



## Informed Consent for Psychological Assessment

Welcome to the Office of Ramesh B. Eluri, MD, PC (RBE). This form will provide information about our psychological assessment services and about your rights and responsibilities as a client. Please be sure to discuss any questions with your clinician or his/her Supervisor. Your signature at the bottom indicates that you understand the information and freely consent to participate in this assessment.

We utilize both Licensed Psychologists and Psychology Residents to complete the assessment process. Psychology Residents are doctoral level clinicians under the supervision of Licensed Psychologists with expertise in psychological, educational, and cognitive assessment. In order to ensure the best possible service, your clinician will be discussing your testing results with her/his supervisor(s).

### TESTING

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, academic functioning, personality functioning, or coping styles. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment process consists of three appointments: intake session, testing session of one or more educational and/or psychological tests, and a feedback session to review the results. Although it is sometimes possible to complete the testing in one sitting, it is common for clients to be asked to return for another session to finish the assessment battery.

Once testing is completed, the data will be analyzed and a comprehensive report will be written. You will then have the opportunity to meet with a Licensed Psychologist to discuss the results and receive a copy of the report. Typically this feedback session will take place about three weeks from the time that all psychological testing is completed.

### FEE AND PAYMENT POLICY

The fee for an evaluation is based on the type of tests included in the assessment battery and the number of billable hours. Any adjustment to the standard fee will be noted in the space below.

If you are utilizing your insurance for this assessment, you will be responsible for your co-pay for each appointment as dictated by your insurance. Should your insurance company require pre-authorization, this will be completed prior to scheduling your testing appointment. If your insurance pre-authorizes the assessment, but chooses to later reject the authorization after the assessment is complete, you are responsible for full payment of the assessment.



If you are paying out-of-pocket for this assessment, half of your fee must be paid at the testing appointment and the remaining half is due at the feedback session. Please note if you are unable to pay the full balance, we will not be able to release a copy of the comprehensive report.

Please initial the following statements:

\_\_\_\_\_ I understand that if I am utilizing my insurance, I am responsible for my respective co-pay.

\_\_\_\_\_ I understand that should my insurance reject, or not cover the cost of assessment, I am fully responsible.

\_\_\_\_\_ I understand the assessment must be paid in full by the feedback session.  
\*If paying out of pocket

\_\_\_\_\_ I understand that if I am unable to pay the balance by the feedback session, then I will not receive a copy of the comprehensive report.

Total Fee for Testing: \$ \_\_\_\_\_ \*If paying out of pocket.

We accept cash, checks, or credit cards. Questions concerning the fee or the payment policy should be discussed with your clinician before the assessment process begins.

### **LATE/CANCELLATION POLICY**

Due to the number of billable hours allotted/scheduled for your assessment, it is important that you keep your scheduled appointment. Please note that we require a 72 business hours (3 business days) notice for a cancellation. Otherwise, you will be assessed a late cancellation fee, per each scheduled testing hour.

Please initial:

\_\_\_\_\_ I understand that I must give 72 business hours' notice, or be charged a late cancellation fee.

### **RELEASE OF RECORDS**

Written records are released *only* after a consent form is signed by the client or their Parent/Legal Guardian.



**INFORMED CONSENT**

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. *(This release is available in our office or may be completed with any individual whom you wish to give such access, and then provided to us.*

The only exceptions to this policy are rare situations in which you are required, but law, to release information with or without my permission. The are 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am in danger of harming myself or another individual; and 3) if my records are subpoenaed by the court. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to ensure safety. **Please initial \_\_\_\_\_**

I understand that I have the right to discontinue the evaluation process at any time. However, I understand that RBE may be unable to provide feedback of the test 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.** **Please initial \_\_\_\_\_**

I have been informed of the policies regarding evaluations at RBE and have read the consent form. **Please initial \_\_\_\_\_**

**By my signature below, I acknowledge that I consent to a psychological evaluation by RBE.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature  
(If Client is a Minor)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date