

Michael Eisenbeiss, PhD.

BOISE PSYCHOLOGICAL SERVICES

315 N. Allumbaugh, Boise, ID 83704

Office: (208) 376-3546 Fax: (208) 376-9792

Consent and Agreement for Psychological Testing and Evaluation

Client Name _____

I agree to allow the evaluator, Michael Eisenbeiss, to perform psychological testing, assessment or evaluation. I understand that the fee for this service is \$150 per hour and can cost as much as \$1200 for 8 hours of testing. HIPPA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. I acknowledge that I have been given a separate copy to sign.

I understand that this evaluation is to be done for the purpose of: (example – Dyslexia)

1. _____

2. _____

I understand that these services may include direct, face-to-face contact, interviewing or testing. They may also include the evaluator's time required for the reading of records, consultations with other psychologists or professionals, scoring, interpreting the results, and any other activities to support these services. I understand that a psychological evaluation is an interactive process between the client and evaluator. It is meant to promote understanding and treatment planning. Sometimes the process can be emotionally painful and other times it may be fulfilling. I agree to help as much as I can by supplying full answers, making an honest effort, and working as best I can to insure that the results are accurate.

I also understand the evaluator agrees to the following:

1. The procedures for selecting, giving, scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association, the Health Insurance Portability and Accountability Act (HIPPA) and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.) These tests will be given and scored according to the instructions in the test 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.
3. Tests and test results will be kept in a safe place.

If I choose to end services for any reason, I will be referred to another qualified evaluator(s). I should question the rationale of treatment if it is unclear to me. While the evaluator has every intention and expectation of helping, they cannot guarantee any specific outcome.

_____ Date _____

Client Signature or Representative (parent/guardian)

I, the evaluator, have discussed the issues above with the client and/or representative. 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.

_____ Date _____

Signature of Evaluator