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Consent for Treatment-Child/Adolescent Psychological Evaluation

A psychological assessment (also referred to as psychological testing or evaluation) usually takes considerable time on all of our parts, often over the course of several days or weeks. During the first session, I will meet with you, the parents/guardians, without your child present, to discuss your current and past family and relationship history, any problems or symptoms your child is experiencing, any past treatment and its outcome, and other general background information. Over the course of several meetings, I will complete a number of different tasks with your child. I will probably ask you, the parents/guardians, to also complete a number of forms and questionnaires on your own. I may ask you to distribute various forms to your child's teacher(s) as well. When you have completed all the tasks, I will review, score and interpret the results. It is important to note that I will need to have all the parent and teacher forms in my possession prior to scheduling a feedback session. Occasionally, after reviewing some of the material, I determine that an additional test(s) would be helpful. If that is the case, I will call you to inform you of this. Most clients want to meet with me for a feedback session to hear about the results of the evaluation. I schedule this appointment with the parents/guardians approximately 3 weeks from the time of the last testing appointment to provide me with enough time to complete scoring, interpretation, and report writing. It is important to understand that I will not be engaging in psychotherapy with your child. Nonetheless, I am still bound by the ethical and legal limitations and laws that any psychologist must follow.

Scheduling: Scheduling presents a special problem because once testing time is blocked out, it typically cannot be filled again on short notice. As a result, I ask that you provide at least **48-hours** notice if you need to cancel an appointment. Failure to do so (except in cases of serious illness or emergency) will result in you being billed a cancellation fee as outlined in the Office Policies form. Please be aware that fees for missed visits are not covered by insurance.

FINANCIAL AGREEMENT

General: In consideration of psychological evaluation being rendered to _____ (Name of patient) by Dr. Maria Hanzlik, I, the undersigned, hereby agree to pay for services provided in accordance with the estimated cost of the evaluation as outlined below. I understand that Dr. Hanzlik bills an hourly rate for psychological evaluations at a fee of \$200 per hour or \$1800 for a full evaluation (*the latter rate does not apply to forensic/legal evaluations*). This rate applies to all telephone calls to parents/guardians, my child's therapist, and any other parties for whom I give her permission to speak. Dr. Hanzlik will also bill for all time in which she: meets with my child to complete testing; reviews, scores and interprets the tests; writes the professional report; and meets with us to provide feedback about the results of the evaluation. The balance of the evaluation will be due at the last testing appointment with her (prior to scheduling a feedback session). Dr. Hanzlik cannot meet with parents/guardians, nor complete the assessment,

including feedback to me or other professionals, until I have paid the full balance of our bill for the assessment.

For insurance clients: In some cases, Dr. Hanzlik may determine that additional testing could be useful that insurance does not cover. She will discuss this with me prior to completing more hours, and together, we will decide whether we will eliminate some of the tasks or agree to pay an additional cost. If I agree to further testing for my child, Dr. Hanzlik will provide me with an amended financial agreement outlining the cost of the additional services. I understand that if the assessment takes considerably longer than usual, and I chose not to have my child complete all the tasks rather than incur more expense, the assessment results may not be valid. Dr. Hanzlik will discuss what, if any conclusions, can be validly drawn from an abbreviated evaluation.

There are also times when insurance companies decide they will not pay for the cost of a completed evaluation based on certain diagnoses, or if Dr. Hanzlik determines my child does not meet criteria for a mental health diagnosis. I understand that, even in these situations, I am ultimately responsible for the cost of the evaluation.

I, _____, agree to participate in a psychological assessment conducted by Maria P. Hanzlik, PsyD, HSPP. I have been informed by Dr. Hanzlik of the nature of this evaluation, and I understand that a report will be written based on the results of the evaluation. Dr. Hanzlik has informed me that this is considered a medical record that cannot be disclosed to third parties without consent, unless under special circumstances (e.g., possibility of harm to self or others, abuse or neglect of children or vulnerable adults, court-order). I understand that this testing is voluntary and that I can choose to not have my child tested or to stop testing at any time.

My signature below indicates that I have fully discussed with Dr. Hanzlik the various aspects of the contract for a psychological evaluation. Dr. Hanzlik has discussed with me scheduling, the nature of the fee and policies regarding missed appointments, and I agree to proceed with the evaluation.

Please initial after the following statements:

I authorize the release of any information acquired in the course of examination or treatment necessary to process an insurance claim. I also assign payment of insurance benefits to the provider for services rendered for in-network benefits.

Initial

I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered, regardless of my insurance status. I understand that if collection proceedings are necessary, I will pay all fees with collecting this bill.

Initial

I authorize communication between Dr. Maria Hanzlik and referring physician/clinician _____ to inform that my child has initiated services (separate release is required for further exchange of information).

Initial

I would like to be contacted for appointment reminders and other correspondence via the following ways (check all that apply):

- Telephone (please provide preferred number): _____
- Voicemail Message _____
- Text Message (if different than above): _____
- Email: _____
- Postal Mail (include address if other than provided): _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

Witness Signature

Date

Witness Printed Name

Date