature.)

Date

Contact Information: Please fill in the following information.

Mailing Address

Work / Cell Telephone Numbers

City, State and Zip Code

Home Telephone Number

Email Address

Secondary Email Address

Referral Source: Please indicate how you heard of Tristan's Quest, Inc. by placing a check in the box.

Friend/Colleague _____

Professional Referral (Please write name and workplace of the person)

Website (How did you find/link to our site?) _____

Flyer or Brochure (Where did you find this?) _____

Bill board (Please tell us the location) _____

Newspaper or Newsletter (Please tell us the name) _____

Other (Please explain) _____



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CONSENT TO RELEASE & EXCHANGE INFORMATION FOR CLINICAL SERVICES

I want the following information shared for treatment planning and/or service coordination. By signing this form, I am allowing service providers or agencies to exchange information that will be useful in planning current treatment, and/or will make it easier for them to work together effectively in planning and/or providing services.

_____ / / _____
(Client's Full Name) (Client's Date of Birth)

My relationship to the client is: Self Parent Guardian

I want the following confidential information about the client to be exchanged:

- Psychological/Psychiatric Assessment Information
- Psychological/Psychiatric Treatment Records
- Psychological/Psychiatric Diagnosis
- Criminal Justice Records/Files
- UNLIMITED DISCLOSURE**
- Educational Records/Files
- Educational Testing
- Behavioral Assessments
- Other _____

I want Tristan's Quest, Inc. and the following service providers or agencies to exchange this information:
(Please include name, telephone number, and fax number if available)

- Therapist, Psychiatrist, or Physician _____
- Community Mental Health Center or Community Support Agency _____
- Hospital _____
- Educational Institution _____
- Criminal Justice Agency _____
- Other _____

Expiration & Terms: *I understand that this consent is good until one year from the date of my signature below, and that it encompasses consent to release information from before the signature date as well as additional information received after this consent is signed. In addition, I understand that information may be shared in writing, via email, in computerized form, and/or in meetings or by telephone. **Revocation:** I understand that I can withdraw this consent at any time. The revocation will not apply to information that has already been released. I must revoke this Consent in writing to Tristan's Quest, Inc. This will stop the listed parties from sharing information after they know my consent has been withdrawn. I have the right to know what information has been shared, and why, when, and with who it was share if I ask. **I want the parties listed above to accept a copy of this form as consent to share information.***

(Signature) (Date Signed)