



## THE FAST TRACK TO BETTER BEHAVIOR

### INFORMED CONSENT FOR PSYCHOLOGICAL TESTING SERVICES

Please read the entire document carefully, and ask a member of Albert Knapp & Associates (AKA) any questions for clarification. There will be no modifications to any statement or policy in this document, except when provided in writing and signed by the President of AKA; Albert Knapp, Psy.D., BCBA-D, RPT and the party to which the modification applies.

The following document contains information regarding the provision of psychological testing services provided by Albert Knapp & Associates, a Psychological Corporation (AKA). All services provided by AKA are delivered by individuals who are licensed or registered, or by individuals who are supervised by a licensed professional.

#### Professional Background

All licensed or registered providers by law must provide their license or registration number upon delivery of services. If services are provided by an individual under the direct supervision of a licensed professional, that person will provide both their registration number and the license number and contact information of their supervisor.

All individuals who provide services at AKA are subject to the law and ethics of numerous governing bodies, including the State of California, the California Board of Psychology (BOP), the California Board of Behavioral Services (BBS), the American Psychological Association (APA), the American Association of Marriage and Family Therapists (AAMFT), and the California Association of Marriage and Family Therapists (CAMFT).

#### Confidentiality

You are entitled to privacy in regards to the pursuit of psychological testing services for yourself and/or your child. This means your clinician cannot share, without your express written permission, that you are working with AKA. There are, however, some exceptions to this. Limits to confidentiality include the following items:

1. AKA is required by law to report to the authorities the following circumstances: Suspected past, current, or the possibility of future child abuse/neglect. Suspected past, current, or the possibility of future viewing/dissemination of child pornography. Suspected past, current, or the possibility of future elder/dependent adult abuse/neglect. If the client is a danger to himself/herself or if AKA has knowledge that the client is a danger to someone else. In the event that a report has to be made, AKA will make all efforts to include the client/parent/legal guardian in this process; however, understand that this is not always possible. AKA is committed to working through whatever issues that may arise as a result of a legally mandated report.
2. If you are utilizing your health insurance to pay for services, the insurance

company may require AKA to disclose information regarding your treatment in order to determine whether or not they will pay for services, or whether or not they will reimburse you for services. Additionally, if you use insurance benefits (i.e. pay for) for any type of assessment for yourself or your child, the insurance company may request a full copy of the assessment report. Redacted reports will not be sent to the insurance company.

3. AKA will utilize a collection service for unpaid balances on services rendered. All efforts will be made to resolve the issue without resorting to this, but if you are unresponsive to these efforts then AKA will initiate collection services. If this occurs, understand that certain personal information will need to be disclosed to this agency. AKA will only disclose the minimum amount necessary to collect payment.
4. AKA can also ultimately be ordered by a judge to disclose clinical material. We will make efforts beforehand to try and reach a compromise if needed, but ultimately, if ordered by a judge, we must disclose the requested material. In extreme circumstances this can include the entire clinical record.
5. Although AKA is permitted to utilize cell phone and email communication, we need to make you aware that this communication can be intercepted, and therefore we cannot guarantee confidentiality. Please refer to AKA's Electronic Communication Policy for more information.
6. At times, it may be beneficial for AKA to collaborate with other individuals you/your child are working with, e.g. psychiatrists, physicians, and/or other collateral service providers. If it appears that collateral service provider information would inform your child's treatment, AKA will obtain a signed release from you so that we may collaborate with this/these individual(s).
7. In the treatment of children in particular, it is very helpful for AKA to collaborate with teachers, speech therapists, occupational therapists, etc. in order to best serve your family. AKA will consult with you regarding any releases that seem appropriate, as well as discuss the nature and scope of any information shared.
8. In order for AKA to prepare the most comprehensive psychological evaluation, you may be asked to provide any prior testing and/or evaluation results or reports. Any relevant information received from prior service providers may be included in the current report.

#### Confidentiality in the Treatment of Children and Adolescents

In the treatment of children and adolescents, the parent(s) or legal guardian is legally entitled to all information shared and obtained through the provision of services. However, it is clinically contraindicated for a child or adolescent to not have confidentiality in the treatment process.

Please understand that AKA is committed to working with your child/teen to make healthy and adaptive decisions for himself/herself. However, issues that AKA will not share with you include: drug and/or alcohol use, tobacco use, sexual behavior, sexual identity

concerns, time spent in activities that he/she does not have parental permission for, e.g. spending time with friends, involvement with gangs, fighting, ditching, truancy and other school-related behavior, and/or other delinquent behavior. Please note that if any of these concerns rise to danger to self or others, we will make the appropriate disclosures and reports. The reason this policy is so stringent pertains particularly to the treatment of adolescents. If they are concerned that we will tell you details of their personal lives, they will likely not disclose, and we will miss critical opportunities to work with them to make better, healthier decisions. AKA will share with you the general themes and issues we are addressing in treatment.

This confidentiality policy is not intended to restrict our communication with one another. You are free to contact us at any point during your child's treatment to discuss progress and/or any other related concerns. AKA is committed to having a strong working relationship with the entire family.

There may be times, specifically related to psychological testing, when sensitive information will be disclosed as part of the report. This includes the examples written above. AKA will only include this type of information if it is clinically relevant to the testing referral question. Additionally, the evaluator will speak with your child/adolescent about the possibility that certain disclosures may need to be included in their final report.

#### Treatment of Children of Separated or Divorced Parents

In the treatment of children whose parents are separated or divorced, a number of issues can arise. By signing this document, you confirm that you understand and are in agreement with the following policies:

Each parent will be given equal time with the clinician regardless of which parent initially contacts AKA. Furthermore, both parents will be given an opportunity to participate in the parent check-in portion of treatment when clinically appropriate. A signed release of information will need to be obtained from the custodial parent in order to share information with the non-custodial parent.

Exceptions to these policies include but are not limited to: when a parent lives out of state, is incarcerated, has a restraining order in place against him/her, has no contact with the child/family, and/or does not have legal authority to make decisions regarding the mental health treatment of their child (as specified in court documentation). AKA is available to consult by phone with parents who live out of state, and these sessions will be billed at the agreed upon fee.

AKA will not make recommendations regarding visitation or custody. AKA does not employ forensic psychologists who are trained in this type of evaluation. Therefore, AKA clinicians will not communicate with attorneys for either parent about visitation or custody. Exceptions include when required by law (e.g. court order or subpoena).

Please provide AKA with a copy of the section within your divorce decree and/or court order that specifies legal custody agreement.

Ideally, both parents should consent to treatment. Rare exceptions are clinically determined case by case or mandated by court documentation. Information provided by

one parent may be shared with the other in order to facilitate treatment, as clinically warranted.

### Psychological Testing

Psychological testing can be used alongside behavioral health treatment to help identify, quantify, measure, or clarify psychological symptoms or behaviors. Psychological testing that is used as adjunct to another service (e.g. psychotherapy) will not be formally written up in a Psychological Evaluation. However, the assessment will be fully explained to the client and their parent(s)/legal guardian(s) prior to the administration, and results will be discussed with both.

### Psychological Evaluations

A Psychological Evaluation is a process wherein a series of psychological tests are administered in order to identify and understand a client's cognitive, social, emotional, developmental, and personality strengths and weaknesses. Once these strengths and weaknesses are identified, a comprehensive report is written, typically culminating with a diagnosis (or diagnoses) and treatment recommendations. Insurance companies vary greatly in how many hours they authorize for testing services. AKA will always check insurance benefits prior to delivering psychological testing services, and will review the authorization with your family. If AKA determines that your insurance company has not authorized enough hours for AKA to answer the diagnostic question(s), psychological testing will not be completed without additional payment for clinically necessary hours, or an abbreviated Psychological Screener (used for screening purposes only) might be conducted dependent on client presentation and severity. Your clinician will discuss those options with you.

### Achievement Testing

Achievement Testing is specific testing that looks at an individual's knowledge of and ability to perform various skills related to learning, such as reading, writing, and mathematics. Public school districts offer free Achievement Testing to children who are suspected of having learning difficulties. **Thus, insurance companies do not cover achievement assessments/learning disorder testing because it is not deemed to be medically necessary.** Therefore, achievement assessment/learning disorder testing is **ALWAYS BILLED at the hourly private pay rate and charged on the date of service**, even if the remainder of the comprehensive evaluation is being billed to insurance. Additionally, any Achievement-related scoring, interpretation, and report writing will also be billed at the hourly private pay rate (to be charged at feedback session).

### Final Report

You will be given a copy of the final report during the feedback session. This report will be comprehensive and include potentially sensitive information. Once you have your report, it will be your decision to share it with others. This includes schools, physicians, and any other service providers. Please note that AKA will not provide redacted and/or abbreviated reports. However, if the family wants a summary of test scores without background information, that is available for a nominal fee of \$50, and that fee is not able to be billed to the insurance provider. Please note: the summary of test scores will

clearly state the presence of a report with background information due to the professional ethics around psychological testing. Concerns about this should be discussed with your clinician at the feedback session. Furthermore, AKA reserves the right to refuse to redact the report and only provide a summary of test scores.

FEE SCHEDULE

If you are using insurance benefits for services, AKA will exhaust all options for ethical insurance billing. HOWEVER, there are services we provide that are not considered medically necessary and/or denied by the insurance company that the insurance company will not pay for. In that case, the private pay fees listed below will be billed to the client. IT IS IMPOSSIBLE TO KNOW IN ADVANCE OF SERVICE DELIVERY IF AN INSURANCE COMPANY WILL COVER SERVICES, THEREFORE, ALL CLIENTS ASSUME RESPONSIBILITY FOR THE FEES LISTED BELOW.

All hourly fees are billed in 15-minute increments unless it is listed as a “Flat Fee” service

Service	Psychologist	Licensed Educational Psychologist	Post-Doc	Pre-Doc
Psychological/Achievement Testing or Psychological Screening	\$300/hr	\$200/hr	\$150/hr	\$100/hr
Psychological Evaluation (Achievement Testing) Flat Rate	\$5,000 Flat Fee (\$6,000 Flat Fee)	\$3,500 Flat Fee (\$4,500 Flat Fee)	\$2,500 Flat Fee (\$3,500 Flat Fee)	\$1,500 Flat Fee (\$2,500 Flat Fee)

Description of Professional Services

*Psychological Evaluations & Independent Education Evaluations (IEE):* Typically 4-5 Appointments:

- 1) Clinical Interview: 2 hours (Parent(s) only)
- 2) First Testing Appointment: 2 hours (Child and Parent(s))
- 3) Second Testing Appointment: 2.5 hours (Child and Parent(s))
- 4) (Required for IEE, Optional for Psychological Evaluation) Achievement Testing Appointment(s): 1-3 hours (Child and Parent(s))
- 5) Final Appointment (i.e Feedback Appointment): 1.5-2 hours (Parent(s) and/or Child, depending on circumstances)

For Independent Education Evaluations (IEEs), the Final Appointment will be at the child’s IEP meeting.

Psychological Screening

Typically 1-3 appointments.

- 1) Clinical Interview: 2 hours (Parent(s) only)
- 2) Testing Appointment: 1-2 hours (Child and Parent(s))
- 3) Final Appointment: 30 minutes -1 hour (Parent(s) and/or Child, depending on circumstances)

An in-person Feedback Appointment is REQUIRED. Report will not be released without a feedback session. Parent(s)/caregiver(s) will leave with copies of the report.

Psychological Evaluations take on average 20-25 hours to complete. You are billed for face-to-face time, administration of tests, scoring/interpretation of tests, report writing, and feedback.

Psychological Screenings are substantially shorter and less comprehensive than a Psychological Evaluation. Psychological Screenings are used in situations where the family would like some testing completed to inform the therapeutic process and/or to quantify/measure/timestamp specific behavioral concerns. Additionally, some limits on insurance plans do not authorize sufficient hours for a complete Psychological Evaluation, therefore, a Psychological Screening will be offered as an option for families wishing to only use their insurance benefits. Psychological Screenings take on average 8 hours to complete. You are billed for face-to-face time, administration of tests, scoring/interpretation of tests, report writing, and feedback.

If utilizing the flat rate payment option, payment in full is due at the conclusion of the first appointment. If paying hourly, payment is due at the beginning of the feedback appointment or IEP meeting.

#### Scheduling and Length of Treatment

Psychological Evaluations are typically completed between 30-60 days from the first appointment. In order to expedite services, we require that the families schedule the intake, all testing appointments, and feedback at the same time. If testing does not start within 30 days of an intake appointment, a new intake appointment will have to occur. Keep in mind; if insurance authorized services and you needed a second intake appointment, those hours come out of the original authorization. Children and adolescents test best in the morning hours, and will need to be tested within a short time frame of 2-3 weeks. Results of the psychological evaluation will be thoroughly explained in a mandatory in-person feedback session, where AKA will review the results of all testing, explain the diagnostic impressions, and discuss treatment recommendations.

#### Treatment Concerns

AKA is committed to working with you and your family. Please speak with your clinician and/or the licensed/credentialed supervisor about any concerns regarding treatment at any time.

If you have any questions and/or complaints regarding this practice, you may contact the

appropriate governing board after you have spoken to the licensed provider or supervisor.

- For concerns regarding Psychological Services by a Psychologist or Psychological Assistant, please contact the Board of Psychology at 1-866-503-3221 or (916) 574-7720, or by mail at 1625 North Market Blvd. Suite N-215 Sacramento, CA 95834. AKA will provide the license or registration number of any clinician against whom you want to file a complaint.
- For concerns regarding Psychological Services by a Licensed Educational Psychologist (LEP) please contact the Board of Behavioral Sciences at (916) 574-7830 or by mail at 1625 N Market Blvd., Suite S-200 Sacramento, CA 95834. AKA will provide the certification or registration number of any clinician about whom you want to file a complaint.

Your signature below denotes that you have read all of the information provided above, understand it, are in agreement with it, and consent to proceed with treatment. Your signature also indicates that you have been provided with the opportunity to ask questions. This authorization remains in effect until services are terminated. A copy of this documentation is available on AKA's website [www.akatherapy.com](http://www.akatherapy.com) in the forms section.

Client Name \_\_\_\_\_  
(Print)

Parent/Legal Guardian Name \_\_\_\_\_  
(Print)

Parent/Legal Guardian \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_