

INFORMED CONSENT FOR EVALUATION/ASSESSMENT SERVICES

Evaluation/assessment services are intended to produce an objective account of the client's psychological, neurodevelopmental or neuropsychological functioning depending on the nature of the referral question. This evaluation is not intended for use in a forensic setting. The testing involves noninvasive paper and pencil or computerized tasks that address areas of cognitive functioning such as intellect, problem solving, visuospatial skills, language and memory, executive functioning, and attention. Inventories evaluating current emotional, behavioral, social, and personality functioning may also be part of the evaluation. In addition, interviewing collateral sources, consultation with other professionals, review of available records from varying sources (e.g., medical, school, or legal) may also be included. An explanation of the applicable testing procedures and measures can be provided to the client/guardian prior to the beginning of testing and interviews. In most cases, a feedback session will be scheduled to review the evaluation results with the client and/or parent/guardian to maximize the understanding of the report information and related recommendations.

Evaluation results are confidential and under most circumstances will only be released to those persons authorized by the client/parent/guardian. Raw test data may only be released to persons qualified to interpret such information to avoid misuse of the testing services. While in general, information obtained in an evaluation is confidential there are several exceptions to this privilege. These include the following:

- If Dr. Oxtoby knows, or has reasonable cause to suspected, that a child, is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that she report such knowledge or suspicion to the appropriate governmental agency unless this information is acquired in a privileged relationship. Assessment or testing relationships are not considered privileged and therefore, are not exempt from reporting requirements.
- If Dr. Oxtoby knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, she will use her clinical judgment to determine whether a report is necessary.
- If a complaint is filed against Dr. Oxtoby with the Oregon Board of Psychologist Examiners, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- Should client records be subpoenaed by a judge's court order, they may be subject to release to the courts.

Cancellation Policy

Testing is typically conducted across several appointments. Dr. Oxtoby requires at least 24-hour notice to cancel an appointment without charge, otherwise the client will be charged a \$30 fee for an office appointment or a \$250 fee for a testing appointment. Cancellations can be made via email (droxtoby@claireoxtobyphd.com) or phone (541-383-2079).

Telehealth Services

Telehealth refers to providing healthcare delivery, diagnosis, consultation, treatment, and transfer of medical data remotely using telecommunication technologies. Presently, services available through telehealth include intake appointments and feedback sessions. There are some risks associated with the use of telehealth services. These include, risks to confidentiality given there is potential for other people to overhear the sessions if you are not in a private location while the session is taking place. Additionally, issues related to technology can impact telehealth (e.g., technology may stop working during the session disrupting or delaying services). Dr. Oxtoby uses a secure technology designed for healthcare, and has Business Associate Agreements with companies that provide these technologies (these companies agree to protect client personal health information in compliance with HIPAA). There is still risk that other people might be able to gain access to the private conversation, or that stored data could be accessed by unauthorized persons or companies.

Telephone & Email Policy

Dr. Oxtoby makes every effort to return phone calls within 24 hours of receiving client calls. She will not interrupt sessions for incoming calls unless it is an emergency. Should clients have questions regarding Dr. Oxtoby's services, she is happy to schedule a 15 minute consultation appointment free of charge. Additional time will be billed in 30 minute increments at a rate of \$75/session. Please be advised that these consultation sessions are not billable to any insurance company.

Email is also an available option for contacting Dr. Oxtoby. She utilizes a HIPAA-compliant email for confidentiality purposes (droxtoby@claireoxtbodyphd.com); however, no form of communication (including telephone) is 100% secure and therefore, liability exists in communicating sensitive or personal information through email.

Use of Evaluation for Training Purposes & Case Consultation

Dr. Oxtoby is presently participating in an additional postdoctoral neuropsychology specialization training program that requires completion of case presentations. Following completion of their assessment, clients have the option of allowing their data to be used for training purposes in a confidential setting. All identifying information is removed prior to cases being presented. Should I desire for my or my child's evaluation data to be used in this manner I can opt in and an additional consent form will be provided. Choosing to participate will have no impact on the quality of service I receive.

The client/guardian signature here indicates understanding of the policies and procedures of Claire Oxtoby, PhD, LLC. These include the nature of evaluation services including procedures, content, and assessment materials to be used, cancellation policy, telehealth services, and email policy. Your signature below indicates that you have read the above Informed Consent for Evaluation/Assessment and agree to participate/pay for evaluation/assessment services.

Client (print)

Parent/Guardian (print)

Client (signature)

Date

Parent/Guardian (signature)

Date

Witness (print)

Witness (signature)

Date