

# CORNERSTONE

Psychological Associates, PLLC

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## Consent and Agreement for Psychological Testing and Evaluation

I, \_\_\_\_\_, agree to allow the evaluator named below to perform the following services:

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological testing, assessment, or evaluation                                     | <input type="checkbox"/> Report writing     |
| <input type="checkbox"/> Consultation with lawyers  | <input type="checkbox"/> Testimony in court |
| <input type="checkbox"/> Deposition (that is, written testimony given to a court, but not made in open court) |   |
| <input type="checkbox"/> Other (describe): _____  |   |

This agreement concerns  myself or  \_\_\_\_\_

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the evaluator's time required for the reading of records, consultations with other psychologists and professionals, scoring, interpreting the results, and any other activities to support these services. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail.

I understand that the fee for this (these) service(s) is at **\$150.00** per hour and will be about **\$800.00**. Though my health insurance may repay me for some of these fees, I understand that I am fully responsible for payment of these services.

I understand that this evaluation is to be done for the purpose(s) of:

1. \_\_\_\_\_
2. \_\_\_\_\_

I also understand the evaluator agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association, the Health Insurance Portability and Accountability Act (HIPAA) and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.) These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a safe place.

I understand that a psychological evaluation is an interactive process between the client and evaluator. It is meant to promote understanding and treatment planning. Sometimes the process can be emotionally painful and other times it may be fulfilling. I have the right to choose my evaluator or to refuse services. If I choose to end services for any reason I understand Cornerstone Psychological Associates, PLLC will make a list of qualified evaluators available to me. I should question the rationale of treatment if it is

