



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

Consent and Agreement for Psychological Services

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Psychologist

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School Certified Psychologist

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

- | | |
|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Testing, assessment/evaluation | <input type="checkbox"/> ADHD Screening |
| <input type="checkbox"/> Concussion evaluation | <input type="checkbox"/> Cognitive Rehabilitation |
| <input type="checkbox"/> Other (describe): _____ | |

Patient Name: _____, Date of Birth: _____

These services include interviewing and testing, as well as the time required to review records, score tests and write any reports. Additional fees may be incurred for consultation with other professionals/agencies, meetings (either in person or via telephone), observations and any other activities as indicated.

The fee for these services is \$250./hr. Payment is due at the time of service. The amount of time for evaluations may vary, but a comprehensive evaluation generally totals about 16 hours (1 for intake, 6 for testing, 2 for record review, 1 for feedback and 6 for report writing), totaling approximately \$3,000 - \$4,000. Other evaluations, such as ADHD Screenings, gifted evaluations, etc., typically take less time. If a report is particularly complex or lengthy, there may be additional charges. A retainer of half the estimated cost of the evaluation is due at the first appointment, which will be applied to charges as they accrue, including missed appointment charges. The remaining half of the estimated cost is due at the feedback session. **The written report cannot be released until the bill is paid in full.**

By signing below, I acknowledge my understanding and acceptance that I am fully responsible for payment. I understand that I will be provided with an invoice summarizing the time spent on the services.

I understand that 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. Tests will be chosen that are suitable for these purposes. The scores will be interpreted according to the current scientific literature. The tests and results will be kept confidential in accordance with Federal and State Laws

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 the evaluator as much as I can, by supplying full answers and making an honest effort, to ensure that the findings are accurate.

Signature of client (or parent/guardian)

Date

I have discussed the issues above with the client (and/or his or her parent or guardian). In my professional judgment, there is no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of staff

Date

- Client copy Office copy

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