CONSENT AND AGREEMENT FOR PSYCHOLOGICAL TESTING, ASSESSMENT AND EVALUATION

PURPOSE OF EVALUATION:

This evaluation is being conducted for the purpose of:

TYPE(S) OF EVALUATION, TESTING, SERVICE AND/OR ASSESSMENT:

Listed below are the different types of testing, evaluations, assessments and/or services provided by Dr. Heather Kuhl. The focus of your evaluation has been indicated with an "X".

Type of Evaluation, Testing, Service and/or Assessment:	
Psychological Evaluation	
Psychoeducational Evaluation	
Developmental Evaluation	
Psychosocial Assessment	
Personality Testing	
Gifted Testing	

SCOPE OF SERVICES:

Comprehensive evaluations include other components including, but not limited to measures of: intelligence, academic achievement, adaptive functioning, memory, executive functioning, and social/emotional measures.

You will be informed about what you will be doing throughout the evaluation process. At any time, you are welcome to ask questions. You may voluntarily withdraw from participation in this evaluation at any time; Dr. Kuhl cannot, however be held responsible for your refusal to participate, and any ramifications of non-participation would depend upon the referring third party and be beyond the control of Dr. Kuhl.

Services may include: face-to-face contact, interviewing, testing, the psychologist's time required for the reading of records, consultations with other psychologists and professionals, school observations, scoring of tests, interpreting the results, writing the report and any other activities to support these services.

BASES FOR ASSESSMENTS:

Assessments, evaluations, and testing will be chosen that are suitable for the purposes described above. Assessment instruments are used whose validity and reliability have been established for use with members of the population tested. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.

The procedure for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accordance with the rules and guidelines of the American Psychological Association, HIPAA, and the laws and rules that govern the state of Florida.

REQUEST FOR ACCOMMODATIONS:

For clients requesting accommodations for an attention deficit disorder, a learning disability, or physical disability, all efforts will be made to accommodate your condition. There may be specific information, forms or formats required by the agency or organization for which the testing is performed. You agree to inform Dr. Kuhl of the need for an accommodation in sufficient time prior to the testing for accommodations to be arranged and the appropriate documentation to be obtained.

CONFIDENTIALTY:

There are limits to confidentiality when it comes to testing, assessment and evaluations.
The following confidentiality limitations are:

- **Child Abuse** - Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc) (Florida statute 39.201),
- **Vulnerable Adult Abuse** - Vulnerable adult abuse or neglect (Florida statute 415.1034),
- **Self Harm** - Threats to harm oneself (Florida statute 491.0147),
- **Harm to Others** - Threats regarding harm to another person (Florida statute 491.0147).
- Further information regarding these situations and my privacy rights has been provided in the Notice of Privacy Practices for Protected Health Information.

INVOLVEMENT OF THIRD PARTIES:

Comprehensive assessments and evaluations often require input from third parties (i.e. a parent, teacher, employer, reports, records, etc.). It may be beneficial for Dr. Kuhl to collaborate with these third parties and/or review reports, records and documents in order to obtain additional information necessary for your evaluation. For each identified third party client or parent/legal guardian will complete and sign a separate Release of Information permitting communications with the third parties. Failure to sign such an authorization may be reported to the referring entity as well as be documented in the report/evaluation/test.

RELEASE OF RECORDS:

Prior to releasing your evaluation to you or others requesting your evaluation Dr. Kuhl will sit down with you to explain the report, results and recommendations unless the nature of the request for evaluation precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations). If this is the case this will have been explained to you prior to the evaluation.

Records are released only after the client or their parent/legal guardian signs a release form for each person, agency or organization unless where required by law or court order.

It is important to know that Dr. Kuhl may refrain from releasing your test data to protect you or others from substantial harm or misuse or misrepresentation of the data or the test. If this occurs I will speak with you about my concerns regarding the release of your test data.

FEE AND PAYMENT:

The fee for these services are $2800 for all evaluations, unless otherwise specified, and $500 for gifted testing. Payment is due at the time services are initiated during the first appointment. The billable evaluation procedures will include: initial biopsychosocial interview with client and/or family, testing, behavioral observations, scoring and interpretation of tests, report writing, consultation with other professionals involved, and feedback with the client and/or client's family. If Dr. Kuhl deems more time is necessary to complete your evaluation this will be discussed with you in advance.

CONSENT AND SIGNATURE:

By signing below:

- You are certifying that the purpose of the evaluation and services being provided have been explained to you.
- You are also certifying that you have been informed (if applicable) that this particular assessment precludes provision of an explanation of results due to reason for request of evaluation.
- You have been given an opportunity to ask questions and those questions have been answered.
- You understand that this consent and agreement permits disclosures of otherwise confidential information.
- You understand the potential ramifications of any disclosures to any legal, occupational and/or academic referral source under this waiver of confidentiality.

Your signature indicates you will hold, Dr. Kuhl harmless for any outcome of legal, occupational, academic, etc. proceedings. Your signature also signifies that you have read, understood and are

consenting to services provided by Dr. Kuhl. You have received a copy of this consent and agreement for your records. Your signature further signifies agreement to pay the amounts outlined in this document.

_____

Client's Printed Name

_____

Client's Signature

_____

Date

_____

Parent/Legal Guardian Printed Name

_____

Parent/Legal Guardian's Signature

_____

Date

I, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

_____

Licensed Psychologist

_____

Date