



Registration Form

Today's Date _____

Patient Information

Patient Legal Name (Print) _____
Last Name First Name Middle Initial

Patient Preferred Name _____ Date of Birth _____ Age _____
Last Name First Name Middle Initial

Street Address _____ City _____

State _____ ZIP _____ Home phone _____ Work phone _____

Social Sec. # _____ Emergency Contact _____

Emerg Phone _____

Legal sex listed with insurance: __Male __Female Gender Identity: __Male __Female

_Other _____ Pronouns: _____

Marital Status: __Single __ Married __Partnered __Divorced __Separated __Widowed __Other

Employer _____

Occupation _____

Email address _____

Referred by: _____

INFORMED CONSENT TO PERFORM A PSYCHOLOGICAL EVALUATION

Welcome to Riverstone Assessment and Consulting Services, Inc. This document contains important information about our professional services and business policies. Although these policies are sometimes long and complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Please note that Riverstone Assessment & Consulting frequently hires and trains students under the supervision of the program faculty who are licensed psychologists with expertise in clinical evaluations.

Riverstone Assessment & Consulting Services, Inc.
3800 Hwy 52 N, Suite 220
Rochester, MN 55901
(507)923-7321

In order to provide the best possible service, your clinician will be discussing your assessment results with his/her supervisor.

LIMITS OF CONFIDENTIALITY

Contents of all assessment sessions, written and verbal, are confidential; this information cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect When a patient discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. When a patient discloses or implies a plan for suicide, the mental health professional can notify legal authorities and make reasonable attempts to notify the patient's family.

Maltreatment of Children and Vulnerable Adults If a patient states or suggests the he or she is abusing or neglecting a child/vulnerable adult, or has recently engaged in maltreatment of a child/vulnerable adult, or a child/vulnerable adult is in danger of maltreatment, the mental health professional is required to report this information to the appropriate authorities.

Prenatal Exposure to Controlled Substances Mental health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to the unborn child.

Minors/ Guardianship Parents or legal guardians of non-emancipated minor patients have the right to access the patient's mental health records.

FEE AND FINANCIAL RESPONSIBILITY

Riverstone Assessment and Consulting, as an agency, does not contract with any insurance providers; for this reason, we require self-pay, cash payment for psychological testing on the day the service is provided. At your request, we can provide you with a superbill you can submit directly to your insurance, in the event that they provide any coverage for out-of-network providers.

Typically, Psychological Evaluations include, but are not limited to the following:

- One hour Diagnostic Interview (\$250 per hour)
- Two separate psychological tests (\$150 per test)
- Half hour making and documenting collateral contacts (\$100)
- Two hours interpretation and writing report (\$200 per hour)
- Half hour session explaining and reviewing results (\$100)

EMDR intensive sessions are priced at \$200/hour.

I'm aware that full payment for the assessment must be paid in full before receiving the final report and/or the verbal feedback session.

_____ **Please initial**

Total fee for testing: \$ _____

Please be advised that payment for services is required *regardless of whether you agree with the findings of the evaluation*. If you do not find the results favorable, you may choose not to release the resulting report or to seek a second opinion; however, we will still require payment for the services

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provided. This office accepts cash, checks, and debit/credit cards. Any check returned for insufficient funds will be charged an additional \$30 service fee. Any questions concerning the fee or payment policy is to be discussed with your clinician before the assessment process begins.

If you request any letters, forms, or any other paperwork to be completed (beyond what is standard for a psychological evaluation), such as Family Medical Leave Act (FMLA) forms or disability forms, please be advised that there is a fee for document preparation. Our fee is \$100.00 per half hour. FMLA paperwork generally requires a minimum of 30 minutes to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete and may require additional assessments beyond our regular intake evaluation. The time required to make copies or prepare and send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers or other non-clinical calls) over and above the original evaluation services, will also be assessed based on a rate of \$100.00 per half hour, with a minimum fee of \$50.00. Clinical records will be provided/ transferred at \$30 per request.

Court appearances stemming from assessments are billed at \$300 per hour for the time spent at court *whether the therapist is called to testify or not*. If travel is required for provision of services, we bill in 15 minute increments, at \$50.00 per increment. Phone calls longer than 10 minutes are billed at \$50.00 per 15 minutes; a 30-minute call will be \$100.00.

CONSENT TO FEES AND FINANCIAL RESPONSIBILITY

Your signature below indicates that you have read this *Agreement* and agree to the terms. You understand that you are responsible for all charges, whether or not paid by insurance.

Patient Printed Name

Signature

Date

Provider Jami Hoxmeier, Ph.D., LP

Date

TESTING

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, academic functioning, personality functioning, or coping styles. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment process generally involves an informational interview followed by the administration of one or more educational and/or psychological tests. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with your clinician to discuss the results and receive

a copy of the report. Because we are a training clinic, our general turnaround time for completed reports is about 4-6 weeks.

I understand that if Riverstone Assessment & Consulting deems that additional or alternative testing be necessary, the agency will describe the reasons for this testing and will advise me of any additional costs. I understand that I have the right to discontinue the evaluation process at any time. However, I understand that Riverstone Assessment & Consulting may be unable to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

TYPES OF EVALUATIONS

- **Diagnostic Assessment - for the purpose of diagnosing behavioral or emotional disorders.**
- **ADHD Assessment - for the purpose of diagnosing attention and/or behavioral challenges due to a neurodevelopmental condition.**
- **Personality Assessment - for the purpose of assessing personality functioning that may be contributing to behavioral problems and/or to aid in diagnostic clarity.**

TYPES OF MEASURES

- Attention and Executive Functioning Testing – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization and planning.
- Diagnostic Interview and Developmental History – to obtain information about the examinee outside of the testing situation, and to obtain a comprehensive history in order to make a more reliable diagnosis.
- Behavior Rating Scales - standardized measure of a person's behavior for the purpose of screening, monitoring, diagnosing, and/or planning interventions/recommendations.
- Psychological Functioning Testing - to assess psychological processes as it pertains to personality and/or other potential pathological social/emotional/behavioral difficulties.

FEEDBACK

The type(s) of feedback you/your child will receive may include:

A comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

A brief, written summary report (approximately one page) that provides an overview of findings and recommendations.

In-person, verbal feedback.

Other _____

REQUEST FOR ACCOMMODATIONS

For clients requesting accommodations for Learning Disability or Attention Deficit Disorder, a psychological test report will be provided to the appropriate agency. We will only release these records after you have signed a consent form. Should the agency request specific information (such as a particular report format or an additional form), this will be provided at an additional cost according to the sliding fee scale. At least two weeks' notice is required to complete any additional forms.

RELEASE OF RECORDS

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Written records are released only after a consent form is signed by the client or their Parent/Legal Guardian.

CLINICIANS/EVALUATORS

All evaluations are overseen by a licensed psychologist. The testing or evaluation may be completed by individuals with various credentials. Master's level or clinical trainee level psychometrists may provide part of the assessment process. All of these clinicians have had training and experience in assessments. These clinicians have also received extensive and close supervision, regarding assessments, with a licensed psychologist. The licensed psychologist is ultimately responsible for the client's well-being and the results of the evaluation.

INFORMED CONSENT

By my signature below, I acknowledge that I consent to a psychological evaluation by Riverstone Assessment & Consulting, that I have been informed of the policies regarding evaluations at Riverstone Assessment & Consulting and have read the consent form, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at Riverstone Assessment & Consulting and I freely agree to this assessment.

_____ Signature/Relationship (If client is under age 14)	_____ Date	_____ (Please print name)
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_____ Optional Parent Signature (If client is over age 14)	_____ Date	_____ (Please print name)
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_____ Clinician's Signature	_____ Date	_____ (Please print name)
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