



Raja M. David, PsyD, LP, LLC

PSYCHOLOGIST-CLIENT THERAPEUTIC ASSESSMENT INFORMED CONSENT

This document contains important information about my professional services and business policies. It also briefly touches on the other two documents you have been given: The Financial Contract and the HIPAA Notice of Privacy Practices. 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.

PSYCHOLOGICAL SERVICES

Therapeutic Assessment is so named because it contains a mix of therapy and assessment (psychological testing). The relationship we establish works in part because of clearly defined rights and responsibilities held by each person. When you or your child is a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as the evaluator, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

A Therapeutic Assessment has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process often requires discussing the unpleasant aspects of your life. However, Therapeutic Assessment has been shown to have benefits for individuals who undertake it. This approach often leads to a reduction in feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, and improved relationship with referring therapist (if applicable). However, there are no guarantees about what will happen.

During the initial session we will collaboratively work together to identify questions you are hoping to get answered through the testing. By the end of the first session, I typically am able to provide an outline of what the rest of the process will look like with regards to the number of appointments that will be needed and the time frame. If you have questions about my procedures, we should discuss them whenever they arise.

APPOINTMENTS

Appointments will ordinarily be between 45 and 90 minutes in duration, although some may last two hours. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. As further outlined in my Payment Agreement Form, if you miss a session without canceling, or cancel with less than 24-hour notice, you may be charged \$150.00. In addition, you are responsible for coming to your session on time; if you are late, your appointment may still need to end on time.

CONFIDENTIALITY & PROFESSIONAL RECORDS

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPAA Notice of Privacy Practices. You have been provided with a copy of that document if requested, and you have a right to discuss those issues. Also, please remember that you may reopen the conversation about these matters at any time during our work together.

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained electronically through a company I have hired called Valant. I keep brief records noting that you were here, your reasons for seeking services, your diagnosis, topics we discussed, your history, records I receive from other providers, copies of records I send to others, and your billing records. Your rights regarding these records are also detailed in the HIPPA Notice of Privacy Practices.

CONTACTING ME

I am often not immediately available by telephone (651-442-3038), but you may leave a message on my confidential voice mail your call will be returned as soon as possible. Also note that my email address is HIPPA compliant (raja@mnccta.com). I will make every attempt to inform you in advance of planned absences/vacations. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you and you feel you cannot wait for a return call or if you feel unable to keep yourself safe: 1) Contact crisis services. This will be county specific and there are different numbers for adults and children. Follow links below. 2) Go to your Local Hospital Emergency Room, or 3) Call 911.

Children-<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp>

Adults-<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/resources/crisis-contacts.jsp>

OTHER RIGHTS

If you are unhappy with what is happening in our process, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another psychologist and are free to end our relationship at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of our work, and about my training and experience. If you do not feel that I am responsive to your concerns, you can contact the MN Board of Psychology and file a complaint at 2829 University Av. S.E., # 320, Minneapolis, MN 55414.

CONSENT TO PARTICIPATE IN A THERAPEUTIC ASSESSMENT

I have read, understand and agree to the information contained in this document. I have also read and been provided a copy if I so chose, of the HIPPA Notice of Privacy Practices. I have asked questions about any parts that I did not fully understand. I have also asked questions about any parts that I was concerned about. By signing below, I indicate that I understand, agree to and give my consent to the nature and purpose of this Therapeutic Assessment, and the information outlined in the HIPPA Notice of Privacy Practices.

I acknowledge receipt of this notice

Signature of client (or parent/guardian)

Date

Printed Name

Relationship to child if applicable
