



Freedman
& Associates

Mental Health Services for Children & Families

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Psychological Evaluation Consent and Contract

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Name of Parent(s): _____

Address: _____

Phone Number(s): _____

Fax Number: _____

Preferred method of receiving report: mail fax (hard copy sent by mail)

Educational Consultant: _____

Address: _____

Phone Number(s): _____

Fax Number: _____

Email Address: _____

This psychological/psychoeducational evaluation is being conducted at the request of Odyssey Wilderness Program. Although the evaluation is requested by someone other than yourself, it is important that you consent to this procedure and understand the nature of the evaluation as well as all related costs.

Nature of Evaluation

Available to your child are psychological, psychoeducational and/or vocational evaluations. If a psychological evaluation has been requested the evaluation will focus on the cognitive, personality, social and emotional functioning of your child. Psychoeducational evaluations will focus on academic strengths and weaknesses, learning disabilities, etc. Vocational evaluations will focus on career paths for your child. All types of evaluations will help to assist in determining treatment needs, cognitive/emotional strengths and weaknesses as well as appropriate placement recommendations.

Please indicate which evaluation you are requesting:

STANDARD EVALUATION \$2300.00

Includes: review of collaborative records, history interview with parent/guardian, mental status examination with child, WISC/WAIS (intellectual function measure), MMPI-A (emotional function/personality measure), strength based assessment, diagnosis, written report with recommendations for follow up care providers and Odyssey Wilderness Program, consultation with educational consultant, and 30 minute feedback session with parent(s)*.

VOCATIONAL EVALUATION \$1575.00

Includes: review of pertinent background information from collaborative sources, vocational interview with child, CAInv-e (career assessment tool), WISC/WAIS (intellectual function measure), written report with recommendations, consultation with educational consultant, and 30 minute feedback session with parent(s)*.

ACADEMIC EVALUATION \$1900.00

Includes: review of pertinent background information from collaborative sources, WISC (intellectual function measure), WIAT (academic achievement measure), written report with recommendations for educators and Odyssey Wilderness Program including identification of learning disabilities, and 30 minute feedback session with parent(s)*.

Additional Testing

In some instances, you, an educational consultant or Dr. Freedman may feel that additional testing is necessary to evaluate certain areas of your child's emotional, neurological or cognitive function. In these cases additional testing may be requested. The chart below contains a list of commonly used tests and their respective costs. Dr. Freedman can administer a variety of other psychological tests upon request. Please indicate which additional test(s) you are requesting:

√	Test	Purpose	Price
	SASSI	Substance abuse screening	\$75.00
	AARS	Anger rating scale	\$75.00
	Sensory Profile	Measure of sensory sensitivities	\$135.00
	CPT	ADD/ADHD	\$150.00
	WIAT	Academic achievement	\$375.00
	WRAT	Abbreviated academic achievement	\$150.00
	CAInv-e	Career assessment tool	\$150.00
	TAT	Projective test of emotional function	\$175.00
	MACI	Adolescent personality function	\$150.00
	Bender-Gestalt	Neuropsychological screener	\$175.00

*Additional feedback is available at an hourly rate of \$135.00.

We do not accept private insurance reimbursement, as this type of evaluation generally does not meet criteria for medical necessity by third party payers. The written evaluation will be made available when the invoice is paid in full.

If you have any questions, please contact Amy Calhoun at Dr. Freedman's office at 360-734-2664 ext. 13.

By signing below I acknowledge that I have read and understand the information provided within this consent contract and accept responsibility for the fees and billing arrangements.

Signed by Parent/Guardian

Date

AUTHORIZATION FOR THE MUTUAL RELEASE AND EXCHANGE OF
CONFIDENTIAL AND PRIVILEGED INFORMATION

I hereby authorize the mutual written and verbal exchange of any confidential or privileged information between Evan B. Freedman, Ph.D., and any Court, Health, Education, or Legal Professional and any other person who, in Dr. Freedman's discretion, might be relevant to collaborate with for purpose of accurate evaluation. Any exceptions to this exchange of confidential or privileged information are identified below.

I understand that Dr. Freedman, like most professionals, consults with other professionals as part of normal practice and mutual professional feedback and supervision, that he provides training and continuing professional education to other mental health professionals in which anonymous evaluation material is utilized, and that he may use professional test scoring services. I agree that this release also includes such professional consultation and training and the use of such services.

I understand that without this release my records are otherwise protected under Federal and State confidentiality regulations and cannot be disclosed except in accordance with those regulations. I understand that it is my right to revoke this release at any time. I understand and agree that even if I revoke this release, the laws of the State of Washington require Dr. Freedman to disclose privileged information in situations of suspected child abuse, of suspected potential harm to oneself or another, and in instances where the court shall order the disclosure of privileged information or shall subpoena records.

I agree that a photocopy of this form and my signature below is as valid as the original.

In consideration of Dr. Freedman's agreement to perform this service for me, I hereby release Dr. Freedman, and each of the above parties with whom Dr. Freedman exchanges and/or releases information, from all liability, legal, professional, financial, or otherwise, that might directly or indirectly result from the release or exchange of any information that might be relevant to this consultation or evaluation.

Any exceptions not included in release:

I check if no exceptions and initial_____

Signed by Parent/Guardian

Date

Signed by Client

Date

Authorization for the Release of Report

While the results of this evaluation may be helpful to you personally, the goal of the evaluation is to provide information about how your child is functioning psychological and/or educationally. Professionals involved with your child may find this information helpful in determining the next step for your child. Therefore, upon completion of the evaluation it should be made available for individuals or agencies that may be able to use this information to help your child.

Please indicate below who this information may be shared with: (check all that apply)

Odyssey Wilderness Program

Educational Consultant

Educational Program _____
phone: _____
fax: _____

Other _____
phone: _____
fax: _____

Other _____
phone: _____
fax: _____

Signed by Parent/Guardian

Date

Signed by Client

Date

(Information will not be shared with any individuals that are not noted on this form. If future releases are to be made a separate authorization will be requested.)