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Informed Consent for Psychological Evaluations

Welcome to Westfield Mental Health Specialists, LLC (WMHS). This document contains important information about WMHS's professional services and policies, including your rights as a testing client.

Psychological Testing Services

Dr. Doran Cunningham, a licensed psychologist, will evaluate you or your child in an attempt to answer the questions that led you to seek this assessment. Evaluations may address concerns about psychological diagnoses, personality functioning, and academic functioning such as learning disabilities.

Our psychological evaluations generally include the elements listed below. The components and order of administration may vary based on the type of evaluation you are seeking. Depending on individual assessment needs, you or your child may complete testing in one day or you may be asked to complete testing over several sessions.

- We begin an evaluation with a review of available records. We also conduct a collateral interview with family members or other people connected with your case (if applicable) to collect background information relevant to the reason for referral.
- We may utilize a clinical interview to obtain information regarding developmental, social, academic, medical, mental health, and academic/employment histories. We also may conduct in a mental status exam.
- We administer a test of cognitive abilities that provides a measure of overall intelligence (IQ) and/or neuropsychological abilities that are relevant to your case. Additionally, we may administer tests of academic achievement.
- We assess social-emotional characteristics, personality traits, behavioral functioning, and overall mental health. Assessment methods may include standardized self-report inventories, parent or teaching rating scales, and projective tests.
- Finally, we integrate and summarize results from testing, rating scales, and interviews in a comprehensive report. Every assessment battery is individualized and we provide an in-depth description of any diagnoses given and specific recommendations based on your unique pattern of strengths and weaknesses.
- We then meet with you for a feedback session to explain the findings, treatment recommendations, and real-world implications of the results. We are available to consult with other mental health professionals, schools, or other agencies regarding the findings. Our turn-around time for reports is typically 2-4 weeks, depending on the complexity of the evaluation. Please note that feedback sessions typically are not covered by insurance.

Payment Policy and Insurance

A fee structure will be provided to you during your initial consultation. Evaluation fees are billed at an hourly rate for all assessment procedures, including time spent reviewing records; conducting interviews; administering, scoring, and interpreting assessment measures; consulting with applicable professionals; writing the report; and conducting a feedback session. Comprehensive evaluations typically range from \$2,100 to \$2,800 and are charged at an hourly rate of \$175. We will provide you with an estimated cost of your evaluation during your initial consultation. Partial payment of \$800 must be paid at the initial testing session, with the balance due at your feedback session. We accept cash, checks, and credit cards.

WMHS is an out-of-network insurance provider. Some insurance companies reimburse a portion of the cost of psychological evaluations. Please contact your insurance to inquire about your coverage. We are happy to provide you the documentation required to submit for reimbursement.

Late or Missed Appointments

We understand there are times you may need to cancel or reschedule an appointment. We kindly ask for at least 24 hours cancellation notice via phone or email. If you do not contact us, you may be billed for your missed appointment.

Request for Accommodations

For clients requesting accommodations for a learning disability or an attention deficit disorder, a psychological test report will be provided to the appropriate agency specified in your signed release form. Specific information, formats, or forms requested by agencies will be provided at an additional cost. Please provide at least two weeks notice for completion of additional forms.

Informed Consent

Dr. Doran Cunningham has explained to me in detail the process of participating in a psychological evaluation that would render an opinion regarding:

During the evaluation, standardized assessment measures are provided under specific testing conditions. If for any reason my child or I feel unable to participate in the evaluation fully, I agree to inform Dr. Doran Cunningham and reschedule the evaluation for another time.

I understand that I have the right to discontinue the evaluation process at any time. However, I will make every effort to discuss my concerns with Dr. Doran Cunningham before ending the assessment. Furthermore, I understand that Dr. Doran Cunningham may be unable to provide feedback regarding the evaluation results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

I understand that Dr. Doran Cunningham has made no specific guarantees to me about the results of the evaluation (including diagnoses), the recommendations and/or accommodations that may or may not be accepted by my child's school district or other agency (e.g., the College Board), or the number of sessions necessary for the assessment to be completed. Also, I understand that if Dr. Doran Cunningham recommends further or alternative testing, she will describe the reasons for this testing and will advise me of any additional costs.

I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. Exceptions to this policy include the following situations mandated by law: a) situations involving child or elder abuse; b) situations involving harm to myself or others; and c) situations in which records are subpoenaed by the court. Further information

regarding these situations and my privacy rights has been provided to me in WMHS's Notice of Privacy Practices for Protected Health Information.

By my signature below, I acknowledge that: a) I consent to a psychological evaluation by a licensed psychologist at WMHS; b) I have been informed of WMHS's evaluation policies and have read the consent form; c) I understand my rights and obligations as a testing client; d) I agree to discuss any questions that arise during the evaluation process; and e) I agree to all of the payment arrangements outlined in this form.

Patient Signature
(ages 14 and older)

Date

Parent/Guardian Signature
(if applicable)

Date

Parent/Guardian Signature
(if applicable)

Date

WMHS Provider Signature

Date