

# Primary Psychology of Central Florida, LLC

Psychological Services for Family Well-being  
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## INFORMED CONSENT FOR PSYCHOLOGICAL TESTING

Welcome to Primary Psychology of Central Florida, LLC. This document contains important information about this office's professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

## PSYCHOLOGICAL TESTING SERVICES

There are varied purposes for psychological testing. Common features of psychological evaluations typically include the following:

- Review of relevant records - Referral agencies typically provide background data to enable the evaluator to have a historical context that benefits the testing situation. Testing clients may voluntarily wish to provide their own records to facilitate their case.
- Clinical Interview - A structured clinical interview with the client contains his or her background information (e.g., family history, physical health, prior abuse history), mental health concerns (e.g., symptoms of distress, prescribed psychotropic medications, substance abuse difficulties), educational/work history, employment, social functioning (peer interactions, legal history), and a mental status exam (behavioral observations, assessment of daily living skills). Collateral contact may be obtained from family members or representatives of the referring agency to provide additional information to facilitate the testing process.
- Mental Health Assessment Inventories - These inventories typically include surveys or performance exercises that assess varied mental health symptoms. The psychologist or administrative staff may provide the instructions for completion of these inventories.
- Cognitive/Neuropsychological Assessment Tools - These exercises may include tests of cognitive ability, academic achievement, visual-motor coordination, attention span, neurological functioning, memory, and processing speed. The psychologist or psychometric staff may provide administrative duties for completion of these exercises.
- Validity Assessment - The evaluator(s) assesses your truthfulness based on your presentation during the clinical interview, consistency of your report with prior records and history, your effort on the testing exercises, and your response pattern on the administered psychological tests. **Therefore, it is extremely important that you be as truthful as possible with the examiner on the test surveys, and provide your best effort on the varied psychological tests.** The evaluator(s) will determine that the testing results appear to either be valid, interpreted with varied degrees of caution, or be declared invalid altogether if it is discovered that you were not truthful or provided a poor effort.

After the test results are obtained, the psychologist typically interprets these test data into a coherent psychological report. The psychological report reviews the aforementioned data, provides detailed analysis of the mental health and cognitive test results, summarizes the data,

and lists DSM-IV diagnostic impressions. Additionally, recommendations are typically listed at the conclusion of the psychological report for further direction.

### **CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY- PRIVATE TESTING CLIENTS**

A private testing client is an individual that is self-referred and is paying on his or her own accord, with or without the assistance of private health insurance. Private Testing clients are assured of confidentiality at all times. For private testing clients, information will only be released verbally or in writing to those whom you authorize by written release of information in my office. Legal exceptions to confidentiality include:

1. Your evaluator must notify others if it is suspected that a client intends to harm another individual or him/herself;
2. Your evaluator must also report any suspected child molestation, neglect, or abuse to protect the children involved as mandated by law;
3. Your evaluator must report cases where abuse or neglect of an elderly person is suspected.
4. In legal cases, a court can order testimony or records.

If any of the above conditions should occur, we would notify you of our action. Please be aware that if you want us to file your insurance, insurance companies require your name, social security number, diagnoses, and service dates before they provide coverage for your visit. In most cases, insurance companies will require more data about your case that may include symptoms, diagnosis, and treatment methods. This does become a permanent part of your medical record.

### **FURTHER LIMITS OF CONFIDENTIALITY FOR ORGANIZATION REFERRED TESTING CLIENTS**

An “organization referred” testing client is an individual(s) referred by either the federal government, a state agency (e.g., Department of Social Services, Department of Disability Services, Vocational Rehabilitation, State Accident Fund, etc.), a private insurance company (e.g., for short-term disability benefits), or an attorney. An “organization referred” testing client has additional limits to his or her confidentiality to what is provided for private testing clients mentioned in the prior section on this page. For example, **there is no privileged communication for an “organization referred” testing client. However, the evaluator will respect the privacy of all parties, and will not include information in the report that is not directly relevant.** Your evaluator will be open with you as to what he or she will transmit to these organizational referral sources that typically provide payment for services.

### **REVIEW OF WRITTEN REPORT**

The test feedback procedures significantly differ for “private testing” vs. “organization referred” testing clients. For the “private testing” client, a feedback session is typically scheduled upon completion of the psychological report. During this session, the evaluator discusses the test results and explains the recommendations with the client(s). After going over the test results and answering any questions, the “private testing” client may receive a copy of the test report. However, no completed report will be given to a client unless he or she participates in the final feedback session with the examiner. Finally, the examiner does not provide raw data to test clients. For the “organization referred” testing client, there is typically no feedback session, and the party does not obtain a copy of the psychological report from this examiner. Instead, the

referring party typically receives the sole copy of the report, as it is considered their property. Primary Psychology of Central Florida, LLC will not provide an “organization referred” testing client with access to their psychological report without permission from the organization making the test referral.

### **FEES**

The charge per hour for psychological testing is \$ 125.00. Additionally, when billing insurance companies, the client is typically billed for an initial diagnostic interview (CPT Code 90791), testing hours (CPT Codes 96101 or 96118), and the final session when the test results are reviewed (CPT Code 90834). If there is a co-pay, you must pay the entire fee is at the time of the initial visit unless an arrangement is made between Primary Psychology of Central Florida, LLC and the client. It is against regulations from the insurance company for us to see a client without collecting their co-payment. If your case requires an affidavit or report or if I need to consult with an attorney or guardian ad litem, your evaluator will charge for the time required to complete the task. A charge will be made based on the amount of time required for this service. Payment is expected at the end of each session. We reserve the right to turn over any uncollected debt (over 60 days) to a collection agency and/or magistrate’s court. Insurance does not cover these types of services.

For “organization referred” testing clients, the referring party is typically responsible for payment. In the instance that the testing client who is referred by an organization has to provide payment, the same rules regarding fees apply for them that is consistent with “private testing” clients. However, the “organization referred” testing clients typically do not directly receive the test results from this evaluator. Instead, these clients arrange to receive the test results from the referring agency.

### **INSURANCE REIMBURSEMENT**

For “private testing” clients that have a health insurance policy, it will usually provide some coverage for mental health treatment. Your evaluator will fill out forms and provide you with whatever assistance necessary in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Your evaluator will provide you with whatever information necessary and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, this office will be willing to call the company on your behalf.

You should also be aware that most insurance companies require you to authorize your evaluator to provide them with a clinical diagnosis. Sometimes your evaluator has to provide additional clinical information such as a copy of the psychological report (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your evaluator has no control over what they do with it once it is in their hands. Your evaluator will provide you with a copy of any report submitted if you request it.

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I certify that I read the Consent Form provided explaining the nature of the treatment, my questions have been answered satisfactorily, and I understand the risks and benefits associated with the treatment or intervention. In agreement with the procedures outlined in this form, I authorize to participate in a professional relationship with Primary Psychology of Central Florida.

Your signature indicates that you have read the information in the Consent sheet and agree to follow the terms during our professional relationship.

Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship with patient (if applies): \_\_\_\_\_

Clinician signature: \_\_\_\_\_ Date: \_\_\_\_\_