

# Center for Therapeutic Services and Psychodiagnostics

## INFORMED CONSENT FOR PSYCHOLOGICAL ASSESSMENT:

As a result of either a third party request or via self-referral you have been requested to participate in a psychological evaluation. The goal is to provide objective information about you that may be used to develop a better understanding of your condition, abilities, interests, strengths/weaknesses, or to assist in treatment plan development and/or employment suitability, and if applicable, for accurate mental health diagnosis.

The evaluation itself consists of two separate parts: oral interviews and psychological testing. In addition, it may be necessary to review and utilize other third party information which may include, but is not limited to: court records, medical records, prior psychological evaluations, or treatment provided, etc. Specific psychological testing will be conducted and incorporated into the final evaluation report and the psychological report will be based on the above combination of collateral information, interview (s), and psychological testing. If other testing is indicated, this will be discussed in the assessment process or included as a recommendation.

Your participation in this evaluation is voluntary unless mandated by the court system. The evaluator will not conduct the evaluation without your signature on this document. You also have the right to stop the evaluation at any time, unless court ordered. A psychological evaluation is a complex process that can be ever-evolving as new information arises. Hence, the interview can last up to three or more hours and depending on the nature of the psychological question at hand, multiple psychological testing can possibly be utilized and will be discussed prior to and during the assessment process. This process can last over the course of several days. You will be reasonable informed about the status of the services you receive and any substantial limitations that my impact both the evaluation process and any written report or result of this process, unless you are not the primary client and have been referred via a third-party.

Unless otherwise indicated, you have a reasonable expectation of confidentiality and privacy regarding the evaluation process and any product of this procedure, unless you are not the primary client or this has been court ordered. If this is not the case, information will not be disclosed unless a signed release of information is obtained. Information will be disclosed to those individuals, third parties, and organizations that you sign a release for. However, if court ordered, mandated, or subpoenaed, records and reports generated from the evaluation process may be submitted to the court and this evaluator may be subpoenaed to testify. Additionally, and if applicable, your insurance company and/or third party payor may request information regarding this evaluation process. *By signing this agreement you consent to release only pertinent and relevant information needed by the insurance company or for collection agencies (if applicable).*

**In addition, if appointments are not kept or are cancelled with 24 hours of the appointment time, charges for the unused time that has been set aside for these services will be incurred and you will be responsible for full payment.**

If applicable: I understand the examiner performing the psychological testing and report writing may be under supervision, and the supervisor is ultimately professionally responsible for the report. I understand the examiner is required to discuss the details of my assessment with his or her supervisor.

### **The fee for the evaluation for which I am responsible for:**

Client/Evaluation: \_\_\_\_\_

Insurance/Evaluation: \_\_\_\_\_

Record Review: \_\_\_\_\_

If Applicable-Sliding Scale: \_\_\_\_\_