

## INFORMED CONSENT FOR PSYCHOLOGICAL TESTING SERVICES

This information outlines our psychological testing services and your rights and responsibilities as a client receiving these services. Please be sure to discuss any questions with your provider.

### PSYCHOLOGICAL TESTING PROCESS

Psychological testing is a specialized service that uses standardized assessment measures and procedures to gather data to inform diagnosis and treatment direction.

Psychological testing services are provided by a team of qualified behavioral health providers. This may include a licensed psychologist and/or doctoral psychology fellow. All providers have the appropriate training and supervision to provide services. All services are supervised by licensed psychologists.

Psychological testing services at CBI are a multi-tiered process that include the following:

1. **Intake:** Screening measures are completed prior to appointment. Interview conducted related to concerns, history to determine appropriateness of psychological testing. Test administration is scheduled based on this appointment.

Participation in the intake process does not guarantee that psychological testing services will be recommended by the provider. This is based on the assessment as to whether the specialized service is appropriate based on your needs.

2. **Test administration:** Measures and activities are completed to assess the full scope of the individual and the presenting concern(s). Depending on the nature of the evaluation, collateral information may be obtained through completion of measures (i.e. caregivers, teachers) or interview. You will be asked to sign additional written consents for this coordination of care if necessary.

Duration of testing administration is dependent on the referral concern and need determined at intake. At times, additional testing may be recommended during the first testing session. This will be discussed with you by your provider if necessary.

3. **Report preparation:** Scoring, interpretation of data, and writing of the psychological evaluation report. A full copy of the report is provided to the individual and/or family upon completion.
4. **Feedback:** Meeting with a provider to review the psychological evaluation report, answer questions, and coordinate continued care as appropriate. Unless otherwise discussed at the feedback session with your provider, all reports are final and further editing of the report will not be completed following the feedback session.

### RISKS AND BENEFITS

The primary benefits of psychological testing is diagnostic clarification, appropriate treatment recommendations, and written documentation to support facilitation of services. Although most clients have a positive experience during the evaluation process, there are some risks. The person being evaluated may experience emotional discomfort. It is possible that the evaluation will not answer all of your questions, and further evaluation may be recommended. While the assessment and treatment recommendations are based on best practices and the expertise of your provider, you or others may not agree with the conclusions. It is your decision whether to follow the recommendations.

## **FINANCIAL RESPONSIBILITY OF PSYCHOLOGICAL TESTING SERVICES**

Insurance is accepted for psychological testing services. Individual benefits are based on your plan. Prior to test administration, you will receive a cost estimate for all psychological testing services based on your insurance benefits. This is based on your plan benefits and is non-negotiable.

Cognitive Behavior Institute will provide the cost estimate to the contact on file for your account. You are responsible for ensuring appropriate contact information is on file for receipt of this cost estimation.

Your insurance will be billed for all parts of testing once the feedback appointment has been completed. Therefore, you will see these charges on your Explanation of Benefits at this time.

The cost estimates provided are based on information your insurance company has provided us at the time of your intake appointment. These amounts will be collected at the time of service as outlined in your cost estimate. Costs are subject to change based on the plan details. Should your benefits change since the intake appointment and initial cost estimation, you will be refunded or billed/charged appropriately upon receipt of payment from your insurance provider.

Report preparation is completed by the provider and billed between the testing administration and feedback session. The total amount billed will be based on the cost estimate provided at the initiation of services and may be billed in separate charges during this time period.

Some insurance companies require pre-authorization for testing services. You will be notified if this applies to your plan. Your provider will complete the appropriate documentation for pre-authorization at no charge. Completion of this documentation does not guarantee approval by your insurance provider. There is no additional fee for completion of a pre-authorization form.

You are responsible for fees not covered by your insurance. Self pay rates for psychological testing services are \$175 per hour.

Per our *Informed Consent for Behavioral Health Treatment*, we require a valid credit card on file for all services. Receipt of charges will be provided. If additional invoicing is needed, please contact the office and this can be provided.

The *Person Financially Responsible for Account* on the *Informed Consent for Behavioral Health Treatment* will be responsible for all fees accrued as part of psychological testing services at Cognitive Behavior Institute.

You are responsible for contacting the Cognitive Behavior Institute if anything has changed regarding your insurance coverage during the provision of psychological testing services. Cost estimates initially provided are subject to change based on any adjustments to your benefits.

## **CANCELLATION FEES**

**Intake Appointments:** appointments canceled with less than 24 hours notice will be charged a fee of \$75. The same cancellation fee applies to any client who fails to show for a scheduled intake appointment without any notice.

**Testing Administration or Feedback Appointments:** appointments that are canceled with less than 24 hours notice will be charged a fee of \$150. The same cancellation fee applies to any client who fails to show for a

scheduled appointment without any notice.

Please note that you may not be permitted to reschedule testing due to repeated no shows/cancellations and/or non-compliance with testing parameters. This is at the discretion of the provider. Appropriate referrals will be provided as necessary.

#### **REQUEST FOR ADDITIONAL DOCUMENTATION**

A comprehensive written report is included in the charges for the evaluation and provided at the feedback appointment. Please note that raw testing data and materials are not able to be released as this may impact test security.

The charge for completion of brief forms and letters is \$25. Charges for lengthy or more detailed documentation will be at the hourly rate (\$175/hour) based upon the time involved in preparation. Payment for all forms must be made before the documentation will be provided.

Request for completion of forms does not guarantee completion of these forms by the provider. Completion is at the discretion of the provider and based on their determination of appropriateness for their scope of practice.

There may be up to a 7-day turn-around period for completion of form or letters. Every effort to be as prompt as possible in addressing your request will be made by your provider.

#### **INVOLVEMENT WITH THIRD PARTIES**

You are responsible for informing your provider of involvement with third parties that may impact psychological testing services. Examples of such involvement may include: independent educational evaluation for school settings, court involvement, or evaluation for obtaining additional services outside of Cognitive Behavior Institute (i.e. educational or work accommodations, community based services, disability or workman's compensation, insurance benefits). Coordination with third parties is subject to additional fees beyond those covered by your insurance. Fees for coordination with third parties is \$250 per hour. You and your provider will determine the details of coordination at the time of your intake appointment.

Coordination with third parties is at the discretion of the provider and based on their determination of appropriateness for their scope of practice. You will be informed at the time of the intake if circumstances are not appropriate based on the provider's assessment. If you fail to inform your provider of involvement with third parties, coordination is not guaranteed at a later point in time.

#### **ACKNOWLEDGEMENT OF CONSENT**

By initialing this document, you understand the information and freely consent to participate in psychological testing services at Cognitive Behavior Institute.