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Olney, MD 20832
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Consent and Agreement for Neuropsychological, Psychological or Psychoeducational Testing and Evaluation

I,_____, agree to allow the psychologist named below to perform the following services:

☐ Psychological testing, assessment, or evaluation
☐ Neuropsychological testing, assessment, or evaluation
☐ Report writing
☐ Consultation with lawyers
☐ Deposition (that is, written testimony given to a court, but not made in open court)
☐ Testimony in court
☐ Other (describe): _____

This agreement concerns ☐ myself or ☐ _____

I understand that these services include direct, face-to-face contact, interviewing, or testing. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring, interpreting the results, and any other activities to support these services. Should these be necessary they will involve additional charges.

I understand that the fee for this (these) service(s) will be about $_____, and that this is payable in two parts: a deposit of $_____payable before the start of this (these) services, and a second payment of the balance due on the completion and delivery of any report (or, for depositions, testimony, or other services, at the time these services take place). If I need to arrange for a payment plan, the I will abide by the plan outlined in the attached fee agreement. Though my health insurance may repay me for some of these fees, I understand that I am fully responsible for payment for these services.

For those with managed care plans, you are responsible for your co-payment at the time of each visit, the conclusion of the evaluation, or within 30 days of the receipt of a bill from this office. For those desiring extended testing or a more complete reporting of the results beyond that authorized or allowed by your managed care insurer: I agree to pay for the balance of the fees for a full evaluation and the report at the cost stated above ☐ Yes ☐ No _____ or I agree to pay only for those services that my managed care insurer deems reimbursable ☐ Yes ☐ No _____.

I understand that this evaluation is to be done for the purpose(s) of:

☐ Provide a comprehensive description of cognitive skills and interaction with either occupational or academic endeavors
☐ Provide a screening of emotional difficulties and their interaction with cognitive, academic or occupational difficulties
☐ Provide accommodations and/or recommendations for weaknesses identified as a result of the evaluation
☐Other:_____

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association .
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.) These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a safe, secure and confidential manner.

I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

_____ _____
Signature of client (or parent/guardian) Date

I, the psychologist, 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.

_____ _____
Signature of psychologist Date

☐ Copy accepted by client ☐ Copy kept by psychologist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.