



## **Psychological Evaluation Consent Agreement**

### **INTRODUCTION TO PSYCHOLOGICAL EVALUATIONS**

The goal of a psychological evaluation is to help identify the underlying causes of symptoms or to clarify a diagnosis. By better understanding your/your child's diagnosis, this can help you take next steps to creating a plan that is tailored to your/your child's needs.

The evaluation process starts with a thorough interview to assess your testing needs and continues with 1-2 testing appointments where a variety of standardized psychological tests will be conducted. It is important for you to be as comprehensive as possible in the initial appointment and testing appointments. It is your responsibility to provide an accurate and complete history, as well as a thorough description of your current symptoms to your provider, including filling out any required paperwork completely. We ask that you share any records or sign releases to other providers/educators, if needed. The psychological test you receive will may look at cognitive, adaptive, social, emotional, and/or behavioral functioning and will assist the evaluators in understanding functioning in various areas of your life.

Once the evaluation is completed, the evaluator will create a report and provide a feedback session. This feedback session will include information about you/your child's diagnoses, recommendations for supportive services and strategies moving forward.

### **ASSESSMENT LATE CANCEL AND NO-SHOW POLICY**

Any missed appointments in which 24-hour prior notice was not given may be charged a Late Cancel Fee of \$85. Any missed appointments in which no prior notice was given may be charged a No-Show Fee of \$100. I hereby give consent to access my credit card or to bill me directly for these charges.

Additionally, if 24-hour notice is not given or an appointment is missed, we will offer you one more opportunity to reschedule. If you have a Late Cancel or No-Show for an appointment again, we will not reschedule at this time. We work to provide individuals with assessments as quickly as possible, and to do this we need to enforce a strict policy for no-shows.

### **TEST DATA AND MATERIALS**

Specific test data and test materials used throughout the evaluation will not be released to ensure this data is used in an appropriate manner and to protect test security.

### **REPORT**

If you would like a copy for yourself or another party, we do require a release of information be signed.

### **OUTCOMES**

Our ability to diagnose is impacted by your willingness to share your experiences and fully participate in all aspects of the process. We do not guarantee you will be given any specific diagnoses.

**PURPOSE OF EVALUATION**

It is important to understand that we do not perform custody evaluations. In addition, we do not perform forensic psychological evaluations (to examine and evaluate a patient in anticipation of prosecution or litigation). If you are considering using the results of an evaluation for a custody dispute or for legal purposes, please consult with experts in those areas.

**VOLUNTARY PARTICIPATION**

Participation in the psychological evaluation is voluntary and you may discontinue at any point. However, if testing is terminated, it may limit the evaluator's ability to provide feedback and you will be charged for the portions of the evaluation that were completed.

By signing this document, I agree to the above policies regarding Ellie Mental Health's provision of psychological testing services to you or your child.

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date

\*If you are a parent/guardian, by signing this, you attest that you have legal custody of your minor child and have legal decision-making capabilities