

# Psychological Services & Holistic Health, Inc.

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## PSYCHOLOGICAL TESTING/EVALUATION

### About Us

Psychological Services & Holistic Health, Inc (PSHH) is a clinic that employs both licensed and pre-licensed doctors. Our doctors provide diagnostic psychological evaluations, psycho-educational assessments, and forensic evaluations.

### Testing

Through the use of a variety of standard psychological tests, your evaluator will attempt to answer the questions that have brought you in for this assessment. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures.

You may have the right to know the test results, interpretations, and recommendations depending on the nature of the psychological assessment. The assessment process generally involves an informational interview followed by the administration of one or more educational and/or psychological tests. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment. Once testing is completed, the data will be analyzed and a report will be written. Our general turnaround time for completed reports is about 3-6 weeks.

### Types of Evaluations

- **Forensic** - Forensic evaluation and assessments are often used in legal settings to document a wide variety of psychologically relevant information, including (but not limited to) work-related injury, fitness for duty, custody, evaluation of malingering and deception, employment discrimination and harassment.
- **Psychoeducational** - The purpose of this evaluation is to identify academic, emotional, and behavioral strengths and weaknesses. Additionally, they can also help adults secure accommodation for certain standardized tests.
- **Psychodiagnostic** – this evaluation is conducted when an individual would like to know more about issues that they are struggling with (such as ADHD), learn about how problems may have originated or developed, and to explore targeted treatment options. It also helps by providing a guide map for a treating clinician to formulate a treatment plan without wasting any time and money.

## **Fee & Payment Policy**

The fee for an evaluation is based on the number and type of tests included in the assessment. Your fee may be adjusted depending upon the purpose of the evaluation and the tests used.

If you want to go through insurance, it is your responsibility to contact your carrier directly before your appointment for insurance coverage of psychological assessments, benefit limitations or preauthorization requirements. If insurance is authorized for the assessment then as a courtesy to our patients, billing will be provided by our staff; otherwise, we will provide a statement for your services rendered which you may submit to your insurance company. You are ultimately responsible for payment for services rendered.

The fee for this (these) service(s) will be about \$\_\_\_\_\_, and is payable in two parts: a deposit of \$\_\_\_\_\_ payable before the start of this (these) service(s), and a second payment of the balance must be paid in full no later than the last day of testing (unless other arrangements have been made prior with the evaluator).

*Following forensic psychological services, when depositions, testimony, or other services take place; it will be billed at a rate of \$500 per hour. All services are expected to be provided at one of our offices. Out-of-pocket expenses, such as travel, conference room rental, telephone calls, overnight delivery, courier services and the like will also be billed.*

Please note that telephone or in-person conferences are considered billable time. Charges are calculated in 15 minute increments. We accept cash, checks (make out to **Psychological Services & Holistic Health, Inc.**), money orders, and credit cards. Questions concerning the fee or the payment policy should be discussed with your clinician before the assessment process begins.

## **Cancellation Policy**

Appointment times are reserved for each patient. Kindly give the office a full 48 business hours (2 working days) or more in advance notice if you will not be able to keep your scheduled appointment. Failed appointments (rescheduled/cancelled without adequate notice) will be charged at the rate of \$150 regardless of the reason for the missed session (e.g., forgetting, traffic, work or school commitment, sickness). Please note that you pay the entire fee out-of-pocket.

*In cases with deposition or courtroom testimony, a charge of \$2,000 will be assessed if such service is cancelled or continued with less than 72 hours' notice.*

## **Request for Accommodations**

For clients requesting accommodations for testing anxiety, learning disabilities or Attention Deficit Disorder, a psychological test report will be provided to the appropriate agency. We will only release these records after you have signed a consent form.

Should the agency request specific information (such as a particular report format or an additional form), this will be provided at an additional cost. A two week (at minimum) notice is required to complete any additional forms.

**Release of Records**

Written records are released only after a consent form is signed by the client or their Parent/Legal Guardian.

**Informed Consent**

You understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without your written permission, through the release of information authorization form.

The only exceptions to this policy are rare situations in which we are required by law to release information with or without your permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if we judge that you are in danger of harming yourself or another individual; and 3) if our records are subpoenaed by the court. In the rare event of any of these situations, your evaluator will attempt to discuss the intentions with you before an action is taken, and the evaluator would limit disclosure of confidential information to the minimum necessary to insure safety.

In the event when your evaluator deems that additional or alternative testing is necessary, S/he will describe the reasons for this testing and will advise you of any additional costs. You have the right to discontinue the evaluation process at any time. However, be aware and understand that your evaluator at Psychological Services & Holistic Health may be unable to provide feedback of the test results if testing is terminated, and that you will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

**Acknowledging Signatures**

By signing below, you have read, understand and agree that these terms are acceptable to you and you agree to be bound by it. Thank you for your confidence. We look forward to working with you on this matter.

Client name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client (if other than client): \_\_\_\_\_

Evaluator: \_\_\_\_\_

Supervision: \_\_\_\_\_