**Tompkins & Associates**

Licensed Clinical Psychologists

Specializing in the Treatment of Children and Their Families

**Informed Consent for Psychological Assessment**

**Adult**

Welcome to Tompkins and Associates. This document contains important information about professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between Tompkins and Associates and you.

# **PSYCHOLOGICAL SERVICES**

Purpose of Assessment:

The primary purpose of the psychological assessment is to evaluate various aspects of your psychological functioning, including but not limited to intelligence, academic/vocational skills, emotional well-being, social skills, and behavior. The assessment will help us understand your unique strengths and areas of difficulty, and will guide recommendations for interventions and support.

Nature of Assessment:

The assessment process typically involves a variety of tools and techniques, including standardized tests, interviews, observations, and questionnaires. These methods may vary depending on the specific concerns and goals of the assessment. The assessment will be conducted by qualified professionals who have expertise in psychological assessment.

Confidentiality:

Confidentiality is of utmost importance throughout the assessment process. Information gathered during the assessment will be kept confidential and will only be shared with individuals directly involved in your care, unless otherwise required by law. We will discuss the limits of confidentiality with you before beginning the assessment.

Voluntary Participation:

Participation in the assessment process is entirely voluntary. You have the right to refuse or withdraw your consent at any time without any negative consequences for you. Your decision regarding participation will not affect the services provided to you in any way.

Benefits and Risks:

Participating in the assessment can provide valuable information that may lead to a better understanding of your needs and inform recommendations for interventions and support. However, it is important to acknowledge that assessment results may not always provide clear-cut answers and may not fully capture your strengths and challenges. There may also be a temporary increase in stress or discomfort for you during certain aspects of the assessment process.

Feedback and Recommendations:

Following the assessment, you will be provided with feedback on the results, including a comprehensive report outlining the findings and recommendations. This feedback session will provide an opportunity for you to ask questions and discuss any concerns you may have.

# **MEETINGS**

The psychologist will meet with you for an initial 50-60 minute intake appointment to gather background and historical information and gather a clear understanding of the purpose of the assessment. This will allow the psychologist to individually tailor your assessment to you needs. At this time, the psychologist will schedule the testing appointment(s), which are several hours in length and allow for breaks throughout. Tompkins and Associates requires at least 48 hours notice of cancellations. If less than 48 hours notice is provided, a Late Cancellation Fee of $160 will charged to your account.

# **INSURANCE REIMBURSEMENT**

Tompkins and Associates is In Network with the following Insurance Plans:

Blue Cross Blue Shield PPO

Aetna PPO

Cigna/Ever North PPO

United HealthCare/Optum PPO

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Prior to your first appointment, our office will verify your insurance benefits and provide you with an estimate of what you will be responsible for paying for the assessment. It is important to note that verification of benefits by our staff does not constitute a guarantee of coverage. We encourage all clients to call the customer service phone number on their insurance card to obtain the most accurate information regarding the mental health benefits for your specific insurance plan. Tompkins and Associates will electronically file claims for those insurance plans that we are able to bill.

You should also be aware that most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any records submitted, if requested. ***You*** ***understand that, by using your insurance, you authorize our office to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.***

It is important to remember that you always have the right to pay for services yourself to avoid the problems described above, unless prohibited by the insurance contract.

# **PROFESSIONAL FEES**

If our office is not In Network with your insurance plan, you will be responsible for the following Out of Network rates:

The hourly fee for Intake Appointments is $250.

The hourly fee for psychological assessment is $160 for each of testing, scoring/interpretation, report writing, and feedback session.

The hourly fee for additional professional services is $160. This fee is prorated as appropriate, based on the service provided. Other professional services include letter writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require our participation, you will be expected to pay for any professional time spent on your legal matter, even if the request comes from another party.

# **BILLING AND PAYMENTS**

You will be expected to pay for the assessment at the time of service, unless we agree otherwise or unless you have insurance coverage that requires another arrangement.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve billing the balance due to the credit card on file or hiring a collection agency. In most collection situations, the only information we will release regarding a patient’s treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

# **CONTACTING YOUR PROVIDER**

Psychologists and therapists are often not immediately available by telephone. Our phone is answered by our intake coordinator who can get a message to us quickly. You are welcome to leave a message for us at the office’s confidential line (630-717-5911) or you can contact via email. We will make every effort to return your call and emails within 2 business days. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you cannot wait for a returned call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient (age 12 years and older) and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

Minor children’s records and confidentiality is secured by their parent or guardian. Parents or guardians must provide written permission for the release of confidential information. Minor children age 12 years and old must also provide written permission for the release of confidential information. Parents of minor children will be provided with regular treatment updates including (but not limited to) information regarding diagnosis, treatment interventions, and treatment recommendations.

In most legal proceedings, you have the right to prevent your provider from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and we must comply with that court order.

There are some situations in which we am legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient’s treatment. For example, if we believe that a child, elderly person, or disabled person is being abused or has been abused, we must make a report to the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, we will attempt to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of patients. The consultant is also legally bound to keep the information confidential. Ordinarily, we will not tell you about these consultations unless we believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, we are unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and we are not attorneys.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PATIENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_