



INFORMED CONSENT FOR PSYCHOLOGICAL ASSESSMENT SERVICES

WellStar Psychological Services

Ryan E. Breshears, Ph.D., Licensed Clinical Psychologist

Tonette Robinson, Ph.D., Licensed Clinical Psychologist

55 Whitcher Street, Suite 420

Marietta, GA 30060

Office: (770) 514-6760 / Fax: (770) 794-8034

This document contains important information regarding the psychological services you will be receiving. Please read this document carefully and write down any questions you might have so that you and your psychologist can discuss them during your appointment.

PSYCHOLOGICAL EVALUATION: A psychological evaluation is a comprehensive assessment that involves the collection of different types of information to provide answers to questions about your cognitive, emotional, behavioral, and/or personality functioning. Evaluations such as this can be helpful as a way to understand your natural tendencies, why you think or behave in the ways that you do, or if there are specific reasons and treatments for a particular problem you are experiencing.

In order to answer the questions that prompted your referral, information will be gathered through various means, including a clinical (or diagnostic) interview, during which you are asked questions that are of relevance to the referral question(s). Additional information might be collected via medical, academic, or legal records or through an interview with a friend or family member, a legal representative, and/or any healthcare providers with whom you have seen in the past. If you were referred here by another professional, it is common practice for your psychologist to consult with this person to clarify the reasons for the referral at the beginning of the evaluation process. Furthermore, you may be asked to complete questionnaires (paper and pencil or via computer), or engage in other psychological tests to help your psychologist answer the referring questions. Some of these tests may be administered directly by the psychologist and others by a psychometrist, doctoral intern, or another person trained in psychological testing. Some tests may also be administered via a computer. It is important that you give your best effort on all of the tasks, so we can be sure that the results accurately reflect your actual functioning.

Depending on the reason why you are seeking testing, the psychological evaluation itself may take anywhere from two to eight hours of actual testing over the course of one or more sessions. Pre-surgical psychological evaluations (e.g. before weight loss surgery), for example, generally involve one hour of paperwork and three hours of testing. Other types of evaluations (e.g. neuropsychological evaluations) may require more or less time, depending on the nature of the problem and the referral question(s).

Although intended to be helpful, participating in this psychological evaluation may involve discussing some information with the psychologist that could be potentially upsetting. It is possible that you might experience feelings of anger, frustration, sadness, or nervousness. If you experience emotions such as these during the testing, you are strongly encouraged to discuss this experience with your psychologist.

Reports that summarize the test findings are typically completed within two weeks from the date testing is completed. In unusual cases, processing your results could take slightly longer. Depending on the type of evaluation you are receiving, you may or may not receive a print copy of the evaluation itself. Instead of the report itself, you may request a summary of the evaluation, which entails the major findings and recommendations. Such a request may involve a cost that covers your psychologist's time. Except in rare instances, clients are invited back for a 50-minute feedback session to discuss the test results. If your situation involves an exception to this standard, this will be discussed with you when you first meet with your psychologist. Your psychologist holds that you are entitled to verbal feedback, which is often a very helpful process that provides an opportunity to learn more about yourself and ask relevant questions about the test findings.



FEES: Unless prior arrangements have been made, payment for services is due on the date of your first session. The cost of psychological testing varies, depending on the service requested, and is determined by the type of services provided and the amount of time it takes to complete testing and summarize/interpret the test data. Just as there are costs associated with each service you receive in a medical practice, psychological services are billed according to the established fees per service rendered. If you choose to have your bill submitted through insurance, you are responsible for your co-pay and for ensuring that your insurance company covers the services that are provided. In addition to the cost of this evaluation, fees are incurred in the event your psychologist is subpoenaed to testify in court. In the rare instances where this occurs, the standard rate is \$200 per hour, and a minimum of four hours time.

CANCELLATION POLICY: It is important that you make every effort to attend your appointment at the scheduled time. You are encouraged to arrive 30 minutes in advance to complete paperwork on the first day. If you need to cancel or reschedule an appointment, cancellations are required a full business day in advance of your session date and time. Cancellations can be made by calling our office at 770 514 6760. Failure to comply with this policy will result in a \$50 charge per hour of the originally scheduled time.

PATIENT RIGHTS: Licensed psychologists adhere to the American Psychological Association’s (APA) Ethical Principles of Psychologists and Code of Conduct, as well as the laws and rules related to the practice of psychology in the state of Georgia. In keeping with such guidelines, it is important that you are aware of your rights as a patient. One of these rights involves patient confidentiality. In order to protect your confidentiality, no personally identifiable information will be shared with anyone without your written consent. You should know that your psychologist does periodically participate in research, and that your test data could be used as part of future research studies. If such occurs, under no circumstances will any personally identifiable information be disclosed to anyone without your written consent. In addition, if you choose to file claims through an insurance company, it will be necessary to provide your third-party carrier with some information regarding the reason for the evaluation, your diagnosis, and other requested information. In these cases, only that information that is necessary to render services will be provided.

There are only a few exceptions to confidentiality. If, for example, at any point in the evaluation you express intentions of harming yourself or another person, your psychologist is ethically and legally obligated to take protective actions. Such actions could involve initiating psychiatric hospitalization or notifying a potential victim and law enforcement. Additionally, if during your evaluation you disclose information that a child, an older adult, or a person with a disability is being abused your psychologist must file a report with the appropriate state agency. In most legal proceedings, you have the right to prevent your psychologist from providing any information about your treatment. In certain circumstances, however, such as a child custody case, or if you have been court-ordered for an evaluation, a judge may order the psychologist’s testimony if (s)he determines that the issues necessitate it. Lastly, there may be cases where your employer or another organization is paying for your evaluation or treatment. In such instances, aspects about your engagement in treatment (such as your attendance and your general progress) will be shared. If your evaluation or treatment falls into this category, you and your psychologist will discuss specifics so you know what information will be shared at the onset.

CONSENT TO ASSESSMENT: I have read the above disclosure statement and understand its terms. I have discussed any questions that concern me with the individual conducting this psychological evaluation, and have received answers that are to my satisfaction. I agree to participation in the psychological assessment process as described above. I am over the age of 18 and am competent to enter into this agreement. Furthermore, I understand and acknowledge that certain medical procedures (for example, bariatric surgery and spinal cord stimulator implantation) might be cancelled by my physician pending results of this psychological evaluation.

Patient’s Signature: _____

Date: _____

Signature of Witness: _____

Date: _____