



## Mandatory Disclosure Statement, Informed Consent for Services, And Psychological Services Agreement

Welcome to Pinwheel Psychological Services! This document contains important information about the professional services and business policies of Pinwheel Psychological Services, PLLC. It also describes your rights and responsibilities as a client, as well as protections afforded to you by the state of Colorado. Please read this information carefully. We will also review this information and discuss any questions you may have during your first meeting with Dr. Hill. When you sign this document, it will represent a binding agreement between you (the client or the client's responsible party) and Pinwheel Psychological Services, PLLC.

### PART 1: COLORADO MANDATORY DISCLOSURE STATEMENT

As a licensed psychologist in the state of Colorado, Dr. Hill is required to provide you with the following information:

|                             |                                                          |
|-----------------------------|----------------------------------------------------------|
| Business Information:       | Pinwheel Psychological Services, PLLC                    |
| Business Mailing Address:   | 3225 Templeton Gap Road #212, Colorado Springs, CO 80907 |
| Business Office Location:   | 3225 Templeton Gap Road #212, Colorado Springs, CO 80907 |
| Business Phone:             | (719) 208-6331                                           |
| Psychologist's Information: | Jennifer M. Hill, PhD                                    |

#### Licensure:

- Licensed Psychologist (# PSY.0004575), Colorado Department of Regulatory Agencies (DORA)
- Licensed School Psychologist (# 197372), Colorado Department of Education (CDE)

#### Degrees and Certifications:

- Doctor of Philosophy (PhD) degree in School Psychology, University of Kansas, 2013; requires successful completion of coursework, dissertation, comprehensive exams, practicum, and pre-doctoral internship
- Specialist in Education (EdS) degree in School Psychology, University of Kansas, 2007; requires successful completion of coursework, EdS project, PRAXIS-II exam, practicum, internship
- Bachelor of Arts (BA) degree in Psychology, University of Denver, 2003; requires successful completion of coursework, honors thesis
- Nationally Certified School Psychologist (NCSP), National Association of School Psychologists (NASP); requires degree from a NASP-approved training program, high achievement on PRAXIS-II exam, recertification every three years, continuing professional development

#### Regulatory requirements applicable to mental health professions in Colorado:

A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology. A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in professional counseling. A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work. A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work. A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam. A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience. A Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

#### Questions, Concerns, or Complaints:

The practice of licensed psychologists in the field of psychotherapy is regulated by the Colorado State Board of Psychologist Examiners, a division of the Colorado Department of Regulatory Agencies (DORA). If you have any questions, concerns, or complaints regarding these services or the practice of licensed psychologists, please contact the State Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-2291.



#### Your Rights:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- In a professional relationship, sexual intimacy between a therapist/psychologist and a client is never appropriate and should be reported to the Colorado State Board of Psychologist Examiners.
- The information you provide during therapy sessions is legally confidential in the case of licensed psychologists except as provided in section 12-43-218 of the Colorado Mental Health Practice Act (Colorado Revised Statutes, 2016), and except for certain legal exceptions that will be identified by to you should any such situation arise during therapy. More information about this can be found on page 3 of this document.
- Additional rights are afforded to members covered under Health First Colorado (Medicaid) and Tricare (Health Net Federal Services/Managed Health Network, Inc.). **You will receive an additional document explaining these rights.**

## PART 2: INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

#### Psychological Services:

Counseling and Consultation: The goals of counseling and consultation services are to better understand difficult feelings, behaviors, and situations, and to identify strategies or supports to improve those feelings, behaviors, and situations. At times, this process may involve diagnosing and/or ruling out a mental health disorder. As a psychologist, Dr. Hill will use her knowledge of human development and behavior to make observations and offer suggestions. As a client, it will be important for you to actively participate in this process by keeping an open mind, trying new approaches, and practicing new skills both during sessions and at home. Sometimes this process can feel uncomfortable, and you may experience feelings of sadness, anger, guilt, confusion, frustration, and worry. These feelings are normal, and you are encouraged to let Dr. Hill know how you are feeling throughout the process. Positive changes sometimes occur very quickly, but usually occur over time. There are no guarantees about what you will experience or about the outcomes of counseling or consultation services. Please ask questions at any time.

Testing and Evaluation: Psychological testing and evaluation may have many purposes, including but not limited to identifying an individual's unique strengths and weaknesses, diagnosing a mental health disorder, developing a treatment plan or recommendations, and determining eligibility for programs or services. As a psychologist, Dr. Hill may use different types of psychological testing and evaluations, including but not limited to clinical interviews, surveys and questionnaires, observations, standardized assessments, and reviewing relevant records. As a client, it is important that you actively participate in and cooperate with these activities, be as truthful and accurate as possible, and put forth sincere and appropriate effort. In most cases, the information you provide during therapy sessions is legally confidential. Providing poor effort or incomplete, inaccurate, or misleading information may result in the testing/evaluation being deemed invalid. There are no guarantees about the outcome of psychological testing or evaluations. Please ask questions at any time.

#### Decision-Making Authority / Authority to Consent to Services:

Any child under the age of fifteen (15) years must have a parent or legal guardian consent to the mental health services to be provided. If parents are legally married, either parent may provide informed consent for mental health services. Any child fifteen (15) years of age or older may sign this form and consent to mental health services without the consent of a parent or legal guardian. If a parent or legal guardian is consenting to mental health services for a minor child, and the parent or legal guardian is divorced or separated, the parent/legal guardian is required to provide a copy of the Court Order and/or Custody Agreement that grants the parent/legal guardian "decision-making authority" to consent to mental health services. If parents have shared and/or joint custody, a Court Order and/or Custody Agreement does not exist, or if the child's parents/guardians were never married, both parents will be required to provide informed consent for mental health services. Failure to provide a copy of the Court Order or Custody Agreement, or to provide informed consent from both parents/guardians, will result in immediate termination of therapy. You are responsible for notifying Dr. Hill immediately of any proceedings or supplemental court orders that affect your parenting rights and custody arrangements.

Occasionally, divorced or separated parents may disagree regarding the decision to provide consent for mental health services. In such situations, mental health services will cease until both parents agree to provide consent for mental health services. If agreement cannot be reached, Dr. Hill will terminate services and provide both parents with recommendations for other mental health resources.

#### Disclosure Regarding Legal Proceedings:

Dr. Hill does not have forensic (legal) training or expertise, and cannot make recommendations to the court regarding custody or parenting-related matters. Courts of law can appoint professionals who have no prior relationship with the family to conduct evaluations and investigations, and make recommendations to the court related to parental responsibilities, parenting time, child custody, and other parenting-related matters that are in the best interests of your child(ren). If you believe that you will require a mental health professional to participate in legal proceedings, notify Dr. Hill immediately and she will provide you with recommendations for other mental health resources to better meet your needs. Any request to testify and/or participate in legal proceedings will be charged directly to the client (or client's parent/guardian) at the rate listed in this agreement.



#### Professional Records:

The laws and standards of her profession require Dr. Hill to maintain clinical records containing your protected health information, including an intake/evaluation summary and progress notes. These records will be maintained for a period of 7 years from the date of last contact or until the child reaches 25 years of age (whichever comes later). Dr. Hill cannot guarantee that a copy of the client's record will exist beyond this period of time. With a signed and dated written request, you are entitled to examine, amend, and/or receive a copy of your clinical record, or to request a summary of this information. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you review them in Dr. Hill's presence so that you and Dr. Hill can discuss the contents together, or have them forwarded to another mental health professional who can discuss the contents with you. If no copies are requested, Dr. Hill will review the contents with you at no charge. In most circumstances, clients will be charged an appropriate fee for professional time and materials associated with copying records (such as supplies/materials, postage, and time/labor spent copying or preparing a summary of the information). Dr. Hill may also maintain psychotherapy notes, which serve to document the contents of conversations and contain Dr. Hill's personal observations. Psychotherapy notes are maintained separately from the clinical record, are not considered part of the clinical record, and are not subject to review, examination, or court order.

Based on her professional judgment, Dr. Hill is permitted to deny an individual's access to clinical records if Dr. Hill determines that providing such access is reasonably likely to endanger the life or physical safety of the individual or another person, cause substantial harm to the individual (if requested by the individual's personal representative), or cause substantial harm to another person(s) referenced in the record. The client may request that this denial be reviewed by an independent licensed health care professional. In such case, the decision of the reviewing professional is final and must be honored by the treating provider.

#### Confidentiality:

In general, the privacy of all communications between a client and a psychologist is protected by law. In most situations, Dr. Hill can only release information with your written permission. However, there are certain situations where Dr. Hill is legally required, under Colorado law, to disclose information and/or take action, even without your consent. Dr. Hill will make every effort to fully discuss these disclosures with you before taking any action, unless doing so poses a risk of harm to you or others. Exceptions to confidentiality are summarized below:

- If Dr. Hill suspects that a child is being or has been abused or neglected (including sexual, physical, emotional, and mental harm or injury), Dr. Hill is required to report this information to the appropriate state agency.
- If Dr. Hill suspects that an at-risk adult (including elderly adults and adults with certain disabilities) is being subject to abuse, neglect, or exploitation, Dr. Hill is required to report this information to the appropriate state agency.
- If a client threatens, or Dr. Hill believes the client represents a risk of, imminent and serious physical harm or violence against a specific person or persons, Dr. Hill is required to take actions to warn and protect the potential victim. This includes notifying the potential victim and contacting the appropriate law enforcement agency. Dr. Hill may also seek hospitalization for the client.
- If a client threatens, or Dr. Hill believes the client represents a risk of, imminent and serious physical harm to him/herself, Dr. Hill may take actions to protect the client. This may include contacting family members, law enforcement, and/or medical personnel to provide protection and ensure the client's welfare. Dr. Hill may also seek hospitalization for the client.
- In most legal proceedings, you have the right to prevent Dr. Hill from disclosing information gathered as a result of the professional relationship. However, Dr. Hill is required to comply with a judge's order to disclose information in a court of law, if the judge deems the information to be relevant and necessary. Regardless of who requests or requires Dr. Hill's participation, you, as the client, are responsible for and shall pay the associated fees/costs (unless prohibited by contract with your insurance company).
- If you are using insurance, Dr. Hill may be required to disclose information to the insurance company for the purpose of benefit approval and reimbursement.
- If a complaint is filed against Dr. Hill with a licensing board or other state or federal regulatory agency, Dr. Hill is required to disclose relevant information to cooperate with the investigation into the complaint.

Dr. Hill occasionally finds it helpful to consult with other professionals about a case. This helps Dr. Hill improve and strengthen her clinical skills, and ensure that Dr. Hill is providing you with an appropriate level of care. During a consultation, Dr. Hill will not reveal any personally-identifying information about you and Dr. Hill will maintain the confidentiality of all personally-identifying information, except as related to the legal exceptions to confidentiality described above.

While this written summary of exceptions to confidentiality should be helpful in informing you about potential problems, it is important that you discuss with Dr. Hill any questions or concerns that you may have now or in the future. The laws governing confidentiality can be complex. Dr. Hill is not an attorney and formal legal advice may be needed for specific questions or situations.



#### Minors:

It is Dr. Hill's policy to encourage parents to respect the privacy of a child's clinical records. If they agree, Dr. Hill will provide them only with general information, unless Dr. Hill feels there is a high risk that the child will seriously harm him or herself or someone else. In this case, Dr. Hill will notify parents of her concern. Dr. Hill will also provide them with a summary of the child's treatment when it is complete. Before giving them any information, Dr. Hill will discuss the matter with the child, if possible, and do her best to handle any objections the child may have with what Dr. Hill is prepared to discuss.

Individuals who are **fifteen years of age or older** may consent to receive mental health services from a licensed mental health professional, with or without the consent of his or her parent or legal guardian. Except as related to the legal exceptions described above, Dr. Hill will protect the client's confidentiality and will not share the information with anyone other than the client's parents without the client's written consent. Under Colorado law, Dr. Hill may, based on her discretion and professional judgment, advise the client's parent or legal guardian of the services given or needed, with or without the client's consent.

#### Contacting Dr. Hill:

You may contact Dr. Hill by phone (719-208-6331), by email (drhill@pinwheel-ps.com), or by leaving a message on Dr. Hill's confidential business voicemail at any time. If Dr. Hill is not immediately available, she will do her best to return your call as soon as possible. If Dr. Hill will be unavailable for an extended time, Dr. Hill will provide a backup number directly to you or on her voicemail. Telephone calls for the purpose of scheduling are expected and are not billed. There is no charge for brief conversations up to 10 minutes; phone conversations that exceed 10 minutes (or more than two 10-minute phone conversations per week) will be billed \$15 per each 5-minute interval.

**If you have a crisis or emergency situation**, please call 911, go to your nearest emergency room, or call the Colorado Crisis Service hotline at 1-844-493-TALK (8255) immediately. You are solely responsible for all costs resulting from such care.

#### Contacting You:

At times, Dr. Hill may need to contact you to discuss or review information, remind you of appointments, change or cancel appointments due to weather, etc. To protect your confidentiality, Dr. Hill will not leave messages with others or on voicemail using information which identifies you as a client without your written consent. Please be sure to fill out the "Client Communication Form" so that Dr. Hill knows your preferred method of communication.

#### Electronic Communications, Social Media, and Other Relationships:

**Email:** Dr. Hill may use email to provide brief, general information about her services and policies. Dr. Hill does not provide therapeutic advice via email, and discourage clients from including sensitive personal or health information in emails. Any information related to therapeutic issues, emergencies, or sensitive personal or health information should be communicated by calling Dr. Hill directly. Dr. Hill is not responsible for any information lost in transit or viewed by a third party.

**Text Messaging:** Dr. Hill does not use or accept text (SMS) messaging to communicate with clients. If you have information that needs to be communicated, please call Dr. Hill directly.

**Social Media:** To protect your privacy and respect the boundaries of a professional relationship, Dr. Hill will not "like", "follow", "friend", or participate in any other relationship with you on any social media platform, and any such request from you will be declined. Please be aware that any comments or information that you share on social media regarding psychological services with Dr. Hill may be seen by others, may compromise your confidentiality, and may become part of your legal medical record. If you have information that needs to be communicated, please call Dr. Hill directly.

**Other Relationships:** To protect your privacy and respect the boundaries of a professional relationship, Dr. Hill will not participate in a social or other relationship with you. If you and Dr. Hill encounter each other in a social or other setting outside of the professional relationship, Dr. Hill will not acknowledge or behave in a way that suggests a professional relationship exists. Instead, Dr. Hill will act toward you as she would act toward any other person. If you would like to approach, talk with, or otherwise acknowledge your professional relationship with Dr. Hill, you are free to do so.

#### Appointments, Cancellations, and Access to Care:

You are responsible for payment of all scheduled appointments, unless prohibited by contract with your insurance company. Cancellations must be made with at least 24 hours' notice. Cancelled or missed appointments with less than 24 hours' notice will be charged the full fee (unless prohibited by contract with an insurance company). If you feel that a cancellation was necessary due to circumstances beyond your control, please contact Dr. Hill immediately. In such circumstances, the cancellation fee may be waived on a case-by-case basis at Dr. Hill's sole discretion. Arriving late to or failing to attend three appointments may result in termination of services, at Dr. Hill's sole discretion. If services are terminated by Dr. Hill, she will provide you with information for other mental health resources.

You have the right to access appointments and care within specific timeframes, as described by your insurance plan. For more information, please contact your insurance plan administrator or ask Dr. Hill for more information.



#### Termination of Services:

You have the right to terminate services at any time. Services may also be terminated by Dr. Hill, at her sole discretion, for the following reasons.

- Your area of need is beyond Dr. Hill's scope of practice or expertise, or, for any reason, Dr. Hill is not able to provide you with a reasonable level of care
- You or the client arrive late to or fail to attend three appointments
- You fail to provide payment for services rendered within 60 days
- You or the client demonstrate a lack of effort, motivation, or cooperation necessary to effectively participate in services
- You or the client demonstrate inappropriate, aggressive, unwanted, hostile, or threatening verbalizations or behaviors toward Dr. Hill, other clients, or other individuals within the vicinity

If services are terminated by Dr. Hill, information about other mental health resources will be provided to you.

#### Payment, Billing, and Outstanding Balances:

Payment is required at the time of service, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment is accepted by cash, check, or credit card. If checks are returned due to insufficient funds, a \$25 fee will be charged to you.

If you are having difficulty paying for services, contact Dr. Hill as soon as possible. Reduced rates/fees may be available depending on individual circumstances (such as unusual financial hardship). Arrangements for reduced rates/fees shall be made solely at Dr. Hill's discretion and eligibility for reduced rates/fees shall be re-determined, at minimum, every three (3) months.

Failure to provide payment for services rendered within 60 days may result in termination of services and referral to agencies that offer free or low/reduced-cost services. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Dr. Hill reserves the option of using legal means to secure the payment. This may involve hiring a collection agency or going through court. If such legal action is necessary, its costs including attorney fees will be included in the claim. In most collection situations, the only information Dr. Hill releases regarding a client's treatment is his/her name, the nature of services provided, and the amount due. Dr. Hill will inform you prior to contacting a collection agency or filing a claim, to provide you with an opportunity to make prompt payment.

#### Insurance Coverage and Reimbursement:

Dr. Hill accepts insurance through:

- Health First Colorado (Colorado's Medicaid program)
- Children's Health Plan Plus (CHP+)
- Kaiser Permanente (Beacon Health Options)
- Tricare (Health Net Federal Services/Managed Health Network, Inc.)

It is important that you understand what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. You are responsible for all applicable co-payments at the time of service. You are legally responsible for payment for psychological services, if, for any reason, your insurance company does not provide compensation.

If you are seeking services that are not covered by your insurance plan or do not have a behavioral health diagnosis that is covered by the insurance plan, you will be financially responsible for all associated charges and fees. Payment for services not covered by your insurance plan is due on the date that services are rendered, unless other arrangements have been made. Payment is accepted in the form of cash, check, or debit/credit card. A \$25 fee will be charged for all returned checks. If you are financially responsible for non-covered services but are unable to afford services, please notify Dr. Hill as soon as possible.

If you use insurance, Dr. Hill may be required to disclose your information to your health insurance company. For example, health insurance policies may require pre-authorization for services or approval for additional sessions or services. In other cases, Dr. Hill may be required to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record. Many health insurance companies require that clients receive a clinical diagnosis in order to be covered for services. Therefore, if you use insurance, you must allow me to assign a clinical diagnosis (when appropriate), and share clinical information with your insurance company. This information will then become part of your health record. Whenever possible, Dr. Hill will only disclose the minimum amount of information necessary. This information will become part of the insurance company files, and once provided to the insurance company, Dr. Hill has no control over how they store and/or use the information. If you would like a copy of the information shared with your insurance company, please ask.

Health First Colorado (Medicaid) Members: Health First Colorado members are assigned to a Regional Accountable Entity (RAE) based on where their primary care provider (PCP) is located. RAEs arrange for members to get medically necessary behavioral health services, such as counseling. The RAE for members receiving primary care services within El Paso County is Colorado Community Health Alliance (CCHA). There are no co-pays or out-of-pocket expenses (including cancellation fees) for using Health First Colorado benefits for covered behavioral health services. Some services may require pre-authorization



by Health First Colorado, and you must have a behavioral health diagnosis that is covered by the program to receive covered services. If you are seeking services that are **not** covered by Health First Colorado or do **not** have a behavioral health diagnosis that is covered by the program, you will be financially responsible for all associated charges and fees. If you have other health insurance, you must use that insurance **before** using Health First Colorado benefits. If you have other health insurance, in addition to Health First Colorado/Medicaid, notify Dr. Hill as soon as possible. If you have questions about your Health First Colorado benefits or are not sure if you are covered by Health First Colorado, Dr. Hill can help you verify your benefits, or you can call 1-855-627-4685 to speak with a Colorado Community Health Alliance representative.

Out-of-Network Benefits: Dr. Hill is unable to file “out of network” claims to insurance companies on your behalf. Some private insurance companies provide “out-of-network” benefits for mental health services. If you are eligible for out-of-network benefits, Dr. Hill can provide you with a detailed invoice (or “superbill”) which contains information about the services you receive and the amount you have paid. After providing Dr. Hill with full payment for services, you may seek reimbursement by submitting this invoice to your insurance company. Dr. Hill cannot guarantee that your health insurance company will reimburse you for any charges. Please contact your health insurance company to verify your benefits and determine which, if any, mental health services may be covered. If, for any reason, your insurance company, HMO, third-party payor, or any other agency or individual does not provide payment for services rendered, you are legally responsible for full payment of all fees.

**Professional Fees:**

Standard and customary rates for professional services are provided below. Services that exceed the allotted time will be billed at \$11.00 per 5-minute interval thereafter, unless other arrangements have been agreed upon in advance or otherwise described below. Dr. Hill reserves the right to adjust these fees and rates at any time in the future. Current (active) clients will be provided with 60 days' notice before new fees/rates take effect.

|                                          |                                                                                                                                                                                                                                                                                       |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial intake session (counseling)      | \$130 per 75-minute session                                                                                                                                                                                                                                                           |
| Individual counseling                    | \$130 per 55-minute session                                                                                                                                                                                                                                                           |
| Group counseling                         | \$75 per 55-minute session                                                                                                                                                                                                                                                            |
| Parent consultation/coaching             | \$130 per 55-minute session                                                                                                                                                                                                                                                           |
| Off-site meetings                        | \$135 per 60-minute hour (plus travel costs)                                                                                                                                                                                                                                          |
| Off-site observations, consultations     | \$130 per 55-minute session (plus travel costs)                                                                                                                                                                                                                                       |
| Testing and evaluation                   | Varies based on the type, scope, and duration of testing/evaluation                                                                                                                                                                                                                   |
| Court/legal appearances*                 | \$300 per 60-minute hour (plus travel costs)                                                                                                                                                                                                                                          |
| Additional services not specified        | \$130 per 55-minute session, unless agreed otherwise                                                                                                                                                                                                                                  |
| Phone calls with client/guardian         | No charge for phone calls lasting up to 10 minutes;<br>\$15.00 for each 5-minute interval thereafter                                                                                                                                                                                  |
| Phone consultations on client's behalf   | \$11.00 per 5-minute interval                                                                                                                                                                                                                                                         |
| Copies of records/paperwork (time/labor) | 1 copy of outcome paperwork (reports) is provided at the conclusion of the service at no charge; fees for additional copies and all other record requests include postage, time/labor (billed at \$11.00 per 5-minute interval) and supplies/materials (\$0.10 per single-sided page) |
| Travel costs                             | Travel costs include travel time to/from off-site locations (billed at \$11.00 per 5-minute interval) and mileage to/from off-site locations (based on IRS Standard Mileage Rates, currently \$0.58/mile)                                                                             |

\*If you become involved in legal proceedings that require Dr. Hill's participation, you will be expected to pay for Dr. Hill's professional time, services, and any legal fees incurred, even if her participation is required or requested by another party. Court/legal appearances will be billed at \$300 per 60-minute hour (minimum of 4 hours), which includes but is not limited to: case research, report writing, depositions, actual testimony, cross-examination time, and courtroom waiting time. Mileage to/from the location of the legal proceeding will also be charged according to IRS Standard Mileage Rates. Payment for all rates/fees (minimum \$1200) is due at least five (5) business days prior to court/legal appearance.