

Consent to Evaluation

Welcome to Intuition Wellness Center, PLLC. This document contains important information about professional evaluation services and policies and will represent an agreement between you and Intuition Wellness Center. The term “client” represents children, adolescents or adults who are the identified patient being evaluated. “You” refers to “client” or, if the client is a minor, may also refer to a guardian.

EVALUATION SERVICES

Evaluations may incorporate a variety of standard measures to attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, cognitive functioning, academic functioning, emotional 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 measures or psychological tests. Depending on the question being answered, it is sometimes possible to complete the assessment procedure in one sitting. It is also common for people to be asked to return for additional sessions to finish the assessment battery. Once the administration portion is complete, the data will be analyzed and a report will be written. You will then have the opportunity to meet an Intuition Wellness team member to discuss the results and receive a copy of the report. Because Intuition Wellness is a training clinic and provides comprehensive recommendations, it can take up to 4-6 weeks to receive your report. You also have the right to refuse any recommended actions or withdraw informed consent to evaluation. Clinicians will advise of the consequences of such refusal or withdrawal.

PROFESSIONAL FEES

Intuition Wellness Center, PLLC evaluations are billed hourly. Services conducted by a licensed professional are billed at \$200 per hour while services provided by psychology graduate externs are at half the fee. The fee schedule is available online at www.intuitionwellness.com or you can request one. Typical services billed hourly during evaluations include, but are not limited to, clinical interview, behavioral observations, cognitive, academic and personality testing, analysis and report writing; feedback to parents and/or teacher.

If clients become involved in legal proceedings that require a team member’s participation, you will be expected to pay even if called to testify by another party. Appointments cancelled without 24-hour notice will be charged the full fee unless cancellation was due to circumstances beyond your control. It is important to note that health insurance companies do not cover costs for tardiness or missed appointments. As a result, Intuition Wellness Center will directly bill you a prorated hourly rate for tardies based on full fee or the cancellation fee (full fee).

BILLING AND PAYMENTS

All clients are responsible for a 50% retainer payment at the time the initial appointment is held, unless an alternative arrangement is agreed upon in advance or insurance coverage requires another arrangement. The remaining balance is due at the feedback session.

INSURANCE REIMBURSEMENT

Health insurance policies usually provide limited coverage for evaluations and often times only reimburse for a portion of the assessment. Clients have the option to choose to have an abbreviated evaluation, report, and feedback that fit within insurance approved hours knowing that such an evaluation typically does not comprehensively answer your questions. Clients also have the option to choose to be billed directly for testing conducted beyond approved insurance hours. It is very important that you find out exactly what evaluation services your insurance plan covers before proceeding.

CONTACTING YOUR CLINICIAN

Team members at Intuition Wellness Center are engaged in the world around them in a variety of capacities. Thus, most do not maintain 9a.m. - 5p.m. office hours and, when in the office, may be attending to other clients or clinical matters. If you feel that you cannot wait for a return call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If you have a true clinical emergency, call 9-1-1 or go immediately to your nearest emergency room.

PROFESSIONAL RECORDS

The laws and standards of the profession require that Intuition Wellness Center keep treatment records. You are entitled to receive a copy of your records, including your evaluation report. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is

recommended that you review them with your clinician first so that he or she can explain the contents and answer any questions. Requests for records must first be provided in writing. Records will be provided within a 30-day period from the time that the written request was submitted. Records can be provided electronically at no charge or in hardcopy format for a fee of 50 cents per printed page.

MINORS

Parents/guardians are responsible for their children, including when left unattended. If you are a client under eighteen years of age, please be aware that the law may provide your guardian/parent(s) the right to examine or receive a copy of your records. You should discuss with your clinician so as to determine together how to best handle such disclosures.

CONFIDENTIALITY

The privacy of communications between a client and a clinician is protected by law. Generally, Intuition Wellness Center can only release information about clinical services to others with the client's written permission. But there are a few exceptions:

- In most legal proceedings, clients have the right to prevent Intuition Wellness Center from providing information about their treatment. In some proceedings a judge may order a clinician's testimony if it is determined that the issues demand it.
- There are some situations in which clinicians at Intuition Wellness Center, PLLC may be legally obligated to reveal client information to protect others from harm. For example, if a clinician believes that a child, elderly person, or disabled person is being abused or neglected, he or she must file a report with the appropriate state agency.
- If a client is threatening serious bodily harm to themselves or another, clinicians are required by law to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, the clinician may be

obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

- Additionally, many insurance companies require participating providers to disclose a client's participation in treatment to their primary care physician unless a client has determined in writing that they do not want this disclosure to occur. You are encouraged to have a discussion with your clinician about this topic.
- Clinicians at Intuition Wellness Center, PLLC may seek professional consultation to improve quality of care. Our team of clinicians meets regularly to staff cases to ensure the highest quality of services. All clinicians receive regular consultation or supervision with a licensed professional and they may find it helpful to discuss particular details. If your assigned clinician is in training, he or she will notify you and provide you with his or her supervisor's contact information. If you have concerns about disclosures to your clinician's supervisor, you are encouraged to discuss these with your clinician.

☐ Check here if you **do not** want your clinician to inform your primary care physician of your participation in treatment at this time.

☐ Check here if you are an insurance client and you **do not want to be billed directly** for evaluation services beyond those approved by your health insurance company.

☐ Check here to **choose to be billed for all evaluation services directly**.

Client's and/or guardian's signature below acknowledges that:

- You have received and reviewed a copy of Intuition Wellness Center privacy practices notice.
- You understand the limits of confidentiality.
- You have read the information in this document and agree to abide by its terms.
- This consent is voluntary and you may revoke your consent in writing at any time.

Client Name	Signature of Client	Date
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Guardian Name	Signature of Guardian	Date
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Guardian Name	Signature of Guardian	Date
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Staff Witness Name	Signature of Staff Witness	Date
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