
MPG Informed Consent for Testing Consent for Services

Patient Name: _____

Date of Birth: _____

Please review and acknowledge by initialing and dating at the bottom.

☐ **Initial Intake and Diagnostic Evaluation**

The first session will involve an evaluation of your family's needs. During this intake, the clinician will collect detailed information about your child, including concerns, symptoms, and adaptive functioning. You may be asked to complete formal measures and to sign consent forms allowing the clinician to speak with other professionals or educators. Relevant medical, treatment, or educational records may also be requested. After completing the intake, the clinician will discuss their impressions and outline a proposed testing plan, including evaluation goals and expected outcomes. You are encouraged to ask questions about any procedures, risks, or the clinician's qualifications. You also have the right to inquire about other treatment options. Since testing requires a commitment of time and energy, you should feel comfortable with the evaluator. If concerns arise, we are happy to address them or refer you to another provider.

☐ **Testing Services**

Psychological and neuropsychological testing is highly individualized and varies based on the referral question. Your clinician may assess specific domains such as cognitive abilities, academic achievement, executive functioning, language, motor skills, adaptive behavior, and social-emotional functioning. The measures chosen are based on the presenting concerns and best practices supported by the literature.

☐ **The Testing Process and Scope of Practice**

Evaluations can bring both benefits and challenges. Because they explore areas of difficulty, the process may evoke uncomfortable emotions such as sadness, frustration, or anxiety. However, testing frequently leads to valuable insights and targeted recommendations that can reduce distress and improve functioning. While MPG clinicians are committed to providing evidence-based evaluations tailored to your family's needs, results and outcomes cannot be guaranteed. Please note that MPG clinicians do not provide custody evaluations or recommendations, prescribe or recommend medications, or offer legal advice, as these fall outside the scope of our practice.

☐ **Time Commitment and Process**

Assessments typically take several hours or more of face-to-face testing and several additional hours for scoring, interpretation, and report preparation. Neuropsychological evaluations can take 6–8 hours or more for standardized testing, depending on the child’s engagement and abilities. The full process may involve 15–20 hours of evaluator time and cover several weeks. Feedback sessions can be requested to review results.

☐ **Fees and Payment**

Payment is due in full prior to the time of service. We accept credit card payments via TheraNest (our secure practice portal), as well as advance payments via cash or check. Credit card payments do not incur additional fees. A billing statement can be provided for submission to your insurance for possible out-of-network reimbursement. MPG is not in-network and does not coordinate with insurers. Reimbursement is the client’s responsibility.

☐ **The fees for evaluation are as follows:**

Abbreviated Autism Evaluation: \$2,000.00

Immigration Evaluation: \$3,600.00

Autism or Developmental Evaluation: \$5,500.00

Psychological or Psychoeducational Evaluation: \$5,500.00

Neuropsychological Evaluation (Hybrid): \$4,500

Neuropsychological Evaluation: \$7,000.00

Cancellations within 48 hours will be billed the full session fee unless due to emergency or illness. If testing is terminated prematurely, feedback and reports may not be provided, but charges will apply for time spent. Partial refunds will be issued for unused time.

☐ **Confidentiality**

Information obtained during assessments is confidential and released only with written permission. Exceptions include intent to harm self or others, suspected abuse of vulnerable individuals, or legal subpoenas. In such cases, only the minimum required information will be shared.

☐ **Report Sharing and Legal Considerations**

If your child's evaluation is requested by another provider, you may authorize MPG to release a summary report to that source. Reports are typically only shared with professionals involved in the child's care. MPG is not liable for third-party use of any shared information. If you or your child are involved in legal proceedings, including cases involving possible injury or litigation, this must be disclosed at the time of consent. Failure to disclose may have legal consequences.

☐ **Feedback and Termination**

After testing is completed, your clinician will schedule a feedback session to review the results, discuss recommendations, and answer any questions. If it is determined that continued or additional services are indicated, your clinician will provide referrals when appropriate. You have the right to terminate services at any time. Upon request and when appropriate, MPG will help coordinate continuity of care by providing names of other qualified professionals.

☐ **Informed Consent for Telehealth Services**

Telehealth includes the delivery of therapy or evaluation services through interactive audio-video communication. By consenting to telehealth, you acknowledge that you have the right to withhold or withdraw consent at any time. All confidentiality protections apply to telehealth services, except in situations where disclosure is legally required, such as risk of harm to self or others or suspected child abuse.

While efforts are made to ensure secure communication, telehealth services carry potential risks, including technical issues or unauthorized access to electronic information. Additionally, telehealth may not always be as complete or effective as in-person care. If clinically indicated, your provider may recommend a transition to in-person sessions. You have the right to access your telehealth records in accordance with New York State law.

To participate in telehealth sessions, you agree to be in a private, quiet space free of distractions, use a secure internet connection rather than public Wi-Fi, and ensure access to a device with a functioning camera and microphone. You are expected to attend sessions on time and to notify your provider in advance if you need to cancel or reschedule; standard cancellation policies apply.

For safety and continuity of care, you will be asked to provide a backup contact method in case of disconnection, identify your nearest emergency room, and list at least one emergency contact. For minor clients, written permission from a parent or legal guardian is required to participate in telehealth services.

By signing below, you acknowledge and accept the conditions of both in-person and telehealth services.

Acknowledgment

Patient/Parent/Guardian Initials: _____

Date: _____