

Psychological Testing Informed Consent and Overview-

This form outlines Western's policy and procedures for psychological testing. Psychological testing refers to a service that is 1) conducted by a Psychologist, 2) to determine or clarify a diagnose and/or provide treatment recommendations, and 3) uses psychological instruments, tools, or tests. This consent is in **addition to** Western's Informed Consent, Rights & Responsibilities, and Notice of Privacy Practices.

Purpose

Psychological testing gives us information about a person including their behavior, severity of symptoms, brain functioning, personality, and cognitive strengths and weaknesses. We use this information to better understand someone's mental health picture and make treatment recommendations.

Limitations of testing

While psychological testing can answer many questions, it does have limitations. These include:

- Testing results are based on a person's performance at that moment in time. It generally does not speak to future abilities. For example, if testing for memory, we can test for skills now and compare them to same age peers. However, we can't predict what memory will be like in ten years.
- We are dependent on the history you give us. For example, when testing for autism, we focus on behaviors between the ages of 4-5. If it is difficult to remember behaviors from that time period, it may affect the conclusions drawn.
- Assessment tools are not perfect. Each tool we use has its own strengths and weaknesses. We choose tools based on what we think will best answer your referral question.

Treatment Process

The length of the process depends on the schedule (both yours and the provider's), insurance authorization, and timeliness with necessary paperwork. Our goal is to complete the process from the first Testing Session to the Feedback Session in four weeks. The process includes the following:

1. Referral: The Western Psychological Testing Referral Coordinator sets up the testing process. A brief phone call reviews the reason for the referral and identifies a potential provider. Referrals may come from primary care, a Western clinician, or self-referred. You may be placed on a waitlist if there aren't openings.
2. First Appointment: This appointment is with the Psychologist to review any relevant history, clarify the reason for the testing, describe the process, and answer any questions. This may include gathering information in order to obtain an authorization for testing. This appointment will typically last one hour. For our child clients, this session is only with the parent(s) so that concerns can be discussed openly.

Please bring the following to the First Appointment, if you have them available:

- Previous assessment information/results
 - School IEP/504 plan
 - Records from other healthcare providers (e.g. medical, speech, occupational therapy, etc.)
3. Testing Sessions: Typically, one or two testing sessions are scheduled with the identified client in the office. The number of testing sessions will depend on the number and type of tests, as well as your schedule. Other tools may be sent home to be returned to the office when complete.

Each session lasts about 2-3 hours. It may be necessary to bring a snack. On days of testing please make sure you get adequate sleep and take any medications you normally take.

4. Write-Up: During this stage your provider will review all the information from the various assessments used, as well as your clinical history, to arrive at a diagnosis and treatment recommendations. This information is written up in a formal report.
5. Feedback Session: At this visit you will review significant assessment findings and recommendations with your provider. Again, for our child clients we recommend this appointment be parent only to allow an open atmosphere to discuss both strengths and weaknesses.

Cancellations and No-Shows

Psychological testing requires that we save a large chunk of time in the Psychologist’s schedule. A no-show or late cancellation has a significant impact on the Psychologist’s schedule. As a result, we require a **48-hour advanced notice** for cancellations or re-schedules. Please call the office where your appointment is scheduled if you need to cancel or re-schedule. If office staff are not available, you may leave a message on the confidential voice mail. You may also use our client portal to send a message. Please **do not call our after-hours on-call service for appointments or cancellations**.

We charge a \$100 fee for a no-show or cancellation (i.e., less than 48-hour notice) for psychological testing. This fee is not covered by insurance and is due prior to any next appointment. For OHP members, we cannot charge a fee. However, testing may not be indicated if there are no-shows/late cancels. Or, we may require you to do certain things before scheduling another appointment (e.g., see a therapist first).

Financial Responsibility

Psychological testing often requires a special authorization in order to receive payment from a health plan. You are responsible for knowing how your health insurance benefit works. Please check with your plan to obtain an authorization or determine if it is not needed. Questions for your health plan include:

- Do I have coverage for psychological testing (CPT code 96101)?
- Do I need preauthorization for testing?
- Have I met my deductible?
- What is my copay and coinsurance?

As a courtesy, we bill insurance for you. If we provide services that are not covered by your health plan, you will be responsible for these payments. Payment of co-pays, co-insurance, or deductibles is required before the testing. The person who signs this form is considered the “guarantor”. This person is responsible for any outstanding fees.

Video Consent

There are some testing situations that involve the use of video. Your Psychologist will inform you if that will be necessary. If video is utilized, Western will handle the video with the same level of privacy and security as with clinical records. The video will not be used by or disclosed to anyone outside of Western. The video will be deleted after the report is completed. Initial: _____ or Not Applicable

I understand and agree to this informed consent for psychological testing.

Print Client Name: _____ Client Date of Birth ____/____/____

Signature of Client or Parent/Guardian: _____ Date: ____/____/____