Welcome to Comprehensive Psychological Assessment Services, PLLC (CPAS); this document contains important information regarding policies and procedures, as well as information about the assessment process. Please review this document carefully, and note any questions you may have. When you sign this document, it will represent a contractual agreement between you and our practice.

**Our Practice**

**Nature of Assessment:**

The purpose of a neurological and/or psychological assessment is to utilize specific instruments that are industry standard to understand cognitive, psychological, behavioral, and adaptive functioning. We integrate the data with developmental history, medical record review, previous testing, observer and self-report measures to answer referral questions. The goal is to determine the etiology of the issues affecting you for diagnostic clarification.

You will receive a professional report that outlines the diagnostic question, the assessment results, your diagnosis, and treatment recommendations for the purpose of treatment planning.

**Assessment Process:**

The first appointment will be a comprehensive clinical interview where we will gather the following information: developmental history, medical history, educational history, family history, social/emotional history, legal history, substance use history, and any other psychological relevant data that may inform our assessment process.

Assessments are individually tailored and specific to the complexity of the case and the diagnostic question/s. However, all assessments include self-report and observer-report measures. Your practitioner will give you forms to fill out at home and return. The specific standardized instruments chosen will depend on the clinical questions that we need to answer. Our assessment batteries may include measures of cognitive ability, attention and executive functioning, visual and auditory information processing, problem-solving strategies, motor and visual perceptual abilities, memory, as well as behavioral, emotional, and adaptive functioning. You should expect to meet with your practitioner for several assessment sessions, and each session will typically last 2-3 hours. Adjustments will be made on an individual basis.

The last session will be your feedback session where your practitioner will review findings, diagnosis, and treatment recommendations.

**Foreseeable Risks and Benefits:**

The assessment process is mentally taxing, takes time to complete, and may cause fatigue, frustration, anxiety, and general stress. When the referral question has to do with competency (e.g., memory) results can be difficult to hear. However, the benefit to understanding cognitive strengths and weaknesses along with diagnostic accuracy is critical for treatment recommendations (e.g., medication utilization, compensatory strategies, work/school accommodations, vocational support, therapeutic treatment etc.).

**Notice of Privacy Practices**

CPAS strives to protect patient confidentiality; we are required, by law, to maintain the privacy of patients’ Protected Health Information (PHI). Federal legislation requires that we issue this official notice of our privacy practices and abide by the terms herein. If you have any questions about this notice, please ask your practitioner directly. All business associates must follow these same privacy practices.

**Uses and Disclosures of Protected Health Information Requiring Your Written Authorization:**

CPAS will not use or disclose your “Protected Health Information” without your verbal and written authorization except for the reasons described below. Please note, if you provide authorization to use or disclose medical information, you may revoke that authorization, in writing, at any time. If you revoke authorization, we will, thereafter, no longer disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we may have already made with your authorization. Furthermore, you agree and understand that we are required to document and retain a written record of the care we have provided you.

The assessment report will be given to you for your utilization. Except in the most unusual circumstances, whereby, the practitioner may decide to restrict access to the medical record for the purposes of protecting patient information (e.g. court ordered evaluations, child custody cases). You have the right to inspect and/or obtain a copy of your private health information in the medical record. This information will be maintained for the required length of time, as defined by the rules that govern record maintenance.

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your CPAS practitioner is not required to automatically agree to a restriction or a redaction that you might request.

**Limits to Confidentiality:**

There are special circumstances that can limit confidentiality including: a threat of harm to self or others, harm to a child, to an elderly person, or to anyone who is disabled. We are mandated to report to the appropriate agencies (e.g., department of child and youth services etc.). If we receive a court ordered request for records, we are legally bound to release.

**Further Limits to Confidentiality for Organization-Referred Testing Patients**:

An organization-referred testing patient is an individual who has been referred by the Federal Government, a state agency, such as the Department of Social Services, the Department of Disability Services, the State Accident Fund (i.e., a private insurance company, such as short-term disability benefits), or an attorney. Note: the organization is paying for the assessment and, therefore, will be the only party to receive the written report. If you want a copy, you will need to go to the referral organization. Furthermore, in such a case, there is no privileged communication, and anything shared may be communicated to the organization; however, the examiner will not include information in the report or share information with the organization that is not relevant to the referral/diagnostic question.

**Further Limits to Confidentiality for Children and Teens:**

We will include information relevant to the testing questions and relevant to the behavioral symptoms that are driving the referral. Notwithstanding our mandate to report for issues of safety, there are times when information a youth discloses is critical to the assessment but is information that the youth does not want the practitioner to share. In this case, the practitioner will try to work with the youth to help them share this information. If they are adamant that the information cannot be disclosed, but the information is critical to the assessment question, the practitioner will not be able to proceed. You will be responsible for the time put into the assessment, and the charge will be based on the hours invested (see fee schedule). If at any time the youth decides that they are ready to share the information, we can resume the assessment, and the money that you have invested will be applied to the overall charge for the report.

**Further Limits to Confidentiality for Divorced and/or Separated Parents:**

When we receive a request for a child/minor evaluation, both parents/guardians must agree to our terms, procedures, and fee schedules. Before we can proceed, we will need a copy of the Divorce Decree and a copy of the Parenting Plan. We require both parents to sign the Separated/Divorced Parents’ Agreement Form. Exceptions to this policy include, but are not limited to, a parent who lives out of state, is incarcerated, has a restraining order in place, has no contact with their child or family and cannot be reached, or has no legal authority.

Our company does not employ forensic psychologists, so we will not complete custody evaluations, nor will we recommend visitation schedules or custody arrangements; furthermore, we will not testify in court or communicate with attorneys.

**Financial Terms and Informed Consent**

CPAS does not accept insurance; we are a self-pay company. CPAS accepts cash, check, and credit cards: Visa, Mastercard, Health Savings Account (HSA), and Flexible Savings Account (FSA). Our services are considered “Out-of-Pocket Expenses;” furthermore, we do not assist with “Out-of-Network” insurance billing.

**Cancellation/Rescheduling Policy:**

If you must cancel an appointment, we require a minimum of 48 hours advance notice to avoid cancellation fees. If the minimum is not provided, you will be charged $200 for the intake appointment or the feedback session. A $300 cancellation fee will be charged for all testing appointments; practitioners schedule large blocks of time on days of testing. You may call the office and leave a voicemail, at any time, to cancel your appointment (our phone system timestamps your call). Lastly, we reserve the right to terminate the contract if you cancel without prior notice three consecutive times. We will retain payment collected for clinical services rendered and any cancellation or late rescheduling fees previously charged.

**Your Rights Regarding Complaints Concerning Use or Disclosure of Your Health Information:**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, whose address will be provided to you, at your request. All complaints must be submitted in writing.

**Changes to this Document:** We reserve the right to change this notice.

**Informed Consent Agreement and Signature:** indicates that you have thoroughly reviewed this document and agree to abide by its terms during our professional relationship.

Your signature indicates that:

* You have been informed of, and understand, the services to be provided.
* You have been informed of the limits of confidentiality.
* You understand and agree to the payment and cancellation policies.
* You accept full responsibility for all fees incurred in completing the evaluation as described in the “Fee Schedule and Payment Contract”.
* You understand that you will receive a formal written report, which will be explained to you during the feedback session.

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| **Name of Patient:** |  |  |
| **Signature of Patient or Parent/Guardian:** |  | **Date:** |
| **Printed Name:** |  | **Relationship to Patient:** |
| **Signature of Patient or Parent/Guardian:** |  | **Date:** |
| **Printed Name:** |  | **Relationship to Patient:** |
| **Minor Patient Signature:** |  | **Date:** |
| **Practitioner’s Signature:** |  | **Date:** |
| **Practitioner’s Printed Name:** |  |  |