

Psychiatric Services, S.C.
Psychological Testing and Evaluation Contract

Name _____ Clinician _____

Psychiatric Services, S.C. provides a broad range of psychological evaluation services including cognitive and academic testing, assessment of personality, child placement planning for custody or adoption, worker's compensation claims and more. This evaluation may include interviews, observations, tests administered by the psychologist or an independent provider, review of documents and a written report. If you are asked to complete paper-and-pencil tests, you will be billed for scoring and interpretation of test results, but not for the time it takes you to complete them.

Fees for psychological evaluation include \$ _____ for a diagnostic interview and \$ _____ per hour for testing, only a portion of which involves direct contact with the psychologist. You may wish to discuss these results with the psychologist in order to obtain a more thorough understanding of their meaning. The cost of a 45-minute feedback session is \$ _____, and a 60-minute feedback session is \$ _____.

Payment will be received in full prior to release of the final report.

Payment includes reimbursement from a third party: _____

If the evaluating psychologist participates in legal proceedings regarding the results of this evaluation, you will be charged the usual and customary fees for preparation and attendance at any legal proceeding, even if he or she is compelled to testify by another party.

The results of this evaluation are confidential and cannot be released without written consent, with a few exceptions: 1) if there is serious concern about self-harm or harm to another individual, 2) if a child is being seen as part of the evaluation and there is a suspicion of child abuse, and 3) if there is a court order to release the records.

If you are seeking this evaluation independently, the evaluation report will be provided directly to you. If you are here at the request of a third party (e.g. Disability Determination Bureau, Family Court Counseling, etc.) the results of this evaluation will be sent directly to the agency requesting the evaluation. Results of the evaluation must be obtained through that agency.

You may choose to terminate the evaluation at any point. A written copy of client rights and grievance procedures is available at the front desk.

Your signature below indicates that you have: 1) read and understand the rights and responsibilities contained in this contract and 2) allow Psychiatric Services to release information to your insurance company and receive payment from your insurance company.

Signature of client (Or authorized person/Relationship to client)

Date

Witness

Date