

PSYCHOLOGICAL TESTING AGREEMENT

This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES AND MEETINGS

Psychological evaluation involves direct, face-to-face contact. Testing may include an initial interview session with the client and/or parents to gain background information and a clear understanding of reason for testing. Then the psychologist works one on one with the client administering cognitive, academic and/or psychological instruments in one to four testing sessions. Tests will be chosen that are suitable for the reason for referral. An evaluation may also involve consultation with other primary caregivers and other professionals such as teachers, psychologists, psychiatrists, tutors, and other developmental specialists who may provide valuable information about the client. After testing is complete, the psychologist will score and interpret the results and write a full report of findings. A final interpretive session will be conducted to fully explain testing results, interpretation, and recommendations. Additional sessions can involve a conference with other professionals or at a school to explain testing results and collaborate about implementing testing recommendations.

PROFESSIONAL FEES

My fees are _____ for a full psychoeducational evaluation. This fee includes an intake session, testing sessions, scoring, interpreting, report writing, and an interpretive session. If only parts of an evaluation are necessary, or if additional testing needs to be added, my hourly testing fee is _____. I charge my hourly fee for other professional services you may need. Other services include additional report writing, attendance at meetings with other professionals you have authorized, preparation of records or evaluation summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for the evaluation either in one full payment at the intake session or in two parts: half at the intake session and half at the interpretive session, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other

professional services will be agreed to when they are requested. Please note: We do not participate directly with any insurance plans.

INSURANCE REIMBURSEMENT

In order for us to perform an evaluation, it is important to evaluate what resources you have available to pay for your testing. If you have a health insurance policy, it may provide some coverage for psychological testing. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as details about reasons for testing. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

CONTACTING ME

I am often not immediately available by telephone. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep testing records. Tests and test results will be kept in a secure place to maintain their confidentiality. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence

so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents or guardian the right to examine your test records. It is my policy to provide parents with general information that helps answer referral questions and provide helpful recommendations. I will also provide them with a copy of the testing report. I am required to give specific information to your parents or guardian if I feel there is a high risk that you will seriously harm yourself or someone else. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your testing. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony or testing results if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's evaluation. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

