PERSONAL INFORMATION for DYSLEXIA ASSESSMENT:

Client Full Name: ______________________________ Date of Birth: ____________________

Street/Post Office: ____

City: ______________________________ State: ______________ Zip: ______________

Home Phone: ______________________________ Leave Msg? ❒ YES ❒ NO

Cell Phone: ______________________________ Leave Msg? ❒ YES ❒ NO

Gender: ❒ Male ❒ Female Client Status: ❒ Employed ❒ Full Time Student ❒ Part Time Student ❒ Other

Emergency Contact Name: ____

Emergency Contact Phone(s): ____

Relation to emergency contact: ❒ Father ❒ Mother ❒ Step-Father ❒ Step-Mother ❒ Legal Guardian ❒ Other

IF Client is a minor (under age of 18), please provide following information:

Parent/Guardian Name: ____

Parent/Guardian Name: ____

If a child custody order or other temporary order is in effect setting forth the custody arrangement for the minor client, Crossroads Counseling Center must be provided a copy of said Order immediately.

MINOR'S BILLING INFORMATION:

Billing Full Name of responsible party: ____

Street Address/Post Office #: ____

City: ______________________________ State ______________ Zip ______________

Phone: ____________________ Leave Msg? ❒ YES ❒ NO Email Address: ____________________

Receive Invoice/Receipt via: ❒ Email ❒ U. S. Postal Service

Relation to Client: ❒ Parent(s) ❒ Step-Parent(s) ❒ Legal Guardian ❒ Other

Informed Consent for Psychoeducational/Dyslexia Assessment

The following agreement and consent for testing defines important information about our professional services, business policies, evaluation process, and payment policies. Evaluation can commence once the client (or parent, in the case of a minor) has read, fully understood, and signed the agreement. Feel free to ask any questions before signing this document.

Note: For divorced parents (whether in process or finalized) of a child client, a copy of the *sections* from any decree or order *pertaining to educational rights/custody* must be presented prior to signing for evaluation consent (only the section regarding rights/custody). Likewise, "guardians" of child clients must provide legal documentation of educational rights/custody prior to signing for evaluation consent.)

CLINICIAN CREDENTIALS

Rhonda Brewer is a licensed psychometrist (License #126107), certified by the Mississippi Department of Education. (According to Mississippi House Bill 1031, dyslexia evaluations should be administered by licensed professionals, including: Psychometrists, Psychologists, or Speech Language Pathologists.)

Rhonda received her Bachelor of Science degree in Elementary Education and Master of Science degree in Counseling Psychology from the University of Southern Mississippi. To complete Mississippi Department of Education's Psychometry certification requirements, she also completed post-graduate courses at William Carey University. Rhonda is also a Licensed Professional Counselor (#0615), licensed by the Mississippi Board of Examiners for Licensed Professional Counselors.

EVALUATION SERVICES

A comprehensive psychoeducational evaluation for dyslexia may include assessments of intelligence, phonological skills, academic skills, attention, memory, and executive functioning. This is generally accomplished over a period of 4 to 8 hours through standardized testing, informal testing, interviews, questionnaires, and observations. Although it is sometimes possible to complete the testing in one sitting, it is common for the evaluation to require two or three several-hour sessions. Background history, teacher input, as well as review of previous testing or academic records, will provide additional information to assist in the diagnosis. Throughout the process you have the right to inquire about the nature or purpose of all tests and procedures. You also have the right to know the test results, interpretations, and recommendations.

Preparation for Evaluation: Testing time will be determined based on age and needs of the client in addition to the type of assessment conducted. Typically, younger children might need several partial days while older students and adults will test for one day.

Before the dyslexia evaluation can begin, the client must return this signed ***Dyslexia Intake, Parent's Background Information for Dyslexia Evaluation***, and ***Teacher Questionnaire for Dyslexia Evaluation (if applicable)***. This information is critical and the evaluation cannot begin without these items. (Parents of homeschooled children should complete the ***Teacher Questionnaire for Dyslexia Evaluation*** if they are the only instructors for the child.) The completed forms can be scanned and emailed to the clinician prior to the appointment day or they can be delivered to the clinician at the beginning of the assessment.

It is important that individuals be able to perform at their best during testing sessions. Clients are requested to take any prescribed medications which their physician has recommended for typical school days or work days. Please let us know before you arrive (before the day of testing if possible) if the individual to be tested is not feeling well, or is taking any

prescribed or over-the-counter medications that we have not been told of in advance (such as cold medication that causes drowsiness). In such cases, the testing session may need to be rescheduled.

Individuals to be tested should be well rested and should bring snacks for breaks during the testing session.

Evaluation Schedule and Supervision of Minors: If testing is scheduled for a whole day, a lunch break will be provided where parents and child are requested to have lunch off site (due to the lack of dining area at the office). The lunch break is very helpful and the child or client usually returns rested and recharged for the second portion of testing. In addition to the lunch break, the child or client will be provided short breaks as needed throughout the day.

There is no way to define exactly how long testing will take due to the uniqueness of each client. Some people test quickly while others test more slowly. Also, some children may become overly tired and are unable to provide adequate focus and effort. In that case, the clinician will end testing for that day, inform parents, and make arrangements for an additional testing session. Therefore, ***parents are required to remain on site*** during testing sessions in case assessment is completed earlier than expected. (In some cases, the clinician may travel to a school to do the evaluation during a child's school day. However, the parent must contact the school administrator and ask permission and for the use of an appropriate room for the testing. If testing is done at the school, the parent does not have to be present as long as he/she has already submitted payment and all required forms.)

Following the completion of the primary evaluation, additional testing by our clinician may be deemed necessary in order to obtain a complete and accurate picture of the client's functioning. In those cases, the clinician will contact the client or client's parent to schedule additional testing. Any additional testing required to complete the psychoeducational/dyslexia evaluation will also be covered under the flat fee of $600.

Possible Test Measures for Evaluation: Psychoeducational evaluations assess learning processes and difficulties in children or in adults through formal and informal measurements. Assessments chosen for the evaluation are based on the unique need of each client and may include several of the following:

- Cognitive Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.

- Achievement Testing – evaluation of academic abilities in the areas of word reading, phonics, reading comprehension, written language, math reasoning, calculation, and academic fluency. Measures of oral language may also be assessed.

- Memory Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.

- Attention and Executive Functioning Testing – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization and planning.

- Diagnostic Interview and Developmental History – to obtain information about the client outside of the testing situations, and to obtain a comprehensive history in order to make a more reliable diagnosis.

- Behavior Rating Scales, Teacher Questionnaires, and/or behavioral observation reports from school in order to get a sample of behavior which occurs outside the office setting.

- Interviews with teachers, family members, or other relevant individuals. (Such interviews will only be conducted with specific written consent/permission of client. Sufficient information is usually provided through submitted paperwork.)

Feedback After Evaluation: A comprehensive written report will be generated and three copies will be provided to you as part of the evaluation costs. Typically, the written report is provided to you at a feedback session and includes a detailed description of current levels of functioning in the areas assessed, a diagnosis (if one is determined), as well as recommendations. The feedback session is typically scheduled within two to four weeks of completion of all testing procedures. During the feedback session, the clinician will review the evaluation results with you, make recommendations, and answer any questions you may have.

Feedback can be provided through a phone call or a face-to-face meeting, whichever is preferred by the parent or client. If phone call is preferred, a *pdf* file of the written report can be emailed and original signed reports will be mailed.

BENEFITS AND RISKS

The process of assessment often has significant benefits, and most people find it to be a helpful experience. The primary benefits of an evaluation include gaining a better understanding of the client's current strengths and weaknesses, providing practical recommendations to address issues, and providing a written report to possibly facilitate services in schools, colleges, or universities. More specifically, the information provided by a comprehensive evaluation can inform educational planning and develop interventions and/or accommodations that are tailored to the client. It often promotes increased understanding and/or self-understanding of the client, and can assist with advocacy efforts if indicated.

Although most individuals have a positive experience during the evaluation process, there are some risks. Psychoeducational testing does not guarantee that a client will have a diagnosis or that the client will qualify for accommodations or special services at school. It is also possible that the evaluation will not answer all of your questions, and further evaluation may be needed. The person being evaluated may experience discomfort (frustration, anxiety, embarrassment, etc.). However, the clinician is trained to detect and respond sensitively to indications of anxiety, and an attempt will be made to help minimize these factors.

CONFIDENTIALITY, RECORDS, AND RELEASE OF INFORMATION

Crossroads Counseling Center, (henceforth, referred to as CCC), takes confidentiality seriously, and we desire to provide an environment in which our clients may place their trust and confidence. Your clinician will keep all information regarding you or your child's evaluation and related records in confidence. The State of Mississippi laws impose some limitations to your rights to confidentiality. These exceptions include:

- Mandated reporting of physical or sexual abuse of a child or vulnerable adult
- Threats of suicide or homicide
- When written consent is obtained from you to release information
- Information necessary for supervision or consultation
- Information released as outlined in the HIPAA Notice of Privacy Practice
- Other as required by law, court order, or in the event of litigation.

The clinician will audio/video record portions of testing sessions for evaluative/diagnostic purposes. The clinician agrees to store those recordings in a secure way and will delete those recordings once testing, scoring, interpretation, and report writing is complete.

Raw assessment data (e.g., test scores, test questions/stimuli, client responses) is retained electronically by the clinician for seven years. The electronic files will be confidential and password protected. Test items, scoring criteria, and other test protocols are confidential copyrighted information and cannot be disclosed to clients or their parents.

The final report written by the clinician is the only record that is released to the client or parent of a child client. The client will be provided with three copies that can be given to a school, college, or university. (The client is always free to make more copies of the provided written report.) For security purposes, a copy of the final written report will also be stored electronically by the clinician for seven years.

ACKNOWLEDGEMENT AND CONSENT TO USE ELECTRONIC COMMUNICATION AND TECHNOLOGY

There is ongoing advancement of technology and expansive means of communication (e.g. email, text messaging, twittering, social networking sites, etc.). The most secure exchange of confidential information is face to face. CCC prioritizes confidentiality and therefore desires to avoid communication via means in which your identity cannot be verified or in which others may be exposed to the confidential information sent by the clinician. However, CCC understands that you may prefer to exchange information via email.

I have been specifically advised of the following:
1. Email communication with my clinician or CCC will be used for the purpose of simplifying and expediting scheduling/administrative matters and compilation of pre-assessment data only.
2. Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. No technology is 100% secure and the clinician cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically.

I have thoroughly considered all of the above information and I understand and agree that if I choose to communicate with my clinician through email, my clinician will not be held liable for exposure of confidential information.

By signing this form, I consent to the use of email as needed for scheduling/administrative and pre-assessment data submission purposes only, within the guidelines above. You may revoke this consent in writing at any time, except to the extent that CCC has taken action relying on this consent.

PAYMENT AND CANCELLATION POLICIES

The flat fee for a psychoeducational/dyslexia evaluation is $600.00, and includes the following: background interview, review of records, test administration sessions, scoring and interpretation, report writing, written report, and a final feedback session. A deposit equal to at least $300 is due upon scheduling the testing appointment and the balance is due at the testing session. The deposit is non-refundable once testing has begun.

MISSED OR CANCELLED APPOINTMENTS

Except for rare emergencies, we will see you (or your child) at the time scheduled. Your appointment is a block of time that is reserved for you. Missed appointments and last-minute cancellations prevent us from scheduling other people. In the event that you must cancel or reschedule an appointment for any reason, please give a minimum of 24 hours' notice by phone or email.

If a minimum of 24 hours' notice is not given, you may be charged a fee or not receive a refund for your deposit. We understand that emergency situations do occasionally arise, in which case an exception to this policy may be made at our discretion.

INFORMED CONSENT

By signing below, I acknowledge that I consent to a comprehensive psychoeducational/dyslexia evaluation for myself or for my child. I understand that my participation is voluntary and that it is my right to ask questions at any time if I do not understand something. I understand that I have the right to discontinue the evaluation at any time. However, I am responsible for any fees incurred prior to my discontinuation of the evaluation.

I understand that the following items must be provided before the start of the testing session: ***Parent's Background Information for Dyslexia Evaluation***, ***Teacher Questionnaire for Dyslexia Evaluation***, and this signed ***Dyslexia Intake***.

By signing below, I/We acknowledge being informed that the clinician with whom we are contracting for psychometry services is operating as a sole-proprietor not participating in partnership with the other counselors at Crossroads or employed by Crossroads Counseling Center. Crossroads provides administrative support as a professional service for each counselor/clinician's sole proprietorship.

Client Signature(s) - Required for Services ______________________________________ Date: ______________

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out assessment, payment, or other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: Your protected health information may be used and disclosed by your clinician, our office staff, and others outside of our office that are involved in your assessment for the purpose of providing services to you, to handle payment, and any other use required by law.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your assessment services.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of your clinician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of psychometrists, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your clinician. We may also call you by name in the waiting room when your clinician is ready to see you.
We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law; public health issues as required by law; communicable diseases; health oversight; abuse or neglect; food and drug administration requirements; legal proceedings; law enforcement; coroners, funeral directors, and organ donation; research; criminal activity; military activity and national security; workers' compensation; inmates; required uses and disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required used and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time in writing, except to the extent that your clinician or the clinician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS
The following is a statement of rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under Federal Law, however, you may not inspect or copy the following records: raw assessment data, test questions, scoring criteria, and scoring protocols; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of assessment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

Your provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your provider amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made,if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice becomes effective on or before April 14, 2003.

I have received a copy of my privacy rights under the Health Insurance Portability Act. I agree to all of these policies and I understand that I may contact this office to make any changes I require.

CLIENT SIGNATURE ____ **DATE:**______________________