



melmed center

Consent for Psychoeducational/ Developmental/ Remote Autism/ And Psychological Assessment

Introduction

Welcome! As a new patient, we look forward to working with you, your family, and your child(ren). The purpose of this form is to let you know about developmental, psychological, and/or psychoeducational assessment. This form is also to request your consent for the assessment and clarifies the agreement of financial terms as stated below.

Developmental, Psychoeducational, and Psychological Assessment

Developmental, Psychological, and/or psychoeducational assessment may be pursued to inform diagnosis; determine cognitive, adaptive, developmental, neurological, and/or social/emotional functioning; make educational recommendations; and/or inform treatment. Tests may be administered to your child to better understand your child's functioning. As part of this process, you and your child will also be interviewed to better understand the role of your child's environment, which may include family, medical, and educational history. A report will be generated that encompasses findings and 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 unfortunate 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 process of assessment and treatment planning. 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. I agree to provide all relevant information specifically including, but not limited to; personal knowledge, intake summaries, treatment plans, progress notes, psychological and developmental history, medical records, physical examinations, psychiatric and psychological evaluations, consultation reports, psychological test results,

diagnostic records, educational, social, vocational, speech, occupational and physical therapy records, and legal records.

Procedural and Financial Issues

___ Psychoeducational assessment sessions vary in accordance with individual testing needs. Psychoeducational evaluations are billed from **\$1000** to **\$2200**, depending on the age of the individual. Fees include testing, time for review of documents, scoring, the written report as well as parent follow-up.

___ Developmental assessment sessions vary in accordance with individual testing needs. Developmental evaluations are billed from **\$1000** to **\$2250** depending on the age of the individual. Fees include testing, time for review of documents, scoring, and the written report as well as parent follow-up.

___ Remote autism assessments are **\$1450 each**. Fees include time for interview, assessment, tagging videos, review of documents, scoring, and the written report as well as parent follow-up.

___ Psychological assessment sessions are **\$1400 each** which includes time for interview, assessment, and the written report.

Additional testing is billed at **\$400 for each hour**, and additional parent meetings are billed at **\$195.00 for each hour**, if needed or required. If additional documentation or letter writing is needed, it is billed at **\$40.00** (e.g. to school or child's teacher, for another treatment provider, DDD, etc.). If lengthy documentation or ongoing follow up is required, this is billed at **\$195 per hour**. We do 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 each session. 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, myself, or my family has presented to the **Melmed Center** for developmental, psychoeducational, remote autism, and/or psychological assessment.

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):

Janet Chao, Ed.D. Date
Psychologist; License #1316

Supervisor (as applicable) Date

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

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

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