

**Dr. Jackie Jiang and Associates, LLC**  
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## **Informed Consent to Clinical Psychological Testing**

This document contains important information about clinical psychological testing/evaluation services provided by Dr. Jackie Jiang & Associates, LLC. Please read this form carefully and ask your evaluator any questions before signing. This consent is for clinical psychological testing. If the evaluation is being requested for court, custody, legal, employment, disability, immigration, fitness-for-duty, or other forensic/legal purposes, please notify the office before the intake because a separate forensic consent and fee agreement may be required.

### **Goal of Evaluation**

The goal of a clinical psychological evaluation is to assess psychological, cognitive, emotional, behavioral, and/or functional concerns in order to clarify diagnosis and guide treatment, recommendations, and care planning. The evaluation may include, but is not limited to, assessment of attention, memory, language, problem-solving, personality, emotions, behavior, health-related factors, academic skills, adaptive functioning, and cognitive functioning. Clinical psychological testing is not psychotherapy, legal representation, advocacy, mediation, or a forensic/custody evaluation. The evaluator's role is to provide an objective clinical opinion based on the information available, test results, records reviewed, clinical interview, behavioral observations, and professional judgment.

### **Approach to Evaluation**

The evaluation generally includes three parts: (1) an initial interview, usually lasting approximately 30 to 55 minutes; (2) psychological testing, usually lasting approximately 2 to 4 hours depending on the type and complexity of the evaluation, which may be completed in one or more sessions; and (3) a results/feedback session, usually scheduled approximately 2 to 3 weeks after the final testing session, provided all required questionnaires, forms, records, and other materials have been completed and received in time.

Some tests are administered directly by a clinician or testing technician. Other measures may be completed by the client, parent/guardian, teacher, spouse, or another person who knows the client well. The evaluator may request additional testing, additional interview time, or additional forms if needed to complete the evaluation appropriately.

It may also be necessary to review relevant records, such as school records, medical records, prior psychological or neuropsychological evaluations, counseling records, court-related documents if clinically relevant, or other materials related to the referral question. Please provide all relevant documents before or at the intake session, unless otherwise instructed.

### **Effort, Accuracy, and Validity of Testing**

In order for the evaluation results to be accurate and useful, the client must answer questions honestly and put forth good effort on all testing tasks. Many psychological tests include validity indicators designed to assess effort, consistency, symptom exaggeration, underreporting, or inaccurate responding. Poor effort, inconsistent responding, exaggeration, minimization, or failure to provide accurate information may limit or invalidate the results of the evaluation. The evaluator retains the right to include professional opinions, diagnostic impressions, limitations, and recommendations that the evaluator believes most accurately reflect the findings.

### **Confidentiality and Records**

Testing records, test results, and psychological reports become part of the client's confidential clinical record. Records may be released only with a valid written authorization signed by the client and/or legal guardian, unless disclosure is otherwise permitted or required by law. General confidentiality rules, privacy practices, release-of-information procedures, insurance disclosures, electronic communication risks, recordkeeping policies, and financial responsibilities may also be addressed in other office forms and policies provided by Dr. Jackie Jiang & Associates, LLC.

Limits to confidentiality include, but are not limited to, suspected child abuse, elder abuse, or dependent adult abuse; serious threat of harm to self or others; disclosures required for insurance billing, authorization, or audit purposes; court orders or subpoenas when legally enforceable; consultation with professional colleagues when clinically appropriate and with identifying information protected when possible; access by authorized office staff who are bound by confidentiality requirements; and parent/guardian access to minor records as allowed by law.

Clients under age 18 do not have full confidentiality from their parents or legal guardians. For minors age 12 to 17, parent/guardian involvement and report-sharing preferences may be documented below when applicable.

### **Fees and Good Faith Estimate (GFE):**

Non-forensic clinical psychological testing is billed based on the services provided. Fees may include intake/interview time, test administration, scoring, interpretation, report writing, records review, questionnaires completed by the client or others, and the results/feedback session when applicable.

For clients using insurance, claims are submitted according to the services completed and the billing codes required by the insurance carrier. Insurance coverage may be subject to deductible, copay, coinsurance, authorization requirements, medical necessity review, and other plan limitations. Clients remain responsible for verifying their own insurance benefits and for any amount not paid by insurance.

For clients who are uninsured, self-pay, or choosing not to use insurance, a Good Faith Estimate may be provided when required by law. The Good Faith Estimate may include applicable service codes, estimated charges, and other billing information required for self-pay/uninsured clients.

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

**Minor Acknowledgment**

By initialing below, I confirm that I have been informed about this evaluation and understand that parent/guardian participation, feedback-session arrangements, and report sharing will be handled according to applicable law, clinical judgment, and any court or custody/decision-making order that applies. Minor initials: \_\_\_\_\_

**Parent/Guardian Access and Participation**

For minor clients, the parent/legal guardian with authority to consent to the evaluation may participate in the intake session, receive clinically appropriate feedback, and receive a copy of the written report, unless limited by law, court order, custody/decision-making order, or clinical/legal confidentiality requirements.

For minor clients ages 12–17, the evaluator may also consider the minor’s confidentiality rights, preferences, clinical needs, and applicable law when determining parent/guardian participation, report release, and feedback-session arrangements.

If parents are divorced, separated, or subject to a custody/decision-making order, the parent/legal guardian requesting the evaluation must provide the current court order before the evaluation begins. The office may require consent from one or both parents/legal guardians depending on the order and applicable law.

Report delivery, when authorized, may occur at or after the results session, by secure email, portal, or another method approved by the office.

Parent/Guardian email for report delivery, if applicable:

Parent/Guardian #1 email: \_\_\_\_\_

Parent/Guardian #2 email: \_\_\_\_\_

**Divorced/Separated or Allocated Decision-Making**

- Not applicable (parents married)
- Both parents/legal guardians share decision-making authority
- Only the following parent/legal guardian has authority to consent to this evaluation:

Name: \_\_\_\_\_ . A current custody,

guardianship, or decision-making order must be provided when applicable.

**Voluntary Participation and Questions**

If, at any time, you have a question about any aspect of the evaluation or these procedures, please ask your evaluator. Participation in this clinical psychological evaluation is voluntary unless otherwise required by law, court order, or another external requirement. The evaluator will not conduct the evaluation without appropriate signed consent. The client and/or legal guardian may stop the evaluation at any time, although stopping an evaluation may limit the evaluator’s ability to complete a report or provide clinical opinions.

The evaluator may be asked to prepare a written report of the findings. The evaluator retains the right to include professional opinions, diagnostic impressions, limitations, and recommendations that the evaluator believes most accurately reflect the available information and evaluation findings.

For clinical evaluations, clients are not obligated to use any written report that is prepared. Evaluations requested or ordered for legal, forensic, custody, employment, disability, immigration, or other non-clinical purposes require separate consent and may involve different rules regarding confidentiality, report release, fees, and use of the report.

**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.**

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Client’s Name	Client Signature	Date
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Legal Guardian Name	Legal Guardian’s Signature	Date
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Zhujun (Jackie) Jiang, PsyD Clinical and Forensic Psychologist Licensed in Illinois and Iowa	Date
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\* Sliding-fee eligibility, when applicable, is determined by office policy and may not apply to all evaluations.