

Service Agreement and Consent to Evaluation Form

This document answers some questions you may have prior to your assessment. If you have any questions prior to your first appointment, feel free to call 206-619-7088.

Fees:

Evaluation services are billed at the rate of \$180.00 per hour for standard psychological evaluation and at \$200.00 for Neuropsychological evaluation for the total time (i.e., record review, interview, testing, scoring, report writing).

Services must be paid in full prior to the release of assessment findings. Please pay for each session at the time of service. I accept cash, checks or credit cards.

Report Corrections:

All efforts to produce accurate and balanced reports will be taken on your behalf. You have the right to offer corrections to my findings if a factual error occurs. I will produce an addendum to the report detailing your objections in the event that attempts at resolving discrepancies are unsuccessful.

Confidentiality:

Discussions that take place as part of your evaluation, as well as your record, are kept confidential. Information is never released to anyone, including your spouse/partner or family, without your written consent, except as required by law or ethical code of conduct as described in the NOTICE OF PRIVACY PRACTICES.

Access to Records:

All records are kept for a minimum of seven years. In the event of your death, the privilege to access your record passes to your estate. If you request access to your records, we will discuss the best way to facilitate this.

Appointment Cancellation:

I will reserve a regular appointment time for you. I will also do this for my other clients. Therefore, I am rarely able to fill a cancelled session unless I have a week's notice. If you are unable to keep an appointment, please give me at least 24 hours notice although more notice is much appreciated. You will be billed the regular rate for an appointment that you do not cancel within 24 hours of the appointment time.

Katie M. McCall, PhD
Licensed Clinical Psychologist

120 Hickory Street, Suite A
Missoula, Montana 59801

Phone: (206) 619-7088
www.katiemccallphd.com

Agreement to Participate in Services:

Disclosure laws require Dr. McCall obtain your signature acknowledging that she has provided you with this information. Your signature below indicates that you have read the information in this Service Agreement and Consent to Evaluation Form as well as the attached handouts, that you understand it and agree to abide by its terms during your professional relationship with Dr. Katie McCall. It also serves as an acknowledgement that you have been provided with copy of this Service Agreement and Consent to Evaluation Form. If you have any questions, please feel free to discuss them with Dr. McCall prior to signing this form.

I hereby consent to evaluation by Katie M. McCall, Ph.D. [Print your name]

_____.

This agreement constitutes informed consent without exception.

Client Name

Signature

Date

Provider Name

Signature

Date