

Informed Consent and Authorization for Psychological Evaluation

Through the administration the psychological evaluation, you have the right to inquire about the nature or purpose of all tests and procedures. You also have the right to know the test results, interpretations, and recommendations. The evaluation generally begins with an informational interview followed by the administration of one or more psychological or educational tests. Psychological testing requires several-hour sessions.

Types of Evaluations

- *Full Psycho-Educational Evaluation* – The purpose of this evaluation is to provide an in-depth study of the cognitive/intellectual processes and current academic levels of functioning. This evaluation might also include an assessment of memory and executive functioning.
- *Psychodiagnostic Evaluation* -- The purpose of this is to evaluate for behavioral or emotional factors such as Attention Deficit/Hyperactivity Disorder, depression, or anxiety disorders that may be affecting one's functional abilities.

Types of Measures

- *Diagnostic Interview and Developmental History* – to obtain information about the client outside of the testing situations, and to obtain a comprehensive history in order to make a more reliable diagnosis.
- *Cognitive Testing* – to assess overall intellectual ability, as well as strengths and weaknesses in areas such as verbal comprehension, perceptual reasoning, working memory, and processing speed.
- *Achievement Testing* – evaluation of academic abilities in the areas of word reading, phonics, reading comprehension, written language, math reasoning, calculation, and academic fluency. Measures of oral language may also be assessed.
- *Attention and Executive Functioning assessment* – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization, and planning.
- *Behavior Rating Scales and/or on-site behavioral observation* at school in order to get a sample of behaviors outside of the office setting.
- *Interviews* with teachers, family members, or other relevant individuals. Such interviews will only be conducted with specific written consent.

Feedback

The type(s) of feedback you and/or your child will receive may include:

- A comprehensive written report that provides findings for each measure, an integrated summary, and recommendations for accommodations, interventions or treatment.
- A brief, written summary that provides an overview of findings and recommendations.
- In-person or telephone interpretive feedback session.

Informed Consent: The overall duration of all assessments and evaluations depends on the nature of the evaluation. There can be no guarantees about the outcome of any type of evaluation. Additionally, the assessment and evaluation process may involve discussing unpleasant aspects of one's life and may lead to unanticipated results and/or conclusions that may be discomforting. I understand that Clinical Counseling and Consulting Services, PLLC attempts to minimize these risks by thoroughly reviewing the nature and purpose of the evaluation with me and explaining the results in language that I can understand. I authorize, consent, and request that my treating provider administer the above checked evaluation(s). I understand that the purpose of these procedures and that the evaluation process is designed to be helpful, it may at times be difficult and uncomfortable.

Confidentiality: We maintain strict and firm policy of confidentiality about your personal information and matters related to your treatment. No information about you or your family will be given to another individual or agency without your written authorization. The only exception includes life-threatening emergencies, a court subpoena of records, or instances involving our ethical and legal duty to report abuse of children, elder adults, or disabled individuals. I understand in all cases any personal identifying information will not be used without my written permission.

My signature below indicates that I have read, understand, and agree to the informed consent and confidentiality statement regarding psychological evaluations. My signature also indicates that I consent to undergo the psychological evaluation with Clinical Counseling and Consulting Services, PLLC. I also acknowledge that a copy of the items listed above is available in my patient portal and can be retrieved for my reference at my leisure.

Legal Guardian Signature:

Date: