Chestnut Hill College

Psychological Services Clinic

Informed Consent to Perform a Psychological Evaluation

Welcome to Chestnut Hill's Psychological Services Clinic. This form will provide information about our services and about your rights and responsibilities as a client. Please be sure to discuss any questions with your clinician or his/her Supervisor. Your signature at the bottom indicates that you understand the information and freely consent to participate in this assessment.

The clinic is a training facility. Our students are under the supervision of our program faculty who are licensed psychologists with expertise in psychological, educational, and cognitive assessment. In order to ensure the best possible service, your clinician will be discussing your testing results with her/his supervisor(s).

TESTING

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, academic functioning, personality functioning, or coping styles. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment process generally involves an informational interview followed by the administration of one or more educational and/or psychological tests. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report. Because we are a training clinic, our general turnaround time for completed reports is about 4-6 weeks.

TYPES OF EVALUATIONS

☐ Full Psycho-Educational Evaluation. The purpose of this evaluation is to provide an in-depth study of the cognitive processes and personality functioning of an individual. This evaluation can also be used to diagnose learning, behavioral, and psychiatric disorders.

☐ Learning, Attention, or Personality Screening. The purpose of this evaluation is to provide a brief assessment of cognitive, academic, or personality functioning that may be contributing to academic or behavioral problems. The results will indicate whether a more in-depth study is necessary.

 Diagnostic Evaluation. The purpose of this evaluation is to diagnose behavioral or emotional disorders such as ADHD.

 Other_____

It is important to understand that the CHC Psychological Services Clinic does not perform custody evaluations for children, which is a highly specialized field. In addition, the Clinic does not perform forensic psychological evaluations (to examine and evaluate a patient in anticipation of prosecution or litigation) If you are considering using the results of an evaluation for a custody dispute or for legal purposes, please consult with experts in those areas.

TYPES OF MEASURES

The type(s) of measures you/your child may receive include:

 Cognitive Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.

 Memory Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.

 Achievement Testing – may be in the areas of word reading, phonics, reading comprehension, written language, math reasoning and calculations, and academic fluency. Measures of oral language may also be obtained.

 Attention and Executive Functioning Testing – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization and planning.

 Diagnostic Interview and Developmental History – to obtain information about the examinee outside of the testing situation, and to obtain a comprehensive history in order to make a more reliable diagnosis.

 Behavior Rating Scales and/or on-site behavioral observation at school in order to get a sample of behavior which occurs outside the office setting.

 Social Emotional Assessment (Projective Testing) – to obtain information of the individual pertaining to psychiatric diagnosis, interpersonal relationships, self-concept, etc.

 Interviews with teachers, other family members, physicians, or other relevant individuals (Note: interviews will only be performed with written consent).

 Other_____
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CLINICIANS/EVALUATORS

You/your child will be tested or evaluated by a person with the following credentials:

 Practicum Student – a practicum student is a graduate student who is pursuing a doctoral degree, and is gaining their first experiences in the field of psychological assessment. All practicum students have had other types of clinical training, and have a master's degree in a related field of psychology. Practicum students receive extensive and close supervision with a licensed psychologist who remains responsible for the client's well-being and the results of the evaluation.

 Pre-Doctoral Intern – a pre-doctoral intern has completed five years of academic and clinical training in a doctoral program, and has passed rigorous comprehensive and clinical competency examinations. The pre-doctoral internship is an intensive, supervised, 2000-hour work experience completed during the final phase of the doctoral program. Pre-doctoral interns are supervised by licensed psychologists who are responsible for the client's well-being and the results of the evaluation.

Your Clinician is: _____

Your Clinician's Supervisor is: _____

Supervisor's Telephone # is: _____

FEEDBACK

The type(s) of feedback you/your child will receive may include:

 A comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

 A brief, written summary report (approximately one page) that provides an overview of findings and recommendations.

 In-person, verbal feedback.

 Other_____

FEE AND PAYMENT POLICY

The fee for an evaluation is based on the number and type of tests included in the assessment battery, and is determined on a sliding scale based on income and the number of dependents living in the household. The fee may be adjusted at times depending upon the purpose of the evaluation and the tests used. Any adjustment to the standard fee will be noted in the space below. The clinic does not bill insurance companies. Half of your fee must be paid at the initial appointment, and the remaining half is due no later than the last day of testing.

We accept cash, checks, or money orders. Questions concerning the fee or the payment policy should be discussed with your clinician before the assessment process begins.

An additional fee of $20 per hour will be charged for arriving late or missed appointments.
____ Please initial

I am aware that full payment for the assessment must be paid in full no later than the last day of testing.
____ Please initial

Total Fee for Testing: $_____

REQUEST FOR ACCOMODATIONS

For clients requesting accommodations for Learning Disability or Attention Deficit Disorder, a psychological test report will be provided to the appropriate agency. We will only release these records after you have signed a consent form. Should the agency request specific information (such as a particular report format or an additional form), this will be provided at an additional cost according to the sliding fee scale. At least two weeks notice is required to complete any additional forms.

RELEASE OF RECORDS

Written records are released *only* after a consent form is signed by the client or their Parent/Legal Guardian.

INFORMED CONSENT

I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. (*This release is available in our office or may be completed with any individual whom you wish to give such access, and then provided to us*.) The only exceptions to this policy are rare situations in which you are required by law to release information with or without my permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am in danger of harming myself or another individual; and 3) if my records are subpoenaed by the court. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to insure safety.

I understand that if the CHC Psychological Services Clinic deems that additional or alternative testing be necessary, the Clinic will describe the reasons for this testing and will advise me of any additional costs. I understand that I have the right to discontinue the evaluation process at any time. However, I understand that CHC Psychological Services Clinic may be unable to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

By my signature below, I acknowledge that I consent to a psychological evaluation by CHC Psychological Services Clinic, that I have been informed of the policies regarding evaluations at the Center and have read the 5-page consent form, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at the PSC and I freely agree to this assessment.

Signature/Relationship (If client is under age 14)	Date	(Please print name)
Optional Parent Signature (If client is over age 14)	Date	(Please print name)
Clinician's Signature	Date	(Please print name)