

## **CRISTY PARETI, Psy.D., M.F.T.**

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### **INFORMED CONSENT FORM: PSYCHOLOGICAL TESTING**

This document contains important information about this office's professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

#### **PSYCHOLOGICAL TESTING SERVICES**

There are varied purposes for psychological testing. Common features of psychological evaluations include the following:

- **Clinical Interview** – A structured clinical interview with the client contains his or her background information (e.g., family history, physical health, prior abuse history), mental health concerns, education/work history, employment, social functioning, and a mental status exam. Collateral contact may be obtained from family members or representatives of a referring agency to provide additional information to facilitate the testing process.
- **Mental Health Assessment Inventories** – These inventories typically include surveys or performance exercises that assess varied mental health symptoms.
- **Cognitive/Neuropsychological Assessment Tools** – These exercises may include tests of cognitive ability, academic achievement, visual-motor coordination, attention span, neurological functioning, memory and processing speed.
- **Validity Assessment** – The evaluator assesses your truthfulness based on your presentation during the clinical interview, consistency of your report with prior records and history, your effort on the testing exercises, and your response pattern on the administered psychological tests. **Therefore, it is extremely important that you be as truthful as possible with the examiner on the test surveys, and provide your best effort on the varied psychological tests.** The evaluator will determine that the test results appear to either be valid, interpreted with varied degrees of caution, or be declared invalid altogether if it is discovered that you were not truthful or provided a poor effort.

After the test results are obtained, the test data is interpreted into a coherent psychological report. The psychological report reviews the data, provides detailed analysis of the mental and cognitive test results, summarizes the data, and lists diagnostic impressions. Additionally, recommendations are typically listed at the conclusion of the psychological report for further direction.

## **CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY – PRIVATE TESTING CLIENTS**

A “Private Testing” client is an individual that is self-referred and is paying on his or her own accord, with or without the assistance of private health insurance. Private Testing clients are assured of confidentiality at all times. For Private Testing clients, information will only be released verbally or in writing to those whom you authorize by written release of information in my office. Legal exceptions to confidentiality include:

- 1) You present a danger to yourself or others;
- 2) You authorize a release of information with your consent and signature;
- 3) Child or elder abuse is suspected; and/or
- 4) In legal cases, a court can order testimony or records.

If you are a danger to yourself or others or if there is suspected elder or child abuse, we are legally required to inform the appropriate legal authorities and/or potential victims, so that protective measures can be taken.

If any of the above conditions occur, we would notify you of our action.

Please be aware that if you want us to file your insurance, insurance companies require your name, diagnoses, and service dates before they provide coverage for your visit. Insurance companies may require more data about your case that may include symptoms, diagnosis, and treatment methods. This does become a permanent part of your medical record.

## **CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY – ORGANIZATION REFERRED TESTING CLIENTS**

An “Organization Referred Testing” client is an individual(s) referred by either the federal government, a state agency (e.g. Department of Social Services, Department of Disability Services), a private insurance company, or an attorney. An “Organization Referred Testing” client has additional limits to his or her confidentiality to what is provided for Private Testing clients mentioned in the prior section on this page. For example, **there is no privileged communication for an Organization Referred Testing Client. However, the evaluator will respect the privacy of all parties, and will not include information in the report that is not relevant.** It will be communicated to you as to what will be transmitted to these organizational referral sources that typically provide payment for services.

## REVIEW OF WRITTEN REPORT

The test feedback procedures differ significantly for Private Testing vs. Organization Referred Testing clients. For the Private Testing client, a feedback session is typically scheduled upon completion of the psychological report. During this session, the test results are explained and recommendations provided and a copy of the report is given to you. Raw data is not provided to test clients and no report will be given to the client unless he or she participates in the feedback session.

For the Organization Referred Client, there is typically no feedback session, and the party does not receive a copy of the report. Instead, the referring party receives the sole copy of the report, as it is considered their property, unless the organization making the referral provides permission to transmit the report to the client.

## FEES

The charge for psychological testing is \$ \_\_\_\_\_. Additionally, when billing insurance companies, the client is typically billed for an initial diagnostic interview (CPT code 90801), testing hours (CPT codes 96101 or 96118), and the final session when the test results are reviewed (CPT code 90806). If there is a co-pay, you must pay the entire co-pay at the time of the initial visit unless other arrangements are made in writing. It is against regulations from the insurance company to see a client without collecting their co-payment. Payment is expected at the end of each session, unless your insurance is being billed.

For Organization Referred Testing clients, the referring party is typically responsible for payment. In the instance that the testing client who is referred by an organization has to provide payment, the same rules regarding fees apply for them that is consistent with Private Testing Clients.

Client Name/Guardian: (print) \_\_\_\_\_

Client: (signature) \_\_\_\_\_

Date: \_\_\_\_\_