SPAULDING PSYCHOLOGICAL SERVICES, PLLC (SPS)

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INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION OF A MINOR

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. The law requires that we obtain your signature acknowledging that we have provided you with this information at or before the end of the first meeting. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures during the first meeting. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless we have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Psychological Evaluations: We provide psychological evaluations for the assessment, and diagnosis of learning, psychological, and developmental disorders. By signing this agreement, you are giving consent for your son/daughter to undergo a psychological evaluation. A full psychological evaluation is a comprehensive assessment of cognitive, educational, and social/emotional functioning although the scope of the evaluation will be determined by many factors including the referral question. If you have further questions about the purpose and potential benefits of a psychological evaluation, we will be happy to provide additional information.

Billing and Fees: The charge for psychological evaluation services is **160** dollars an hour to include administering, scoring, interpreting, record review and report writing. Insurance companies will generally cover a portion of the cost of psychological evaluations **if** it is determined that the assessment is medically necessary. We will gladly bill your insurance carrier for the service. However, it is important that you verify your insurance benefits with you carrier because you are ultimately responsible for the cost of the assessment. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries. 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, we have no control over what they do with it once it is in their hands.

If a third-party is responsible for payment, this will be determined before the assessment takes place. The role of each party will be clarified at the outset, including access to the final report. If it is determined that you are responsible for the cost of the evaluation the final report will not be released until payment has been received in full.

Confidentiality: The evaluation may contain statements that are made. You/you child may decline to answer any question and the evaluator will note that response. The following information may require the psychologist to act in a "duty to protect" if you threaten to a) harm self, b) harm others, or c) abuse or neglect a child, adult dependent, or developmentally disabled person or disclose knowledge of the same. During legal proceedings, written evaluations and assessment notes may be subpoenaed or court-ordered.

Release: The psychologist is not providing treatment or therapy and does not have a patient-doctor relationship with you or your child. The evaluation will consist of interviews, psychological tests, records review and consultation with others (if needed). Signing this agreement indicates that you understand the results of the evaluation will be shared with the entity requesting the assessment. If it is agreed that you will receive a copy of the report, you are free to contact me if you have any questions regarding the content of the report.

Signature: I understand the purpose of these sessions is for Cynthia Spaulding, Licensed Psychologist West Virginia License Number 700 to complete a written evaluation on_____ requested by_____ for the purpose of_____
_____

Your signature below indicates that you understand that you/your child's participation is voluntary, that you have read and understand the above information, that you agree to participate in the assessment and that the report, verbal and/or in written form, will be released to the following parties:

A. _____

B. _____

C. _____

_____

Printed Name Signature Relationship to the Client Date

_____

Psychologist Name/Credentials Signature Date