



Associates for Counseling and Educational Services L.L.C.

Consent and Agreement for Psychological Services

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I, _____, agree to allow ACES, LLC to provide the following:

- Psychological testing, assessment, or evaluation
- Psychotherapy
- Deposition (that is, written testimony given to a court, but not made in open court)
- Other (describe): _____

This agreement concerns _____

I understand that these services may include direct contact, interviewing, or testing. They may also include the time required for the reading of records, consultations with other professionals, scoring, interpreting and reporting the results, and any other activities to support these services.

I understand that the fee for this (these) service(s) will be \$225./hr, which is to be paid by the _____ **School District**. I understand that should the school district refuse payment for these services that I might be held responsible for all fees. If I am held financially responsible, I will be provided with an invoice itemizing and summarizing the time spent on these services.

I understand that this evaluation is to be done for the purpose(s) of:

1. Evaluation of current levels and facilitate educational planning

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.) These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.

I understand that contracting with ACES L.L.C. and/or any of it's contractors in no way guarantees that the results of any testing or evaluation will be those desirable or anticipated by me. I acknowledge that the psychologist performing the testing has an ethical and legal duty to report any findings fully and completely.

I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

Signature of client (or parent/guardian)

Date

I have discussed the issues outlined above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of ACES Staff

Date

Copy accepted by client Copy kept by ACES

*This is a strictly confidential patient medical record.
Redisclosure or transfer is expressly prohibited by law.*