THE FAMILY CENTER INFORMED CONSENT TO CONDUCT PSYCHOLOGICAL ASSESSMENT

Psychol	logical assessment is a time-intensive and complex process consisting of three phases:
	Intake interview and review of available records.
	Individual administration of each test in the assessment battery.
	A formal written report and feedback session to review results with you.
Our po	licy requires payment <u>in full</u> for each service as it is rendered. Your examiner will review the
fees involved in your specific evaluation $\underline{\text{before}}$ testing begins. Please be aware that psychological	
testing	is frequently \underline{not} a covered benefit under many insurance plans. It is your responsibility to
determine your particular coverage for the specific tests to be given. This must be done $\underline{\text{before}}$ the	
$first\ testing\ appointment.\ In\ addition,\ if\ your\ insurance\ carrier\ requires\ pre-certification,\ you\ must$	
obtain t	the appropriate form(s) and provide them to the clinician before testing can be scheduled.
Your signature below indicates that:	
	You have determined your particular insurance coverage for the specific tests to be given.
	You have determined if pre-certification is necessary and, if so, have provided the
	appropriate forms to the clinician.
	You have read the Informed Consent to Conduct Psychological Assessment.
	You have reviewed the fees.
	You have given permission for the examiner to conduct the assessment.
	You have agreed to pay all fees in full.
	Date of Birth
CHILD/ADOLESCENT NAME	
	Date Signed

PARENT/GUARDIAN SIGNATURE