



Non-Diagnostic Screening Consent

Introduction

Welcome! The Melmed Center psychology team looks forward to working with you and your child. The purpose of this form is to let you know about non-diagnostic screenings available to you. This form is also to request your consent for the screening assessment and clarifies the agreement of financial terms as stated below.

Non-Diagnostic Screening

Your child's Melmed Center treating provider has referred for a screening assessment to better understand your child's functioning, to assist with diagnostic delineation, and/or to guide treatment recommendations as part of a comprehensive approach to medical treatment. This approach should be discussed with your child's treating and referring provider. Screenings are conducted to obtain estimates of present levels in specific areas of functioning. Screenings are non-diagnostic in nature and should not be substituted for a comprehensive evaluation.

Depending on the specific screening requested by your treating provider, some assessment measures require individual in-person administration with my child. Others require gathering information through a structured parent interview, whereas others require a parent to complete a rating scale pertaining to observations of their child. In the instances where information is gathered via parent report (i.e. parent interview or rating scale), it is requested that the child does not attend this appointment as it will allow for the parent to candidly answer questions pertaining to their child's behavior and/or functioning.

A brief summary report will be generated that encompasses findings and any recommendations from the assessment that may be used at your discretion and can be released to other professionals by this assessor with your written consent. Assessment protocol is confidential and can only be released to professionals/clinicians who are trained to interpret such information and will only be released to such an individual with your written consent.

Limits of Confidentiality

Information that is discussed is confidential and can only be released to others outside of Melmed Center with your written consent, or as authorized by law. There are some exceptions to confidentiality. Confidentiality is limited in matters pertaining to: (1) threat of harm to self or to another person; (2) physical/sexual abuse or neglect of minors, persons with disabilities, and the elderly-current or past; (3) legal activity resulting in a Court order; or (4) in accordance with the law. Assessment providers at Melmed Center are legally mandated reporters of abuse to a minor or elderly person.

Consent

As children are part of a family system, decisions about care, medical, educational, etc., must be made by the child's parents/legal guardians. In the event of a parental separation or divorce, both parents MUST consent, in writing, to this assessment. Both parents are invited and encouraged (as they are able) to participate in the screening process. If one parent retains sole legal custody, this parent MUST provide documentation of this in order for assessment to proceed. In the case of joint custody, both parents MUST consent to the assessment.

Financial and Procedural Issues

I understand that at the Melmed Center, the clinicians wish to answer my questions clearly and completely. I am free to ask for clarification of any results, opinions, findings, or recommendations at any time. I understand that I may communicate openly and can discuss my concerns with the clinician(s).

Since the clinicians at the Melmed Center can best serve patients when up-to-date medical, educational, developmental, and psychological information is available, I consent to have all records reviewed related to care, growth, and development of the patient, which may include my child’s medical chart. I also consent for consultation with any other treating clinicians within the Melmed Center, who are working with my child(ren), in an effort to inform the assessment.

Procedural and Financial Issues (Please initial)

___ I understand that the non-diagnostic screening appointment recommended by my Melmed Center medical provider is fee-for-service/private pay and will not be covered by insurance.

___ I understand non-diagnostic screening appointments vary in accordance with individual testing needs. The fee-for-service/private pay rate is **\$195 per hour scheduled**, and varies depending on the screening scheduled. Fees include testing, time for review of documents, scoring, the brief written summary report as well as review of results.

___ I understand that the Melmed Center psychology team does not participate with third party payers, such as managed care organizations and insurance companies. By signing this form, you are agreeing to pay this fee before the appointment.

___ I understand that Melmed Center will not be submitting a bill to my insurance and that my private payment for this service will not factor into my insurance plan’s maximums (e.g. deductible).

___ I understand that the results of this screening will not result in a diagnosis from the psychologist and should not be substituted for a comprehensive evaluation. The results will be available to my Melmed Center treating provider and can be used to assist with diagnostic delineation and/or to guide treatment recommendations as part of a comprehensive approach to medical treatment. As a result of the non-diagnostic screening, a comprehensive evaluation may be recommended.

___ Cancellations must be made **48 hours** in advance! You will be billed **50%** of the scheduled service for a late cancellation or missed appointment, as this time has been reserved especially for you and your child.

Please note that you can leave a message at 480-443-0050, and your message will be returned, usually within 24-48 hours. In the event of an urgent clinical matter, you may contact your treating physician or the physician on call (if after hours). In the event of an emergency, please call 911.

Records Maintenance

Melmed Center is a multi-disciplinary practice with clinician’s who strive to work collaboratively in an effort to provide optimum treatment and care. Your child’s treatment records are maintained as part of your child(ren)’s medical record in an effort to coordinate care with all of your child(ren)’s treatment providers at Melmed Center. Records will be maintained at Melmed Center for a **minimum of three years** past the child’s 18th birthday OR for at least **seven years*** from the date of the last visit, **whichever is longer**. For adults, records are retained for at least **seven years*** after the last date the adult patient received services. (*Please note, that the Arizona Revised Statute 12-2297 states 6 years is required by law to retain records, however, Melmed Center aspires to a higher standard of care and retains records for seven years).

My child has presented to the **Melmed Center** for a non-diagnostic screening appointment.

Minor or Individual With a Custodial Guardian

I, the parent or guardian of _____ understand and agree to the information regarding confidentiality and financial responsibility. I hereby consent to assessment services.

Signature Date

Signature of second person Date

Adult

I/We _____ understand and agree to the information regarding confidentiality and financial responsibility. Thus, I hereby consent to receive assessment services.

Signature Date

Signature of second person Date

Assessment Provider(s):

Molly Gregan, Psy.D. Date
Psychologist; License #5363

Elena Rivera, Psy.D. Date
Psychologist; License #5138

Michelle Lynn Romero, Psy.D. Date
Psychologist; License #4320

Julie Weston, Ph.D. Date
Psychologist; License #3914