



Psychological Testing Informed Consent

Psychological Testing

Through the administration of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning differences and disabilities, academic functioning, or coping styles. Throughout the process, you have the right to inquire about the nature or purpose of all tests and procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment generally begins with an informational interview followed by the administration of one or more psychological or educational tests. Although it is sometimes possible to complete the testing in one sitting, it is common for the evaluation to require two or three several-hour sessions. A "Private Testing" client is an individual that is self-referred and is paying on his or her own accord, with or without the assistance of private health insurance. Private Testing clients are assured of confidentiality at all times. For Private Testing clients, information will only be released verbally or in writing to those whom you authorize by written release of information in my office. There are legal exceptions to confidentiality, which are discussed in the next section.

For the Private Testing client, a feedback session is typically scheduled upon completion of the psychological report. During this session, the test results are explained and recommendations provided and a copy of the report is given to you. Raw data is not provided to test clients.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Appointments

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling or cancel with less than 24 hour notice, my policy is to collect a \$50 late cancellation fee (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for canceled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time

Professional Fees

Psychological Testing

The charge for psychological testing is \$150.00/hr. The time for psychological testing varies based on the type of evaluation. We will discuss your needs; the length of evaluation needed, and agree on a fee.

Additionally, when billing insurance companies, the client is typically billed as an initial diagnostic interview (CP code 90801), testing hours (CPT codes 96101 or 96118), and the final session when the test results are reviewed (CPT code 90806).

If there is co-pay, you must pay the entire co-pay at the time of the initial visit unless other arrangements are made in writing. It is against regulations from the insurance company to see a client without collecting their co-payment. Payment is expected at the end of each session, unless your insurance is being billed.

Additional Fees

It is my practice to charge my hourly amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request from me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Insurance

Many insurance companies will not cover psychological assessments. It is your responsibility to contact your insurance company to learn if they will cover psychological testing. I am happy to provide you with answers about the testing process, in order to help you provide accurate information to your insurance company.

Please be aware that if you want us to file your insurance, insurance companies require your name, diagnoses, and service dates before they provide coverage for your visit. Insurance companies may

require more data about your case that may include symptoms, diagnosis, and treatment methods. This does become a permanent part of your medical record.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure electronic medical record. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. Please allow me 48 hours after receiving your written request to obtain your records, in order to allow me time to print your file.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, my office assistants will do their best to answer the phone, answer your questions, and schedule/re-schedule appointments. My office assistants are not clinically trained. Therefore, they will not be able to answer questions about treatment, assessment measures, or other clinical information. However, they will take a message and I will return your call as quickly as possible. After clinic hours, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.

If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your Local Hospital Emergency Room or call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences.

Other Rights

If you are unhappy with what is happening in the testing process, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end services at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

By signing this I acknowledge that I've read, fully understand and agree to all information contained here.

Patient's Full Name

Parent/Guardian's Full Name

Signature (Parent/Guardian Signature for Minor)

Date