



Center  
for  
Personal  
Growth

Your Success is Our Success.

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## INFORMED CONSENT FORM: PSYCHOLOGICAL TESTING

Welcome to the Center for Personal Growth. 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 you and our office.

### PSYCHOLOGICAL TESTING SERVICES

There are many reasons for psychological testing. Common features of psychological evaluations typically include the following:

- Review of your records - The referral source that sent you to our office usually sends us background information to help us understand your situation. Testing clients may also wish to provide their own records to our office if they feel it will help with their case.
- Clinical Interview – An interview with the Client contains his or her background information (such as family history, physical health, prior abuse history), mental health concerns (such as symptoms of distress, prescribed medications, substance abuse difficulties), educational/work history, employment, social functioning (how you get along with your friends, legal history), and a mental status exam (how you behave and how well you can go about your daily tasks). Contact may be obtained from family members or people from the referral source to provide more information to help the testing process. The psychologist usually performs the clinical interview themselves.
- Mental Health Assessment Inventories – These tests usually include surveys and exercises that will provide us information about your mental health. The psychologist or staff may give you instructions for completing these surveys.
- Cognitive/Neuropsychological Assessment Tools – These exercises may include tests that will tell us how well you understand things, what you have learned in school, how well you can use your hands to do things, and will also test your attention span, memory and measure how fast you can finish an assignment. The psychologist or staff may give you instructions for completing these tests.
- Validity Assessment – This simply means that the person who is testing you will be using the background information that has been sent to us, your effort on the testing exercises, how you answer the questions on the surveys that you complete, and the way you act during the interview to figure out whether or not you are being as truthful and honest as possible. **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 all of the psychological tests. The evaluator(s) will determine that the testing results appear to either be valid, interpreted with caution, or be declared invalid altogether if it is discovered that you were not truthful or provided poor effort.**

After all of the test results are collected, the information is put together into a written psychological report. Recommendations are provided at the end of most reports that address the client's concerns.

## SOCIAL MEDIA

Center for Personal Growth does not engage in any relationship / communication via social media (LinkedIn, Facebook, etc.) nor will Center for Personal Growth engage in any therapeutic communication via text messaging with Clients. Center for Personal Growth staff will not post Client information on any public website. By signing this Informed Consent, you agree to refrain from posting any review(s), comment(s), rating(s), and/or information regarding Center for Personal Growth and/or its staff on websites, without first obtaining written permission to do so from the President and Founder, Dr. Brenda M. Alloway.

## CONFIDENTIALITY/LIMITS OF CONFIDENTIALITY

A "Private Testing" client is someone that is self-referred and personally responsible for paying for services provided by our office, with or without the assistance of private health insurance. Private Testing clients are guaranteed confidentiality at all times except for the reasons listed below. For private testing clients, information will only be released verbally or in writing to people that you give us permission to speak with. You will provide us with that permission by completing a Release of Information form. The only exceptions to confidentiality would be as follows:

1. The staff are required by law to report if you indicate that you plan to harm yourself or someone else.
2. If you report that you have endangered or abuse a child or elderly person.
3. If the court orders that we provide records or a verbal report to them.
4. In the event of an emergency that takes place in our office.

If any of these events happen, we will let you know that we are reporting this information to the proper authorities. If you want us to file your insurance, insurance companies require your name, social security number, diagnoses, and service dates before they will pay for your visit. In most cases, insurance companies will require more information about the services that may include symptoms, diagnosis, and treatment methods. Then this becomes a permanent part of your medical record.

## FURTHER LIMITS OF CONFIDENTIALITY FOR ORGANIZATION REFERRED TESTING CLIENTS

An "Organization Referred Testing" client someone who is referred by either the federal government, a state agency such as the Department of Social Services, Department of Disability Services, the State Accident Fund (a private insurance company such as for short-term disability benefits), or an attorney. Organization Referred Testing clients are different from Private Testing clients in what is considered confidential. 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.**

## REVIEW OF WRITTEN REPORT

The test feedback procedures significantly differ for Private Testing clients and Organization Referred Testing clients. For the Private Testing client, a feedback session is usually scheduled upon completion of the psychological report. During this session, the evaluator goes over 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 usually no feedback session, and the party does not obtain a copy of the psychological report from this examiner. Instead, the referring party usually receives the only copy of the report, as it is considered their property. The Center for Personal Growth will not

provide an Organization Referred Testing client with access to their psychological report without permission from the organization that sent them to our office.

### **FEES**

When billing insurance companies, the client is usually billed for an initial diagnostic interview, testing hours, and the final feedback session when the test results are reviewed. If there is a deductible, co-pay or co-insurance, you must pay the entire fee at the time of the initial visit unless an arrangement is made in writing between the Center for Personal Growth and the client. It is against regulations from the insurance company for us to see a client without collecting their patient responsibility. If your case requires an affidavit or report, your evaluator needs to consult with an attorney or Guardian *ad litem*, your evaluator will charge for the time required to complete the task and that will not be covered by insurance. 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 30 days) to a collection agency and/or magistrate's court. Insurance does not cover these types of services.

### **COURT TESTIMONY**

If you request through subpoena or court order that we testify on your behalf (either in deposition, in court, or by phone), we cannot charge health insurance for these services and require that you deposit a **\$1500 retainer five business days in advance of the court date** to account for a day of your evaluator's professional time. This retainer is nonrefundable.

### **COMPLETION TIME**

**Due to the nature of psychological testing, your evaluation may take up to 12 weeks before completion.** If you would like your evaluation earlier, it is possible to expedite turn-around time for a fee by discussing with your clinician the emergent need and possible options.

### **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Our Practice Manager will help you 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. Our Practice Manager 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, our office is willing to call the insurance company on your behalf.

You should also be aware that most insurance companies require you provide them with a clinical diagnosis. Sometimes your evaluator must 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. In some cases, they may share the information with a national medical information databank.

### **ETHICAL STANDARDS**

As a professional, the person(s) that are testing you will use their best knowledge and skills to help you. This includes the following ideals and ethical standards of the American Psychological Association (APA). In your best interests, the APA puts limits on a relationship between an evaluator and a client, and your evaluator(s) will abide by these rules. Here are some of these limitations:

First, your evaluator is a licensed professional, or supervised by a licensed psychologist, to practice testing services, not law, medicine, or any other profession. Therefore, your evaluator is not particularly trained to give you advice. Second, state laws and the rules of the APA require your evaluator to keep your discussions confidential (that is, private). You can trust your evaluator **not** to tell anyone else what you discuss, except in certain limited situations (limits of confidentiality are addressed on Page 2). Your evaluator does not try not to reveal the identity of his or her clients. If we meet on the street or socially, your evaluator and testing staff will not acknowledge your presence until you address him or her first. Third, in your best interest and following the APA ethical standards, your evaluator does not engage in multiple roles in your life. Your evaluator cannot ever have sexual or romantic relationships with any clients during, or after, the course of an evaluation. A full copy of the APA Ethical and Legal Standards is available in our office.

I have read and understood the above information. I also give consent for psychological testing by the Center for Personal Growth.

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Please initial all that apply: (For insurance billing, you must initial all spaces except the final one)

\_\_\_\_\_ I authorize use of this form on all of my insurance submissions.

\_\_\_\_\_ I authorize release of information to all my insurance companies.

\_\_\_\_\_ I understand that I am responsible for my bill should insurance not cover any charges.

\_\_\_\_\_ I authorize the provider to act as my agent in helping me obtain payment from my Insurance companies.

\_\_\_\_\_ I authorize payment direct to the provider.

\_\_\_\_\_ I permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_ I choose not to file Insurance and am responsible for 100% of the fee at time of service.

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SIGNATURE

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DATE