CEDAR
PSYCHOLOGICAL CENTER

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INFORMED CONSENT – PSYCHOLOGICAL EVALUATION

This Informed Consent form is designed to explain the policies and procedures for a psychological testing evaluation with Dr. Parker. There is a separate consent form for therapy services.

This Agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices. The Notice, which is a separate document, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. When you sign this document, it will also represent an agreement between us.

EVALUATION PROCESS: The process is divided into three sessions.
Clinical interview: This stage consists of a face-to-face interview reviewing various aspects of your history, presenting concerns, reason for the evaluation, and determination of applicable testing.

Testing session: A battery of psychological tests will be selected to answer the referral question. Length of the session depends on the referral question. For a comprehensive evaluation to assess cognitive functioning, possible attention deficits, mood, and/or personality functioning, a four-hour testing session is typically required. For pre-surgical evaluations required by insurance plans for individuals seeking bariatric surgery, the testing session is approximately two hours in duration.

After the testing is completed, Dr. Parker scores and interprets all tests and writes the report.

Feedback session: *For standard psychological evaluations*, the feedback session is scheduled two to three weeks after the testing session. At that time, you will be provided with a copy of your report and Dr. Parker will explain the testing results, diagnostic impressions, and treatment recommendations. *For pre-surgical evaluations*, a feedback session is optional unless a concern that must be addressed prior to surgery is identified. The report is faxed directly to your surgeon.

BENEFITS AND RISKS: The primary benefits of psychological testing include diagnostic clarification, appropriate treatment recommendations to handle challenges and maximize strengths, a written report to facilitate services and communication with treatment providers, and insight into the nature of your functioning. Although many individuals have an overall positive experience during the evaluation process, there are some risks. The person undergoing evaluation may experience discomfort, frustration, anxiety, or embarrassment during the process. It is possible that the evaluation will not answer all of your questions, and further evaluation may be needed. While the assessment and treatment recommendations are based on best practices, you or others may not agree with the conclusions. It is your decision whether to follow the recommendations. 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.

CANCELLATION POLICY AND LATE ARRIVALS: Once a testing appointment is scheduled, you will be expected to pay a late cancellation fee of $160 for it unless you provide 48 hours advance notice of cancellation. **The only exception to this policy would be situations where we both agree that you were unable to attend due to circumstances beyond your control such as a medical emergency. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. If it is possible, I will try to find another time to reschedule the appointment.**

If you arrive late for a scheduled testing appointment, only the remainder of testing session will be available. A second testing session may be required in order to complete the tests selected. **It is my policy that if you arrive one hour late to your scheduled testing appointment, without notice, it will be considered a no-show and you will be responsible for the missed appointment fee.**

In the case of inclement weather and an office closure, I will make every effort to contact you via telephone or e-mail to reschedule the appointment.

PROFESSIONAL FEES: The initial evaluation session is billed at a rate of $175. After that, my hourly fee is $160 per hour of psychological testing. The number of hours required will vary depending on the tests selected. The testing hours also include the time need to score and interpret tests and write the report. In addition to testing fees, I charge $120 per hour for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour. Other services include completion of forms, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $350 per hour for preparation and attendance at any legal proceeding with a 4-hour minimum requirement to include travel and wait time. This fee is due two weeks in advance. Please note that by signing this agreement you acknowledge understanding of my policy to not participate in any legal proceeding unless compelled to do so by a subpoena or court order.

CONTACTING ME: Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone goes to voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room.

ELECTRONIC COMMUNICATION POLICY: Although the use of various types of electronic communications is common in our society, many of these modes of communication put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

Email Communications: I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters, and other related issues. Please do not email me about clinical matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it in person.

Text Messaging: Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. With your permission, appointment reminders can be sent automatically via text message.

Social Media: I do not communicate with or contact any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites: I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this in person.

Web Searches: I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known

to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, please discuss this with me.

LIMITS ON 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 HIPAA. 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. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- 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. 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 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. These situations are unusual in my practice.

- 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 incapacitated adult or an adult over age 60 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 an identifiable victim, 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.

PROFESSIONAL RECORDS: You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in your Clinical Record. It includes information about your reasons for seeking testing, a description of the ways in which your problem impacts your life, your diagnosis, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of $0.25 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon your request.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT: If you have a health insurance policy, it will usually provide some coverage for psychological testing. I will fill out pre-authorization forms and provide

you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administrator.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis and brief substantiation of that diagnosis. Sometimes I am required to provide additional clinical information. This information is limited to the dates of treatment and a brief description of the services provided. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Your signature on this agreement indicates your understanding that you are responsible for full payment of fees for my services. You understand that if I submit claims to your insurance company, direct payment will be to Cedar Psychological Center. Any fees for services provided not covered by the insurance company will be your responsibility. You are responsible for paying applicable co-pays, co-insurance amounts, or deductibles at the time of service. It is also your responsibility to ensure with your insurance company that I am a participating provider in your plan.

I HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. I ACKNOWLEDGE THAT I HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE. I CONFIRM THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE ABOVE POLICIES AND MAY ASK ADDITIONAL QUESTIONS AT ANY TIME IN THE FUTURE. I CONSENT TO PARTICIPATE IN PSYCHOLOGICAL SERVICES OFFERED BY DR. AMBER PARKER AT CEDAR PSYCHOLOGICAL CENTER.

Rev. 07/16

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Patient Signature Date

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Patient Printed Name