# **DISCLOSURE STATEMENT: PSYCHOLOGICAL ASSESSMENT**

This statement is a disclosure of certain information about the process of psychological assessment. It details certain rights and responsibilities that you have in this process and gives you some information about me.

**My Training and Licensure**

I have a Psy.D. in Clinical Psychology, earned in 2006 from Argosy University Seattle—Washington School of Professional Psychology. I am licensed as a psychologist by Washington State (PY3741).

**Approach to Assessment**

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy and will be brief and focused on the questions raised by the individual or professional who made this referral. The assessment process usually has two parts that require your participation; a structured interview, which normally takes between two and four hours, and the administration of psychological testing, which normally takes from two to four hours. The times vary depending on how much information you share with me, and the complexity of the issues being assessed. I will also probably be reviewing your medical and psychological records, and other written materials relevant to your presentation. I may also ask you for permission to speak to other people who have known you well who may help me to understand you such as friends, family members, co-workers, school, or your therapist if you have one.

If am conducting this assessment process because you are, or are planning to become a party in a legal matter, I will be consulting with the attorney who referred you to me regarding my findings. Your consent to this evaluation includes a consent to release information to that attorney and/or their agents (for example, their paralegal). If I am called upon to testify in a deposition or courtroom proceedings, the findings of this evaluation and all supporting materials can be subpoenaed for examination by the opposing attorney, and it is very likely that this will happen. When you raise the issue of your mental status in a legal case, you most probably have waived your right to confidentiality of these records. The records of this evaluation do not constitute Protected Healthcare Information (PHI) as described under federal HIPAA guidelines because they have not been created to document your health care. If I am deposed by the opposing attorney, I will be required to respond to questions regarding my evaluation of you and my findings. I will take all possible steps to protect your privacy at any time when I am not required to render opinions or share information.

Following the initial information gathering and assessment sessions, my clinical impressions are generally prepared in a written report. You will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes to more accurately reflect your perceptions. However, I retain the right to include those of my professional opinions and observations that I believe to best represent my findings. You are not obligated to use any report that I write.

If during our evaluation you report information to me that causes me to suspect child abuse or vulnerable adult abuse, I must by law report my findings to the appropriate state agencies. I would inform you if I planned to take this step. If I learned that you were likely to harm another person, I must by law inform that person and the authorities. I would inform you if I took that step

**Fees**

My fee for any work that I do of a non-testimonial nature (for example, assessment interviews, test scoring, reading records, talking with the attorney, and/or report writing) is $225.00/hr. My fee for any kind of testimonial work, including any time I spend traveling or waiting to testify is $500.00/hr. If any of my work requires me to travel outside of King, Pierce, or Snohomish Counties, WA, I will charge a daily rate of $2500.00/day for whatever work I do of less than eight hours in place of the hourly rate, plus reasonable travel expenses. Your insurance will not pay for psychological evaluations, since they do not meet insurance company definitions of medical necessity. Accordingly, all fees are due at the time of service unless other arrangements have been made with me in advance.

**Complaints**

If you have reason to believe that I have acted in an unethical or unprofessional manner, I encourage you to discuss this directly with me. If you do not feel that I have been responsive to your concerns, you can bring a complaint against me by writing to the Examining Board of Psychology, Dept. of Health, P.O. Box 1099, Olympia WA 98504.

**Client’s Consent to Assessment**

I have read the above disclosure statement and understand its terms. I have discussed any questions that I have with Dr. Rogers, and he has answered them to my satisfaction. I agree to my participation in the assessment process as described above. I understand that my statements in this process may not be kept confidential in legal proceedings, but I understand that Dr. Rogers will keep these materials private when he is not required by law to share this information. I agree to the release of information to the individual/professional who has referred me for this assessment. I agree to the fees quoted above. I am over the age of eighteen and competent to enter into this agreement OR I am the parent of a minor signing on behalf of my minor child.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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