

Solara Psychological



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PSYCHOLOGIST-CLIENT SERVICE AGREEMENT FOR PSYCHOLOGICAL TESTING

This Informed Consent form is designed to explain the policies and procedures for an evaluation or psychological services with Dr. Arthur Cardona. Please thoroughly review this document as it contains information that is very important for you to know.

EVALUATION SERVICES

The evaluation process takes place in four primary stages:

1. Background interview to obtain a history, review concerns, discuss the reason for the evaluation, determine what testing needs to be done, and review informed consent and evaluation procedures.
2. Testing typically may take place over a 2 to 3 hour session. There are time in which testing may take place in several 2-3 hour sessions or other arrangements based on you or your child's needs as determined during the diagnostic interview.
3. Administration and scores are to be done by psychometrist _____. All psychometrists are fully trained on all psychological measures they are administering and scoring. Some of the scoring may be done using software interpretative computer programs. Interpretation and report writing is completed by Dr. Cardona. This typically ranges from 3-6 hours.
4. Feedback session (15 minutes) with client and/or child to provide interpretation about testing results, diagnostic impressions, and treatment recommendations after completion of the testing process.

In addition to the stages of the evaluation described above, other services are sometimes needed. It is often helpful for the evaluator to speak with other professionals who have worked with or are working with you or your child. This may include therapists, physicians, counselors, teachers, speech or occupational therapists. You will be asked to sign additional written consents if this is necessary. A school observation may also be recommended by Dr. Cardona to provide a better idea of how your child is functioning in the educational setting.

A comprehensive written report will be generated and copies will be provided to you as part of the evaluation costs. Typically, the written report is provided to you at the time of the feedback session. The results of the evaluation may not answer all questions about you or your child's situation. Thus, other referrals may be made to other service providers.

BENEFITS AND RISKS OF EVALUATION

The primary benefits of an evaluation include diagnostic clarification, appropriate treatment recommendations to handle challenges and maximize strengths, a written report to facilitate services in the community or at school, and insight into the nature of your child's strengths and weaknesses. Although most individuals have a positive experience during the evaluation process, there are some risks. The person being evaluated may experience discomfort (frustration, anxiety, embarrassment, etc.). Also, it is possible that the evaluation will not answer all of your questions, and further evaluation may be needed. While the assessment and treatment recommendations are based on best practices, you or others may not agree with the conclusions based on Dr. Cardona's professional judgment. It is your decision whether to follow the recommendations.

APPOINTMENTS AND SCHEDULING OUT

Out of courtesy to me and other clients who are waiting for an appointment, please call as soon as possible to cancel an appointment. Testing appointments book far in advance and are difficult to book with short notice.

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 treatment to others if you sign a written authorization form that meets certain legal requirements imposed by the law. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).
- If a 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.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative’s) written authorization, or court order, or if a subpoena is served on me with appropriate notices, I may have to release information in a sealed envelope to the clerk of the court issuing the subpoena. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker’s compensation claim, I must, upon appropriate request, provide a copy of any mental health report.

There are some unusual situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment.

- If I have reason to suspect that a child is abused or neglected, the law requires that I file a report with the appropriate governmental agency, usually the Child Protective Services. Once such a report is filed, I may be required to provide additional information.
- If I have reason to suspect that an adult is abused, neglected or exploited, the law requires that I report to the Adult Protective Services. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates a specific threat of immediate serious physical harm to another person or people, and I believe he/she has the intent and ability to carry out the threat, I am required to take protective actions. These actions may include notifying the potential victim or his/her guardian, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

REQUESTS FOR FORMS, LETTERS, AND REPORTS

A comprehensive written report is included in the charges for the evaluation. There is no charge for completion of forms needed to secure pre-authorization for testing from your insurance company. However, the following charges will apply for other forms or letters that are needed, including but not limited to, letters to insurance companies for justification of diagnoses, evaluation, or treatment, letters or forms needed for schools or state agencies regarding diagnosis, treatment or information for IEP planning, letters to attorneys, etc. The charge for completion of brief forms and letters is \$15. Charges for lengthy or more detailed letters will be at the hourly rate (\$150/hour) based upon the time involved in preparation. Payment for all forms must be made before the forms will be completed or the letter written. There may be some forms issued to you that I am not capable of completing. Also, be aware that in most cases, I will not be able to complete forms on the same day as they are received, and there may be a 7-day turn-around period for completion of form or letters. However, I will make every effort to be as prompt as possible in addressing your request.

FEES

Unless we agree otherwise before beginning the assessment, insurance are charged for all fees. If self-pay this fee is arranged beforehand and includes the background interview, review of records, test administration sessions, scoring and interpretation, report writing, written report, and a 15- minute feedback session.

Fees vary depending on the nature of the assessment and the referral question.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA POLICY DESCRIBED ABOVE.

SIGNATURE

DATE

SIGNATURE OF PARENT

DATE

Printed name