



PSYCHOLOGIST-CLIENT SERVICE AGREEMENT FOR COGNITIVE TESTING

This Informed Consent form is designed to explain the policies and procedures for cognitive testing services with Dr. Virginia Lindahl. There is a separate consent form for psychological testing and for therapy services. Please thoroughly review this document as it contains information that is very important for you to know.

Evaluation Services

The evaluation process takes place in three primary stages:

1. Background interview to obtain a history and review informed consent and evaluation procedures.
2. Testing usually takes place in one 60 to 90-minute testing session, although occasionally other arrangements may be made based on your child's needs.
3. Scoring, interpretation, and report writing by Dr. Lindahl. You will not be charged by the hour for this service.

A written report will be generated and copies will be provided to you as part of the evaluation costs. The results of the evaluation may not answer all questions about you or your child's situation.

Benefits and Risks of Evaluation

The primary benefits of an evaluation include documentation of cognitive abilities and school readiness as requested as part of the independent schools admissions process or application for public school advanced academic or gifted and talented programs and a written report providing insight into the nature of some of your child's strengths and weaknesses. Although most individuals have a positive experience during the evaluation process, there are some risks. The child being evaluated may experience discomfort (frustration, anxiety, embarrassment, etc.). Also, it is possible that the evaluation will raise concerns you were not expecting or that the scores you were expecting are not obtained. It is also possible that the scores obtained on this evaluation are not sufficient to secure admissions into the independent school of your choice or into the advanced academic program.

Appointments and Scheduling Out

Out of courtesy to me and other clients who are waiting for an appointment, please call as soon as possible to cancel an appointment. Testing appointments book far in advance and are difficult to book

with short notice. A late cancellation fee of \$75 will be charged if the appointment is not cancelled two business days prior to your appointment.

Confidentiality

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by the law. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative’s) written authorization, or court order, or if a subpoena is served on me with appropriate notices, I may have to release information in a sealed envelope to the clerk of the court issuing the subpoena. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker’s compensation claim, I must, upon appropriate request, provide a copy of any mental health report.

There are some unusual situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment.

- If I have reason to suspect that a child is abused or neglected, the law requires that I file a report with the appropriate governmental agency, usually the Department of Social Services. Once such a report is filed, I may be required to provide additional information.

- If I have reason to suspect that an adult is abused, neglected or exploited, the law requires that I report to the Department of Welfare or Social Services. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates a specific threat of immediate serious physical harm to another person or people, and I believe he/she has the intent and ability to carry out the threat, I am required to take protective actions. These actions may include notifying the potential victim or his/her guardian, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Fees

Unless we agree otherwise before beginning the assessment, I charge a flat fee for all psychological assessments. The flat fee includes the background interview, test administration session(s), scoring and interpretation, report writing, and written report.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA POLICY DESCRIBED ABOVE.

SIGNATURE OF PARENT #1

DATE

PRINTED NAME

SIGNATURE OF PARENT #2

DATE

(REQUIRED IF PARENTS ARE SEPARATED OR DIVORCED AND HAVE JOINT LEGAL CUSTODY)

PRINTED NAME