PSYCHOLOGICAL ASSESSMENT AGREEMENT AND PLAN

(Revised 3/7/15)

This form contains information regarding Dr. Rockett's practice policies specific to psychological assessment. Is it understood that you have read and reviewed with Dr. Rockett the information contained in the document entitled 'Practice Policies and Informed Consent for Psychological Services." The present document serves as supplement to the information contained in the former.

THE PROCESS

By a variety of standard psychological tests and other techniques, Dr. Rockett will attempt to answer the questions that have brought you for this assessment. These questions generally concern cognitive functioning, learning disabilities and general academic functioning, personality functioning, and/or coping styles. Throughout the 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 (referred to as a clinical interview) followed by the administration of 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 several sessions 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 Dr. Rockett to discuss the results and receive a copy of the report. The time from the initial visit to the feedback session is typically between one and a half to two months.

DIFFERENT TYPES OF PSYCHOLGOCIAL/NEUROPSYCHOLGOCIAL MEASURES

- 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.
- 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.

- Behavior Rating Scales – to obtain a sample of behavior which occurs outside the office setting.
- Social Emotional Assessment – to obtain information of the individual pertaining to psychiatric diagnosis, interpersonal relationships, personality functioning, self-concept, etc.
- Interviews with teachers, other family members, physicians, or other relevant individuals. (Note: interviews will only be performed with written consent).

FEE SCHEDULE AND PAYMENT

Importantly, most insurance companies do not cover academic/achievement testing and most insurance require pre-authorization for psychological and neuropsychological testing. Dr. Rockett currently accepts Medicare and Blue Cross Blue Shield. Payment is due at time of service unless prior arraignments have been made. Cash, check, and most major credit cards are accepted. There is a **30.00 returned check fee**. Dr. Rockett may occasionally find it necessary to increase fees due to inflation.

Service	**Fee**
Psychiatric Diagnostic Interview	$250.00
Assessment Feedback Office Visit	$150.00
Assessment (testing time only; complementary interpretation and report writing time)	$175.00/hour
Phone calls lasting longer than 10 minutes	$25.00 for every 10 minutes over the 1st 10.
Phone Consultation Services	$40.00/hour (or call if shorter than one hour)
Missed Appointment/Late cancellation	$75.00

RIGHT TO ACCESS RECORDS

In the case of assessment materials such as test booklets, test protocols, test questions, scoring manuals, computer programs, and any other material that may be considered test materials covered by federal copyright and trade secret laws, you do not have the right to access, as these materials are not considered part of the medical/mental health record. I can release these only to another qualified mental health professional or under a protective court order. I may deny your access to other Protected Health Information as well under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. Please review the document entitled "Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information" for more information about your rights.

INFORMED CONSENT FOR PSYCHOLOGICAL ASSESSMENT SERVICES

_____ (initial) I have read and understand the information contained in the document entitled "Psychological Assessment Agreement and Plan and agree to abide by its contents and consent to receive psychological services from Dr. Jennifer Rockett.

_____ (initial) Fees for services have been discussed with me, and I understand that I am ultimately responsible for payment of services.

_____ (initial) I understand the process and time involved in psychological assessment.

_____ (initial) I have been provided with the document entitled *Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information.*

By signing below, you are providing written informed consent to proceed with receiving psychological services in the form of assessment from Dr. Jennifer Rockett.

_____ _____/_____/_____
Client (or legal guardian/representative) name Date
(Print name)

_____ _____/_____/_____
Client (or legal guardian/representative signature Date

_____
Relationship to Client

_____ _____/_____/_____
Client (or legal guardian/representative) name Date
(Print name)

_____ _____/_____/_____
Client (or legal guardian/representative signature Date

_____
Relationship to Client

The Minor Child's Assent to Psychological Assessment:
I understand that my parent or guardian may consent for my treatment. I understand that I have also been asked to give my assent for receipt of services. By signing below, I realize that Dr. Jennifer Rockett has asked me for my permission to provide psychological services.

_____ _____/_____/_____
Name (print) Date

_____
Signature

Witness: _____ _____/_____/_____
Date

ASSESSMENT PLAN

1. **_____**
2. **_____**
3. **_____**
4. **_____**
5. **_____**
6. **_____**
7. **Other:**

_____

_____

_____

I have reviewed and I am in agreement with the above plan.

Client and/or Guardian Name: _____

Signature: _____

Date: _____/_____/_____

Witness: _____ _____/_____/_____
Date