

# **Robin L. Billings, Ph.D**

## **Licensed Psychologist**

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## **Informed Consent for Psychological Testing**

***Welcome to my practice!*** I appreciate your trust and the opportunity to help. I look forward to working with you and your child with the goals of understanding his or her abilities, including both the strengths and any areas of difficulty, and making recommendations that may include a range of interventions that can support the way your child learns and improve their experience in school and their confidence in everyday life. Although this document is long and sometimes complicated, please read it carefully in its entirety and ask any questions you have about the content. When you sign this document, it will represent an agreement between us.

### **CREDENTIALS:**

I hold a Doctoral Degree in Psychology from Wayne State University and am a Fully Licensed Psychologist in Michigan. I completed a predoctoral internship and a postdoctoral fellowship in child and adolescent clinical psychology at the Children's Hospital of Michigan in Detroit, Michigan. I am a member of the Society for Child and Adolescent Psychology in the American Psychological Association. I am also a member of a member of the Michigan Psychological Association, and the Society for Developmental and Behavioral Pediatrics.

### **PRACTICE STRUCTURE:**

I am in independent private practice and am not affiliated with any other individual or practice. My professional records are separately maintained.

My primary mission is to offer practical, personalized and comprehensive evaluations and recommendations in a warm and comfortable setting. The focus is not only on the concerns and difficulties that brought someone into the office, but also the unique strengths, talents and interests of those children, adolescents and families.

### **WHAT IS PSYCHOLOGICAL TESTING?**

***Psychological evaluation*** is a process that includes a combination of clinical interview, completion of written questionnaires, and use of a variety of standardized measures in an all day one-on-one appointment with your child, adolescent, or young adult. Depending upon the individual concerns and questions to be answered by the evaluation, testing may include measures of:

- Cognitive Ability
- Academic Achievement and Learning Progress
- Attention and Executive Functioning
- Visual and Auditory Information Processing
- Social/Emotional Functioning
- Motor and Visual Perceptual Abilities
- Memory
- Personality

### WHAT IS THE PROCESS?

The psychological evaluation is completed over the course of a single day (9 a.m. through 5 p.m.).

***The first hour*** of the evaluation typically includes a discussion with the child, adolescent, young adult and the parents to learn more about the current concerns and difficulties, as well as to gather background history and information about school functioning and, to review the findings from written questionnaires completed in advance. Information from this discussion helps with the selection of measures for the test battery. Please bring any additional records, such as report cards, standardized test results, and prior testing reports.

***The morning testing session*** begins with a cognitive battery, administered in the morning, which usually takes approximately 1.5 - 2 hours. Following the cognitive testing, a lunch break is taken. There are many places nearby to go out to eat. Alternatively, you can bring a lunch and use the break room in the office suite. There is a microwave, refrigerator, and bottled water available.

***The afternoon testing session*** begins following a lunch break, academic achievement measures are administered, and any other measures determined necessary to assess specific functions, including memory, visual motor, executive/control/attention, and social/emotional functioning. This portion of the testing usually takes 2 – 3 hours. The specific measures chosen are determined by the concerns to be addressed.

***The family feedback meeting*** commences following completion of the afternoon test battery. The test data is reviewed in detail, and my impressions and recommendations are shared at that time. The amount of time required is typically 1.5 to 2 hours. I will take all the time necessary to fully review the findings, recommendations, and answer all your questions. Following the appointment, I write a detailed, comprehensive written report. This typically takes me 4 to 6 hours to write and is provided within approximately 1 to 2 weeks of the testing session.

### USE OF THE EVALUATION REPORT:

After the written report has been prepared and shared, the usual next step is to share the report with other involved professionals including but not limited to the school team, the pediatrician and other medical professionals. On many occasions, parents set up a meeting at the school to go over the recommendations and determine if additional supports can be put in place. Please be aware that it is not in my control whether the school will agree to implement the recommendations. The recommendations will be practical, driven by the test data and relevant to the needs of your child in the context of the evaluation results.

While I stay up to date on the rules for provision of accommodations for standardized testing and the types of test instruments recommended for consideration for accommodations, I do not have any special power to obtain approval for accommodations for standardized testing such as the ACT, SAT, AP, GRE, GMAT, LSAT, and MCAT tests. I cannot change the presentation of the results, the diagnoses, or the recommendations purely so that a client meets criteria for special supports or accommodations; to do so would be unethical. Standardized testing companies are conservative in granting accommodations to students who do not have a longstanding history of receiving and using those very accommodations in their school setting. If a student is denied accommodations, a Letter of Appeal can be provided. Typically, these letters must be completed in a short period of time and require addressing each of the stated reasons for denial. This type of letter takes additional time and will require a separate fee, which can be discussed if or when these circumstances occur.

FEES AND PAYMENT:

A complete psychological evaluation involves the initial appointment, preceded by scoring and interpretation of online/written questionnaire measures sent in advance of the appointment, followed by face-to-face testing measures with the examiner, usually taking seven to eight hours total. Testing also involves scoring and interpretation of the results and the preparation of an integrative written report. The writing of the report usually takes at least as many hours as and often even more hours to complete than the testing time itself.

The total fee for the comprehensive psychological evaluation is currently \$2500.00. This includes the intake session, the testing session, the family feedback session, and the preparation of the comprehensive written report. Additional time and fees may occur if the evaluation is complex and includes thorough assessment of personality and social/emotional functioning. The fee for the comprehensive psychological evaluation is due on the day of the appointment.

INSURANCE INFORMATION:

I am an out-of-network provider. This means that I am not a member of a provider network for any managed care plans. Your insurance plan may or *may not* cover visits to an out-of-network provider. Some insurance companies reimburse at different amounts depending on whether you see a provider with whom they have a contract, called an “in-network” provider.

You are responsible for payment of all charges, submission of bills to your insurance company, obtaining information about your coverage and making certain that we are both aware of any authorization requirements for psychological testing. I will provide you with a detailed receipt including all the necessary information should you choose to submit to your insurance company for reimbursement. Many insurance plans cover psychological services and many require the *member* to make a telephone call before an initial appointment. If you are interested in submitting for reimbursement, I recommend that you contact your insurance company to request information about out-of-network benefits for psychological consultation and testing prior to the first appointment.

If you have Blue Cross Blue Shield of Michigan, your child's pediatrician can complete the Trust Preferred Provider Organization (PPO) Referral form. This is available on my website. The lower portion of the form is completed by me on the day of the testing. Submitting the encounter form along with the referral form allows BCBSM to apply the fee to your in-network deductible.

If you call your insurance company, let them know that you are calling for “preauthorization for psychological testing.” They may ask you for CPT Codes. These are listed below.

Initial Diagnostic Interview (CPT 96130)

Psychological Test Administration and Scoring – (CPT 96136 and 96137 – 30 min. units)

Neuropsychological Test Administration and Scoring (CPT 96132 and 96131 - 1 hr. units)

Psychological Interpretation, Integration, Treatment Planning, Interactive Family Feedback Meeting, and Report Writing – (CPT 96130 and 96131 – 1 hr. units)

I suggest that you obtain any special forms and a fax number for paperwork that they tell you is required. I am not in control of how quickly they will process this request or whether they will authorize testing at all.

CANCELLATION POLICY:

If you must cancel an appointment, please give a *minimum* of 24 hours advance notice. I have a waiting list of approximately 6 months and a cancellation list of clients who are willing to come to an appointment on short notice. Due to this, I do not charge a cancellation fee, but do appreciate a notice of cancellation 24 hours prior to the day of the scheduled testing. I would prefer that you call me directly to cancel so that I can provide a client on my wait list sufficient time to make arrangements.

CONFIDENTIALITY:

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information to others with your written permission. There are a few exceptions that have rarely or never occurred in my practice but about which you should be informed:

- In proceedings involving custody or those in which your child's emotional condition is an issue, a judge may determine that my testimony will be ordered. If you choose to include your child's mental or emotional status as part of a court proceeding, doing so waives your privilege of confidentiality.
- If a patient or patient's parent or guardian files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If I have reason to believe that a child has been subjected to abuse or neglect, the law requires that I file a report with the appropriate government agency. If I know that a patient has a propensity for violence and s/he indicates the intention to inflict imminent physical injury upon a specified victim, I may be required to take protective action to eliminate the possibility that the patient will carry out the threat.
- If you submit your bill to your insurance company for reimbursement, they require that I provide a clinical diagnosis and may also request clinical information. If your company requires forms to be completed to request authorization for psychological testing, these forms may include clinical information and diagnoses that are faxed to the company for review or discussed in a telephone call with a reviewer employed by the company.
- If you are divorced, both parents have equal ability to obtain information from mental health records and both parents *must* give permission for the provision of psychological services.

If a situation like one of those described above occurs, I will make every effort to fully discuss it with you before taking any action. Otherwise, I will not tell *anyone anything* about you or your child's evaluation or even that you are a patient, without your knowledge and written consent.

CONTACTING ME:

The best way to reach me is through the confidential voice mail answering system. Please be aware that I do not answer calls when I am in appointments, but I check voice mail often. I will make every effort to return your call within 24 – 48 hours, except for weekends and holidays, but cannot guarantee that this is always possible. If you are not able to reach me and feel that your child is having an acute mental health emergency and you cannot wait for a return call, please contact your child's medical provider or go to the nearest emergency room.

**SPECIAL CIRCUMSTANCES:**

I provide consultation, psychological evaluation, and psychotherapy services to assist with problem resolution. I do not provide specialized evaluations to be used in legal proceedings, such as for forensic issues or court proceedings for custody determination. If you anticipate that this is needed, I will refer you to professionals who have this area of specialization in their practice.

Although very unlikely, it is important that I share the following information in advance: In the event that I am required by subpoena or court order to testify in any matter related to the psychological evaluation services, you will be expected to pay for all of the professional time used, including preparation and transportation costs, even if I am called to testify by another party. If I am subpoenaed by another party in litigation with you and you do not wish the subpoena answered, it is your responsibility to contract with your lawyer to quash the subpoena or to sign a waiver of confidentiality.

Because of the substantial difficulty of managing such legal involvement while maintaining scheduled appointments in my practice at the same time, the fees are \$ 350 per hour for preparation and attendance at any legal proceeding.

Your signature below indicates that you have read the information in this agreement and agree to abide by its terms during our professional relationship. By your signature below, you indicate that:

- You have been informed of and understand the type of services to be provided.
- You have been informed of the limits of confidentiality.
- You understand and agree to the payment and cancellation policies.
- You accept full responsibility for all fees incurred in completing the psychological evaluation as spelled out in the agreement.
- You understand that, if you are provided with a finalized digital copy of the report, you are not permitted to make any changes to the report.

Name of Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Second Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient