

# **Creekview Psychological Assessment Center, PA**

300 Creek View Road, Suite 101B

Newark, DE 19711

## **Informed consent:**

### **Psychological/Neuropsychological testing and evaluation**

*The policies and procedures of Creekview Psychological Assessment Center, PA comply with applicable Delaware State regulations. This form is provided to give you important information regarding your legal rights and responsibilities as a client. Please ask for any clarification if you have questions and we will be happy to discuss these with you. Dr. Turley and her assessment team are committed to providing quality service and in our practice we take steps to support the values of equal opportunity, human dignity and racial/cultural/ethnic/gender/status diversity. If you feel that you have been inadvertently discriminated against in any way, please bring this to our attention immediately.*

#### **Client Rights:**

- *You have the right to choose the provider that best suits your needs.*
- *You have the right to discontinue an evaluation at any time for any reason, with or without notice.*
- *You have the right to ask any questions about the procedures used in the assessment. If you wish, your clinician will explain their usual methods of assessment to you.*
- *You have the right to learn about options regarding the nature and scope of the assessment process and the implications of those choices. Your clinician will explain the pros and cons of the various options.*
- *On occasion it may be appropriate to refer you to another psychologist or related healthcare professional. Such referrals are suggestions only, and the referral does not guarantee any success about an appropriate match or outcome.*

#### **Confidentiality:**

*According to State law anything you tell the evaluator is considered privileged information and will be held in confidence by them. Your clinician will not release any information to others about you unless you give them explicit permission to do so in writing. If you request that they release information about you, they will discuss any implications to you of making your records public. Please be aware, however, that there are certain situations in which they are required by law to reveal information without your permission. These are listed below:*

- *If your clinician comes to believe that you are threatening serious harm to another person, they are required to try to protect that person.*
- *If you seriously threaten or act in a way that is very likely to harm yourself, they will have to seek a hospital for you, or call on your family members or others who can help protect you.*
- *In an emergency where your life or health is in danger, and your clinician cannot get your consent, they may give another professional some information to protect your life.*
- *If your clinician believes or suspects that you, or someone else, are abusing a child, an elderly person, or a disabled person they must file a report with a state agency. This includes perpetrators who have abused people in the past AND still have access to the type of victims (e.g., children).*
- *Your clinician may occasionally consult with other health and mental health professionals about your case. If so, they will make every effort to avoid revealing your identity. These professionals are also legally bound to keep the information confidential.*
- *If you are involved in a court proceeding and there is a request for information concerning the services provided to you, your clinician will seek your written authorization prior to disclosing any information. If disclosure is contraindicated, a court order may be needed to protect your records.*

- *Please bear in mind that if you should decide to instigate any legal proceedings against your therapist/clinician/psychologist or any other staff at Creekview Assessment Center, for any reason, you will forfeit your guarantee to confidentiality.*
- *Should you elect to use insurance benefits to pay for a psychological assessment, your insurance company has the rights to information about your diagnosis, symptoms, history and substance abuse issues (if any). Your clinician and Creekview Assessment Center can provide no assurance that the confidentiality of this information will be maintained.*

**Contacting us:**

*Dr. Turley and the other clinicians on the team will not usually answer the phone when they are with a client or in a meeting. When they are unavailable, please leave a message on Dr. Turley's confidential voicemail by dialing (240)993-2840.*

**Financial and other considerations about psychological testing:**

- *Psychological Evaluations are time-intensive and expensive because they are complex and involve a process that cannot be completed in one or two hours. Evaluations typically include an intake clinical interview, one or more sessions of testing, scoring and evaluation of test material, and follow up consultation. A written report is usually provided.*
- *At CREEKVIEW ASSESSMENT CENTER we also feel ethically bound to provide you with as thorough an assessment as needed to answer the questions that brought you in to see us. Our commitment to you is to use our expertise judiciously. We want to give the best service at the most reasonable cost. Most importantly, we want you to leave feeling that your investment in the time and expense involved provided you with the needed answers to your questions.*

**Cancellations and missed appointments:**

- *Appointment times are reserved for you. Once an appointment is scheduled, you will be expected to pay for the hours set aside for the testing in full at \$200 per hour unless you provide 48 hour notice (except in unforeseen circumstances, or if you, or your child, are sick). This means that if you "no-show" for an appointment, you will be charged for the hours that have been set aside for you that day. Typically this is at least four hours. Please understand that you will be charged for all missed appointments if you fail to contact us. If you have paid a retainer fee, this will result in forfeiture of the entire retainer fee. It is most likely that you will also have to wait to reschedule your appointment until the psychologist has another opening in their schedule.*

**Policies re: Assessment of a minor child:**

- *Delaware Law authorizes the parent(s) or legal guardian to give informed consent for most medical decisions, including mental health assessment and testing on behalf of the minor. If the parents are married, not separated, either parent acting alone may consent to mental health treatment for the minor. However, depending on the circumstances, it may be prudent to seek consent of both parents to include both parents in the process and to have input from both parents*
- *For parents who are divorced, it is critical that we receive a copy of the custody order indicating which parent has legal medical decision-making authority prior to the treatment or assessment of the minor. Report of physical custody arrangements does not fulfill this requirement. If there is joint legal custody either parent acting alone may consent to mental health treatment, unless the joint legal custody order has language to the contrary.*
- *A step-parent does not have the authority to make mental health decisions for the child unless he or she has legally adopted the minor. A legal guardian has the same rights as a parent having legal custody of a minor to consent to mental health assessment or treatment.*
- *We explain to the child that we will be communicating the results of testing and the conclusions of the evaluation with their parent(s). We explain that we will communicate with parents if there are things that come up that we believe they need to know, and that we will do so in a supportive way with their knowledge. Young adults have the right to refuse to comply with this arrangement after the age of 18.*

**There are exceptions to confidentiality in the case:**

- The minor is a threat to his/herself or others;
- The minor is the alleged victim of incest or child abuse.

Your signature below shows that you have received the Informed Consent for Testing outlining the assessment policies of our practice, a notice of your HIPAA rights, the PATIENT FINANCIAL RESPONSIBILITY STATEMENT regarding general financial policies and the Information about Psychological and Neuropsychological Testing outlining the financial arrangements for testing.

You have also had the opportunity to ask for clarification if there is anything that you don't understand. Your signature below also indicates that you personally accept financial responsibility for the services that you receive and acknowledge that no guarantees have been made to you about the outcome of the assessment.

**My signature indicates that I have read the policies noted above that were provided to me, and that I understand and agree to all of Creekview Assessment Center's policies regarding the testing and assessment process, as well as policies regarding financial arrangements for any services that I receive.**

**Client's name:** \_\_\_\_\_  
(Please print)

**Client's signature:** \_\_\_\_\_

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

**Patient/Guardian Signature:** \_\_\_\_\_

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

**Please see following for consent to the assessment of children whose parents are divorce  
Consenting to Treatment of Minors:**

In order to ensure parents/guardians consent to and have the opportunity to participate in treatment, we must understand any custody issues. Please initial the appropriate statement:

- Both parents live together and agree to this treatment Initial: \_\_\_\_\_

- There is a formal or informal custody agreement in place, and we understand that we must provide a copy of the agreement and sign a consent for treatment in joint custody cases.

Initial: \_\_\_\_\_

- The parent/guardian signing has sole custody and will provide that paperwork.

Initial: \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

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

