SAVANNAH WRIGHT, PHD

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CONSENT & AGREEMENT FOR PSYCHOLOGICAL TESTING, ASSESSMENT & EVALUATION

SCOPE OF EVALUATION SERVICES:

Psychological testing involves identifying possible causes for difficulties an individual may be experiencing. The reasons for psychological testing vary, but often include some problems functioning at home, school, or within interpersonal relationships. Comprehensive evaluations include other components including, but not limited to measures of: intelligence, academic achievement, adaptive functioning, memory, executive functioning, and social/emotional measures. Based on the reason for referral, assessment materials will be selected based on information gathered during our initial assessment interview. The selection of materials attempts to maximize the validity of the results, while minimizing the time and cost. Services include:

- The initial consultation visit
- A review of previous records
- Face-to-face testing in the office
- Scoring of assessments and report write up
- Collaborating and consulting with other psychologists and professionals
- Final results session to review all findings
- A final copy of the report

SCHEDULE OF EVALUATION SERVICES:

- Initial assessment interview
  - Gather relevant background information
  - Schedule testing appointments and feedback session
  - Review billing of psychological testing to insurance companies
- Assessment appointments (1-2 sessions)
  - Conduct individualized testing and complete self-report questionnaires, if applicable
  - Distribute parent, teacher, and/or observer questionnaire measures
- Feedback session (approximately 2 weeks after final testing session)
  - Review testing results, interpretation, and recommendations
  - Complete release of information forms for report distribution (if necessary)

FEE AND PAYMENT:

The total fee for psychological and psychoeducational evaluations (typically assessing for Autism, ADHD, and/or learning disabilities) is $1,500. The total payment will be broken into three parts as outlined below, unless other arrangements have been made. The fee will be charged to your form of payment on file on the dates of service.

- Initial intake session: $200
- Testing session: $650
- Feedback of results meeting: $650

Insurance: Clients who carry insurance should remember that professional services are rendered and charged to the clients and not submitted to the insurance companies. Dr. Wright will send a superbill of testing services at the completion of the evaluation, which you can then submit to your insurance company for possible reimbursement or application to your deductible, if you so choose. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. There is variability regarding how medical insurance reimburses for psychological testing. **You can contact your insurance company by calling the number listed on the back of your insurance card and inquire about coverage for psychological testing, which is billed using CPT codes 96130, 96131, 96136, and 96137.**

RELEASE OF RECORDS:
Prior to releasing your evaluation to you or others requesting your evaluation I will sit down with you to explain the report, results, and recommendations. It is important to know that I may refrain from releasing your test data to protect you or others from substantial harm or misuse or misrepresentation of the data or the test. If this occurs, I will speak with you about my concerns regarding the release of your test data.

INVOLVEMENT OF THIRD PARTIES:

Comprehensive assessments and evaluations often require input from third parties (i.e., teacher, counselors, reports, records, etc.). It may be beneficial for me to collaborate with these third parties and/or review reports, records, and documents in order to obtain additional information necessary for the evaluation. For each identified third party client or parent/legal guardian will complete and sign a separate Release of Information permitting communications with the third parties.

CONSENT AND SIGNATURE:

By signing below:

- You are acknowledging that the purpose of the evaluation and services being provided have been explained to you.
- You have been given an opportunity to ask questions and those questions have been answered.
- You understand that this consent and agreement permits disclosures of otherwise confidential information.
- You understand the potential ramifications of any disclosures to any legal, occupational and/or academic referral source under this waiver of confidentiality.

Your signature indicates you will hold, Savannah Wright, PhD harmless for any outcome of legal, occupational, academic, etc. proceedings. Your signature also signifies that you have read, understood and are consenting to services provided by Savannah Wright, PhD. You have received a copy of this consent and agreement for your records. Your signature further signifies agreement to pay the amounts outlined in this document.

Client's Printed Name: _____ Date: _____

Client's Signature _____ Date: _____

Parent/Legal Guardian Printed Name: _____ Date: _____

Parent/Legal Guardian's Signature:_____ Date: _____

I, the clinician, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Clinician's Signature: _____ Date:_____

Clinician's Name & Credentials: _____ Date: _____