



Psychological Services Center

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Serving the community for over 20 years

INFORMED CONSENT TO PERFORM A PSYCHOLOGICAL ASSESSMENT

Welcome to Antioch's Psychological Services Center. This form will provide information about our services and about your rights and responsibilities as a client. Please be sure to discuss any questions with your clinician or the supervisor, Susan Hawes, PhD. Your signature at the bottom indicates that you understand the information and freely consent to participate in this assessment.

The clinic is a training facility. Our students are under the supervision of Dr. Hawes, who is a licensed psychologist with expertise in psychological, educational, and cognitive assessment. In order to ensure the best possible service, your clinician will be discussing your testing results with her/his supervisor(s).

THE ASSESSMENT PROCESS:

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, academic functioning, personality 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 educational and/or psychological tests. Although it is sometimes possible to complete testing in one sitting, it typically takes about 8 testing hours for a full psycho-educational battery, and so is common for us to break the testing sessions into 3, 3-hour blocks. Once testing is completed, the data will be analyzed and a report will be written. Your clinician then will contact you to schedule a Feedback Session, when you will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report. Because we are a training clinic, our general turnaround time for completed reports is about 4-6 weeks.

TYPE OF ASSESSMENTS

- FULL PSYCHO-EDUCATIONAL ASSESSMENT. The purpose of this evaluation is to provide an in-depth study of the cognitive processes and personality functioning of an individual. This evaluation can be used to diagnose learning, behavioral, ADHD, and psychiatric disorders.
- DIAGNOSTIC ASSESSMENT. The purpose of this is to diagnose behavioral and/or emotional disorders. The referral must come from a licensed/certified psychology or social work practitioner. There should also be a release of information to and from this practitioner.
- OTHER. _____

It is important to understand that the Antioch Psychological Services Center does not perform custody evaluations for children, which is a highly specialized field. In addition, the PSC does not perform forensic psychological evaluations (to examine and evaluate a patient in anticipation of prosecution or litigation). Should you be seeking one of these kinds of evaluation, please consult with expert specialists in those areas.

Antioch Psychological Services Center offers affordable services for children, individuals, and families in the Monadnock Region. A service and training facility, it is operated by the Department of Clinical Psychology of Antioch University New England.

A non-profit organization promoting quality services and clinical training

TYPES OF MEASURES

- Cognitive Testing—to assess strengths and weaknesses in intellectual abilities, specifically Crystallized Intelligence, Visual/Spatial Processing, Fluid Reasoning, Processing Speed, Short-term Memory, Long-term Retrieval, and Auditory Processing.
- Achievement Testing—may be in the areas of Reading (decoding and comprehension), written language, math reasoning and calculations, academic fluency, and oral language.
- Attention and Executive Function Testing—testing includes individual processing tests of attention and executive functioning, as well as questionnaires. Questionnaires are to be completed by both the examinee and an individual who knows them well (parent, guardian, teacher, friend, or partner).
- Diagnostic Interview and Developmental History—to obtain information of the examinee outside of the testing situation, and to have a sufficiently comprehensive history in order make a more reliable diagnosis.
- Behavior Rating Scales and/or onsite observation at school in order to get a sample of behavior that occurs outside the office setting.
- Clinical Tests (standardized and projective tests)—to obtain information on the individual pertaining to psychiatric diagnoses, interpersonal relationships, self-concept, etc.
- Interviews with teachers, other family members, physicians, or other relevant individuals (Note: interviews will only be performed with written consent).
- Other _____

CLINICIANS

A practicum student, who is matriculated in the Antioch University New England doctoral program in Clinical Psychology, will be the clinician who assesses you/your child. Antioch Psychological Services Center serves as an in-house practicum-training site for doctoral students in the Clinical Psychology department.

Your Clinician is: _____

FEE AND PAYMENT POLICY:

The standard fee for a testing battery is \$650. The fee may be adjusted at times depending upon the purpose of the evaluation and the tests used. Any adjustment to the standard fee will be noted in the space below. The clinic does not bill insurance companies. We ask that you pay your fee in full at your first appointment with your clinician, unless specific arrangements have been made through the office.

An additional fee of \$20 per hour will be charged for arriving late or missed appointments.

_____ **Please initial.**

I am aware that full payment for the assessment must be paid in full no later than the last day of testing. _____ **Please initial.**

The deposit covers the cost of the assessment forms mailed out to you. Forms lost or misplaced will result in an additional fee of \$50. _____ **Please initial.**

ADJUSTED FEE: _____

I give my consent to receive a “pdf” copy of my report by email. _____ **Please initial**

Email address: _____

We accept MasterCard, Visa, and Discover credit cards. Questions concerning the fee or the payment policy should be discussed with your clinician and the office before the assessment process begins. Payments made by credit card go through the University Business Office and therefore fall under the university confidentiality policy.

REQUEST FOR ACCOMMODATIONS

For clients requesting accommodations for a Learning Disability or Attention Deficit Disorder, a psychological test report will be provided to the appropriate agency. We will only release these records after you have signed a Release & Request Form. Should the agency request specific information (such as a particular report format or an additional form), this will be provided at an additional cost according to the sliding fee scale. At least two weeks notice is required to complete any additional forms.

RELEASE OF ASSESSMENT REPORT

An assessment report is released only after the client or their parent/legal guardian has signed a consent form.

RESEARCH ACTIVITIES

We are also committed to enhancing our body of scientific knowledge about psychological treatment through faculty and student research projects. As such, your treatment data (e.g., the questionnaires mentioned above that all clients respond to during treatment), in combination with treatment data from other clients, can help us improve treatment effectiveness in the future. We take every precaution to ensure that your confidentiality and anonymity will be protected in all of our research. First, any such research projects using data must be reviewed and approved by the Antioch University New England Institutional Review Board to ensure that your rights are protected. Second, we require that all information that would identify you, such as name, date of birth, address, and job, be removed and replaced with a code before the data are used for scientific purposes.

Please initial the box below that indicates whether you consent to making your anonymously coded data available for research purposes. Your permission is entirely voluntary and you will not be penalized in any way should you choose to withhold your consent.

I consent to making my treatment data available for research purposes.

I do not consent to making my treatment data available for research purposes.

INFORMED CONSENT

I understand that the information obtained in this assessment is confidential and will not be released to any person or organization without my written permission. (There is a Release of Information consent form in our office.) The only exceptions to this policy are rare situations in which you are required by law to release information with or without my permission. These are: (1) if there is evidence of physical and/or sexual abuse of children or the elderly; (2) if you judge that I am in danger of harming myself or another individual; and (3) if my records are subpoenaed by the court. In the rare instance of any of these situations, you would limit disclosure of confidential information to the minimum necessary to insure safety.

I understand that, if the Antioch PSC deems that additional or alternative testing be necessary, the clinician or supervisor will describe in written form the reasons for this testing and will advise me of any additional costs. I understand that I have the right to discontinue the assessment process at any time. However, I understand that the Antioch PSC may be unable to provide feedback on the test

results if the testing is terminated, and that I will still be responsible for payment of any testing, scoring, and assessment time up until that point.

By my signature below, I acknowledge that I freely consent to a psychological assessment by Antioch Psychological Services, that I, having read this consent form, have been informed of the policies regarding assessments at the PSC, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at the PSC.

Signature/Relationship – (If client is under the age 14) Date _____
(Please print name)

Optional Parent Signature (If client is under the age 14) Date _____
(Please print name)

Clinician's Signature Date _____
(Please print name)