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CLINICAL PSYCHOLOGY
GENERAL PSYCHIATRY
CHILD AND ADOLESCENT PSYCHIATRY

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Psychological Testing Contract

Psychological testing is utilized to assist in clarifying the underlying variables or diagnostic issues that may account for an individual's difficulties. The decision to participate in psychological testing is an important one. While yielding highly valuable and useful information, it can be an extensive endeavor with respect to time and costs. With few exceptions, testing is individualized based on individual needs and the questions that need to be answered. Therefore, the total cost and time for a completed assessment will be variable. The following provisions will apply.

Fees for Provided Services

In accordance with office policy, testing is always an initial out of pocket expense, even if your insurance company provides for some reimbursement. While most insurance companies do not cover testing as an in-network benefit, many insurance companies will reimburse you for a portion of the costs through your out of network benefits, if applicable. It is your responsibility to know your benefits and the provisions of your policy. If you request, the office will file a claim for your direct reimbursement as a courtesy to you. However, you are responsible for tracking your claim and securing your reimbursement. Payment for the allotted time scheduled is due in full at the time of each testing session.

Each testing is individualized in accordance with the referral question and your requirements / requests for consultation and the documentation of test results. An estimate of time was initially discussed prior to scheduling and will be reviewed and detailed in writing.

All testing is billed at rate of \$200.00 per hour for each hour of time spent for clinical interview and assessment, test administration, scoring of instruments, reviewing records or consulting with informants, scheduled feedback sessions, and report writing. This means that you will be charged for each hour of time spent in completing the assessment, not just for direct contact hours.

It is agreed that charges incurred are for time spent in conducting the discussed assessment and are not contingent upon any given result.

If testing is interrupted or cancelled by you for any reason, charges incurred are exclusively for the time spent conducting the assessment thus far and further services will not be performed until you re-initiation such services.

Initial _____

Testing Requirements

If testing is performed and must comply with formal assessment and / or documentation requirements set forth by an educational or occupational institution, it is your responsibility to provide notice of such requirements in advance. This will ensure that instrument chosen and written reports will adhere to such requirements and can be utilized for the intended purpose.

It is your responsibility to inform your clinician if prior testing has taken place and provide copies of prior testing reports or relevant records as requested for review.

It is agreed that when testing a minor, it is the responsibility of the parent or guardian initiating the testing to inform the other parent or guardian about testing, its nature, and its costs.

Initial _____

Written Reports

Prior to the writing of any report, a feedback session will be scheduled to discuss test results, answer questions, and discuss recommendations. At that time, the nature and level of documentation provided will be addressed as individuals often have different needs and purposes for such documentation. A highly detailed formal report is always needed if testing is psycho-educational and will be released to the school for the purpose of placement or accommodations through a 504 or IEP plan. The same is true for legal purposes. However, if testing is done to confirm a diagnosis, provide information to other treatment providers, or for personal reasons, you have the option to have test results provided in a summary, without a lengthy report. The preparation time varies significantly based on the type of documentation requested, as does the associated report.

The fees for written reports are not included in the fees that have been paid for administration and scoring. A written report, if requested, will always incur a separate charge for preparation time and is due prior to the report being released

Written reports are typically available one week from request, unless otherwise specified and arranged.

Any report will be released directly to you for review. It is strongly preferred that test reports are picked up at the office in person. Test reports will only be released via fax or mail under rare circumstances and only after a written consent for this method of delivery is obtained. With this consent, you understand that confidentiality cannot be assured.

Two written reports are provided with original signatures. It is recommended that you keep one with an original signature for his / her records and make copies for future purposes. There may be a fee assessed to provide an additional original report after three months from the date of testing.

Upon release of the report, you have seven days to review the report and inform your clinician if there are any errors that need correction. If you have concerns about material contained within the report, you must address them within this time frame. Minor revisions will incur no charge. Revisions involving the actual test data will not be subject to revision.

If questions arise regarding the report, please feel free to call and discuss them. Questions that will warrant more than 15 minutes of time to be appropriately addressed will require the scheduling of an additional consultation and will subsequently incur a charge associated with the time allotted.

Initial _____

Acknowledgement of Testing Policies

I have consented to be evaluated or have my child _____ participate in psychological testing. My initials above indicate an understanding and agreement to the terms listed here.

Print Name of Patient

Date

Signature of Patient

Print Name of Parent/Guardian, if participant is minor

Signature of Parent/Guardian, if participant is minor

Doctor's Name

Signature