



Consent and Agreement for Psychological Testing and Evaluation

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

- X Psychological testing, assessment, or evaluation
- X Report writing

This agreement concerns _____

Name

DOB

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include Dr. Smith'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.

I understand that the fee for this (these) service(s) will be payable in two parts: a deposit of 50% payable before the start of this (these) service(s), and a second payment of the balance due on the completion and delivery of any report, or reimbursed through my insurance company. Though my health insurance may repay me for some of these fees, I understand that I remain fully responsible for payment for any services not covered by my insurance. I understand that if I am unable to make my scheduled appointment time I am required to notify Holland Center within 48 business hours or I will be charged my deposit for the missed session. I further understand that this charge may be applied toward payment for a rescheduled evaluation at a later date.

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

1. Diagnostic Determination
2. Recommendations for educational, social, emotional, language, and behavioral planning

I also understand Dr. Smith 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 widely accepted rules and guidelines of organizations (e.g., HIPPA, FERPA, etc.).
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 place.

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 parent/guardian

Date

I, Nicole L. Smith, Psy.D., L.P., have discussed the issues above with the 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.

Nicole L. Smith, Psy.D., L.P.

Date

_ Copy accepted by parent _ Copy kept by Holland Center

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