



# Informed Consent Agreement

## Psychological Testing (Minor) For Dr. Shawn McCall

I understand that in order to administer psychological testing, there must be a clear understanding and agreement about confidentiality, Dr. McCall's role, procedures, and fees. I understand that Dr. McCall will administer all tests and procedures, analyze all test data, and prepare a report of his findings and recommendations, and that he is assisted by trained assistants. I agree that all test materials, results, and reports are the property of *PlusFour Solutions*.

### **Confidentiality**

***I acknowledge that Psychological Assessment is a complex task that requires information to be collected from a variety of sources.*** I understand that data from psychological tests must be analyzed in context, which requires the assembling of both current and historical information. I recognize that this context may include information about development, health, education, family, personal interests, and relationships.

***I understand that information collected as part of the assessment process is confidential;*** information is shared only with those who are authorized to have access. I understand that the assessment process almost always includes the production of a written report, which documents test data and places it in historical and developmental context. I acknowledge that reports written for this purpose are marked as confidential and will only be released to me and individuals who I authorize. Ideally, I will provide written consent before a report is released. I am aware that there may be times, however, when a report will be sent with my verbal approval obtained over the phone or by electronic mail.

***I understand that all of the information collected in the assessment process is kept secure.*** I recognize that Dr. McCall employs reasonable and prudent procedures to protect the security of test data and reports. I am aware that reports that are sent electronically are encrypted and must be retrieved from a secure email location. I understand that test reports and test data are released only with client authorization or in response to a subpoena.

***I acknowledge that there are exceptions to confidentiality that are recognized by law.*** I understand that if Dr. McCall believes that I am threatening serious harm to another person, he is required to try to protect the other person or persons. I recognize that in such a case, may have to tell the intended victim and the police and/or arrange for the safety of all involved. Similarly, if I threaten or act in a way that is very likely to harm myself, I understand that Dr. McCall may have to seek hospitalization for me, or contact my family members or others who can help to protect me. I recognize that if such a situation arises, Dr. McCall will discuss the situation with me before he contacts anyone else, unless matters of safety overrule such a discussion.

***I understand that if Dr. McCall believes or suspects that a child, an elderly person, a disabled person, or anyone else is being abused due to my behavior, that he is bound by law to file a report with the appropriate agency.*** I understand that he does not have any authority to investigate the situation after it is reported, and that his report may trigger an investigation by the agency.

***I understand that there are additional ways confidentiality may be limited,*** and that it may be necessary to talk about my treatment with other professionals. I acknowledge that my name will not be revealed, and I understand that the other professional is also legally bound to maintain the confidentiality of my information.

***I am aware that psychological evaluations are confidential, yet can become quasi-public documents in some legal cases.*** I acknowledge that other professionals or doctors and/or a school may obtain a copy of the report, and that many individuals may know the results of psychological testing, if I so choose or if a judge so orders. I understand that Dr. McCall will always attempt to be discreet and maintain confidentiality within the limits of the nature of this testing arrangement, though once a report is released I accept that Dr. McCall will have no control over its use or dissemination from that point forward.

***I understand that because I am an adult, I may evoke complete confidentiality over any element of an evaluation,*** including information regarding pregnancy, abortion, past illegal activities, and sexual orientation. I accept that Dr. McCall will use clinical judgment to decide the importance of specific information and its inclusion in the report.

***By reading the above information, I am aware that the laws and rules on confidentiality are complex and often do not appear to apply to every situation.*** I understand that if I have questions about confidentiality, I should discuss them with Dr. McCall, or an attorney. I understand that while complications not addressed here occur infrequently, Dr. McCall is not able to give me legal advice. If I have special or unusual concerns and need more specific advice, I agree to talk with an attorney to protect my interests legally.

### **Creation, Management, and Release of Information and Records**

***I understand that Dr. McCall will maintain all notes, documents, and test data in a safe and proper manner in accordance with applicable laws for the state of California and the APA code of ethics.*** I understand that copies of the final report are released only to those individuals whom I designate. I accept that the final report may be delivered to authorized individuals in a variety of ways including: printed copy sent by mail, facsimile, or digital copy; when a digital copy is sent, it will most often be sent encrypted as a *Certified Mail* (e-mail) product.

***I understand that the report that documents my background, the assessment process, test results, analysis and recommendations is a lengthy document, typically over twenty pages, and is time consuming to produce.*** It is common for report writing to take 20 – 30 minutes per page. I understand that Dr. McCall may ask staff to assist in creating an initial draft of the report by inserting scores into tables, summarizing background data from the materials provided by the family, or other general writing tasks. I understand that when other PlusFour Solutions team members provide report preparation services I may be billed a lower rate. I understand that Dr. McCall writes the final report, including all analysis, diagnostic data, and recommendations.

***I agree to sign any and all releases necessary to obtain reports or information from others who may supply relevant data*** (including but not limited to: psychiatrists, psychologists, therapists, teachers, school officials, physicians, and other professionals).

### **Fees and Payment**

***I acknowledge that psychological testing involves face-to-face assessment procedures, typically administered in a private office and often involving several hours over four or more sessions.*** I understand that psychological testing also involves scoring and interpreting test results and the preparation of a written report, and that these tasks often take as many hours to complete as the time spent face-to-face with the client.

***I recognize that a number of tasks can add to the cost of an assessment:*** home visits, review of documents such as prior reports, collateral contacts with individuals (parents, teachers, therapists or doctors, etc.), and the administration of special test procedures to better identify a specific problem or need. I understand that costs may also be increased for urgent or emergency responses or cases when the time required to produce a report is critical.

***I am aware that costs for testing can range from approximately \$3,500.00 to \$6,500.00, and that typically, a test battery will include about 15 to 20 hours of time and cost more than \$4,500.00.*** I understand that fees for conducting psychological testing is **\$350.00 per hour**, and applies to time spent interviewing, administering tests, reviewing documents, telephone conversations, conferences, correspondence, and report writing.

***I agree to pay a deposit of \$2,500.00 before or at the first session.*** The person(s) financially responsible for the account will be billed for the balance due upon completion of the testing. I understand that PlusFour Solutions accepts personal checks or payments by credit card.

***I understand that the final report will not be released until the balance due is paid in full.*** I agree that in consideration for services provided, I am obligated to pay for all services billed by PlusFour Solutions. Shall the account be referred to an attorney for collection I agree to pay reasonable attorney's fees and collection expense. I understand that all delinquent accounts are subject to delinquency fees. I understand that if my account with PlusFour Solutions is unpaid and overdue without an arranged payment plan, legal means may be used to obtain payment from me. The only information given to the court, a collection agency, or a lawyer would include my name, address, the dates of professional services, and the amount due.

***I understand that my insurance may not cover the costs of Dr. McCall's time and that PlusFour Solutions does not work with any insurance organizations regarding payment.*** I acknowledge that psychological assessment is a specialty and may only be performed by individuals with the proper training, experience and license, and that typically this person is a licensed psychologist or someone supervised by a licensed psychologist. I understand that due to the special training, materials, and skills required, psychological assessment is expensive, and often not covered by insurance. Many insurance policies and management services specifically exclude psychological assessment for students.

***I understand that the person(s) designated as financially responsible for the account will be provided with an itemized receipt following the release of the final report.*** I am aware that this receipt will include confirmation of my initial deposit and final payment, and that it will be itemized and will correlate charges with appropriate insurance (CPT) and diagnostic codes.

### **Complaint Procedures**

***I recognize that Dr. Shawn McCall is a licensed psychologist who is voluntarily following American Psychological Association ethical guidelines.*** I acknowledge that if I am dissatisfied with any aspect of the assessment process, I will discuss any issues with Dr. McCall immediately. I understand that if I believe that I have been treated unfairly or even unethically and cannot resolve a problem, I can contact the state Board of Psychologist Examiners at (916-920-6383) from whom Dr. McCall received his license to practice as a Psychologist.

***I have read the material above, discussed it with my attorney (if necessary), understand it, and agree to participate as outlined.***

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Date

*Your Consent is valid for 12 months from the date written above.*

***Please make a copy of this signed form for your records.***