

The Mind Center
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PSYCHOLOGICAL EVALUATION CONSENT FORM

Evaluation Services

Psychological evaluations may include an interview, review of available records, and testing with a wide range of tasks. None of the tests are medical in nature, and none of the tests is expected to cause you any harm. I may ask to speak with your doctor(s), therapist, psychiatrist, case manager, etc., or to your significant other or family members.

The purpose of the evaluation is to provide objective information about your cognitive and/or emotional strengths and weaknesses. This may include evaluation of cognitive abilities such as attention, learning, memory, intellectual functioning (IQ), and/or emotional/personality functioning. **The specific questionnaires and tests used will depend on your situation and why you were referred to our office.** You may ask me for more information on any of the tests or procedures at any time.

Information from this evaluation will be used to help your doctor, lawyer, therapist, case manager, and others more effectively understand you. This is an evaluation, and is not therapy or treatment. You may feel better or worse after this evaluation, although you are not expected to feel any worse than before.

A psychological evaluation typically lasts 1 hour or longer (up to 3 or 4 hours if questionnaires or cognitive testing is included, or if legal proceedings are the reason for the evaluation). You will be allowed to take as many rest breaks as needed, and if you need to stop the testing earlier than planned due to being too tired or not able to give your best effort, we can finish the evaluation at a later date. **Your participation in the evaluation is voluntary, so you can end the evaluation at any time you choose.** Tell me if you are uncomfortable with any of the tests, and we will discuss stopping or changing the procedure.

Professional Fees

The fee for psychological evaluation is \$150 per hour. This total hourly rate includes: face-to-face time on the day of your appointment, plus time spent reviewing medical records, discussion with other providers, scoring questionnaires and/or cognitive tests, interpretation of test results, as well as report writing and providing feedback to you about the results. **In most cases that are not part of a legal proceeding, this typically results in between 3 to 8 billable hours.** However, each person and situation is different, and the total number of hours for an evaluation can be more or less than these typical numbers reflect.

Fees for this evaluation will be billed to: _____

Your estimated copay or coinsurance: _____

(Please note that this is an estimate based on information provided to our office by your insurance company, and the exact amount may be more or less)

Limits of Confidentiality

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your evaluation to others if you (1) agree AND (2) sign a written authorization form allowing the release of information. If you are involved in a court proceeding and a request is made for information concerning your personal health information, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, the written authorization of your legal representative, or a court order from a judge.

If you are involved in or considering legal action, you should consult with your attorney to determine whether a judge would be likely to order me to disclose your information.

There are some circumstances under which I am legally required to report your private information in order to prevent harm to you or others:

- **Abuse of another person:** If I know or have reasonable cause to suspect that a child under the age of 18 has been or is likely to be abused or neglected or that a vulnerable adult has been abused, neglected, or exploited and is incapacitated or dependent, I am required by law to file a report to the appropriate government agency. Once such a report has been filed, I may be required by law to provide additional information pertinent to the report.
- **Danger to self or others:** If I determine that a patient poses a direct threat of imminent harm to the health and safety of any individual including himself/herself, I may be required to disclose information in order to take protective action. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can assist in providing protection.
- **Unsafe driving:** In some circumstances, the evaluation may reveal mental impairments or visual functioning that is so impaired as to call into question the ability to drive safely. This is another instance of danger to self or others. In such instances, further evaluation of driving ability may be recommended or, if necessary, direct referral to the Bureau of Motor Vehicles may be made.

If such situations arise, and as appropriate, I will make every effort to fully discuss it with you before taking any action. I will limit the disclosure to what is absolutely necessary to prevent harm.

Signature

Your signature below indicates that you:

- 1) **Have read this agreement and agree to the terms of service**, and are making an informed decision to participate in a psychological evaluation
- 2) **Authorize release of medical information** necessary to process any insurance claims and to authorize payment of medical benefits to the provider of the services described in this form
- 3) **Will be responsible for timely payment for these services.** This includes co-payment, co-insurance, or other portions of the payment for which you are responsible.

SIGNATURE of Patient

or Legal Representative*: _____

PRINTED NAME of Patient: _____

TODAY'S DATE: _____

*If applicable, printed name of legal representative: _____