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Informed Consent to General Psychological Evaluation

This document contains important information of our standard psychological evaluations. If this evaluation is intended to be used in a legal proceeding, please discuss it with your clinician prior to the intake session.

Goal of Evaluation

The goal for a psychological evaluation (assessment/testing) is to assess psychological and/or cognitive functioning and to find out the correct diagnoses to direct treatment. It may include, but not limited to, measures of attention, memory, language, problem solving, personality, emotions, health factors, and cognitive functioning.

Approach to Evaluation

The evaluation itself consists of three separate parts: (1) the initial interview, which usually takes 30 to 55 minutes; (2) administration of tests, which usually takes between 2 and 4 hours, depending on the types of the evaluation (it can be broken down into multiple testing sessions on different days), and (3) a results session, usually takes place 2 to 3 weeks after the last testing session with all the required questionnaires/forms completed in time. The results session is an opportunity for the clinician to explain the test results to the clients, and answer any questions clients might have.

Some of the tests are administered directly by a clinician or a technician while other tests are completed by the client or someone that knows the client well without a clinician being present. The client may be asked to return for additional tests or an additional interview session, if it is decided by the evaluator to be beneficial for the evaluation.

It may be necessary to review related materials such as court records, depositions, transcripts, school records, medical records, previous testing results, etc. Please bring in all necessary documents/materials at the intake session for the evaluator to review.

In order for the results of these tests to be a fair presentation of abilities and functioning, you must answer honestly and put forth your best effort on all tasks. Many of the tests administered are designed to detect symptom exaggeration and/or poor effort. Lack of effort or failure to be honest may invalidate test results.

Confidentiality

Both law and mental health care standards require that we keep appropriate treatment records. All progress notes, testing results, and testing reports will become part of your

confidential clinical record. If you would like your record to be released to other professionals, such as your primary care physician, appropriate release form needs to be signed before the release of your record. I will not release your file contents to anyone else unless you and/or your legal guardian sign a release form permitting me to do so with the following exceptions:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. When threat to injure or kill oneself is communicated to the therapist.
3. If you are required to sign a release of confidential information by your medical insurance.
4. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights. We can discuss some foreseeable possibilities together.
5. Clients being seen in couple, family, and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process.
6. I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised.
7. My secretary and office manager have access to locked records but are legally bound with confidentiality.
8. Clients under 18 do not have full confidentiality from their parents.
9. It is also important to be aware of other potential limits to confidentiality that include the following: a) All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances; b) Most records are stored in locked files but some are stored in secured electronic devices; c) Cell phones, portable phones, faxes, and e-mails are used on some occasions; d) All electronic communication compromises your confidentiality.

Fees and Good Faith Estimate (GFE):

The non-forensic-in-nature testing is charged by an hourly rate, e.g., \$300/hour for Dr. Jiang and \$200/hour for a technician. The billing codes are 90791, 96130, 96131, 96136, 96137, 96138, and 96139. For clients using insurance(s), questionnaires completed by clients and/or others about clients without a clinician being present would add additional costs to your charge. This contains the costs for the tests, and the costs for scoring and interpretation via using software. The charges will be reflected on the bill(s) on the session you receive the questionnaires. Report-writing time will also be calculated in the evaluation costs. Depending on the length and complexity of the report, your insurance(s) will be billed for the time used for report writing.

In circumstances that clients opt to not use their health insurances for the service, the total cost for the evaluation (including intake, testing, report writing, records review if any, and the result session [optional]), is \$ _____. A decision of not utilizing insurance coverages means not to submit any claims to the insurance company by either the office or the client/legal guardian. You will **not** be charged for the report writing if you do not wish to have a written report. The completion of the report may be interrupted if fees are not paid in full. In this case, your initial at the end of this paragraph would indicate you're opting out of using your health insurance and you will be paying out of pocket.

Consent to self-pay: _____ (initials)

Parent Participation & Report Sharing (for Minor Client, age 12-17):

Minor Acknowledgment

By initialing and checking below, I confirm I was informed about this evaluation and I choose what parent/guardian participation and report sharing is allowed. Minor initials: _____

Parent/Guardian Access and Participation (check all that apply)

- Intake session: Allow participation by
☐ Mother ☐ Father ☐ Step _____ ☐ Grand _____ ☐ Other _____
- Results/feedback session (may occur without me present): Allow participation by
☐ Mother ☐ Father ☐ Step _____ ☐ Grand _____ ☐ Other _____
- Release a copy of the final written report to:
☐ Mother ☐ Father ☐ Step _____ ☐ Grand _____ ☐ Other _____
- Delivery method: ☐ Provide at/after results session ☐ Secure email to the addresses below
P/G #1 email: _____
P/G #2 email: _____

Divorced/Separated or Allocated Decision-Making

- ☐ Not applicable (parents married)
- ☐ Both parents jointly
- ☐ Only _____ (attach current custody/decision-making order.)

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask your evaluator. Your participation in this evaluation is voluntary. 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. The clinician(s)/evaluator(s) may be asked to write a report of the findings. We retain the right to include our professional opinions that we believe to represent our findings most accurately in your case. You are **not** obligated to use any report that we write, unless the evaluation is court-ordered and/or Dr. Jackie Jiang is appointed by a judge.

Your signature below acknowledges that you have read, understand and agree to be bound by the content, terms, and conditions of this informed consent contract.

Client's Name

Client Signature

Date

Legal Guardian Name

Legal Guardian's Signature

Date

Zhujun (Jackie) Jiang, PsyD
Clinical and Forensic Psychologist
Licensed in Illinois and Iowa

Date

*Please consult with the billing department regarding your eligibility for the sliding fee scale. Certain evaluations would not qualify for the sliding fee scale.