George Mason University Center for Psychological Services
Cognitive Assessment Program

Authorization for Individual Assessment Services and Informed Consent

The George Mason University Center for Psychological Services is a non-profit outpatient mental health facility offering services to the public. It is a training facility for students in the graduate programs of the George Mason University Department of Psychology. Within the Center for Psychological Services, the Cognitive Assessment Program provides services for members of the community who are interested in obtaining specific information regarding the cognitive and/or educational functioning of either themselves or their child. All services are provided by graduate students/affiliates under the supervision of licensed psychological professionals. Sessions may sometimes be recorded, observed, and/or discussed by other trainees and supervisors affiliated with the Cognitive Assessment Program. Client records are maintained for five years past the client’s age of majority or ten years after last date of service, whichever is greater.

Description of services to be provided: You or your child will participate in an individually administered measure of cognitive ability and/or educational achievement. The following psychological instrument(s) will be administered: ____________________________.

Each assessment will involve an interview, in which you and/or your child may be asked to provide developmental, educational, medical and other relevant background information. You may also be asked to provide educational records or samples of educational work for review. During test administration, depending upon the particular test(s), participation may involve: answering questions; following spoken directions; manipulating objects; completing paper and pencil activities; or listening and responding to audiotapes.

Foreseeable risks/benefits: Though many people find cognitive/educational assessment tasks to be interesting, some individuals may find the process to be fatiguing. Other possible discomforts may involve feelings of frustration or perhaps anxiety. Benefits include the possibility of gaining a more complete understanding of your or your child’s individual profile of intellectual and/or educational strengths and needs. Such information may be useful for educational planning purposes.

Fees and time commitment: Fees vary with the nature of the specific services being provided. The fee for this specific assessment is _______. Payment is required in full at the time of the initial session. Under certain circumstances, a fee reduction may be available. Though the time commitment may vary, an individual intellectual assessment may require 3 – 4 hours (i.e., approximately two hours for test administration, and a one hour session, on a separate date, for discussion of test results). When both intellection and educational assessment instruments are being administered, an additional 2 – 4 hours may be required. When more than one assessment instrument is being utilized, testing may occur over the course of two sessions, as needed.

Limits of confidentiality: Outside of the circumstances described above, information and results obtained through the assessment process normally remain confidential, and will not be released without your written permission. However, there are exceptions to the rules of confidentiality. If your clinic provider has reason to believe that you are at imminent risk of harming yourself or someone else, they will disclose information to the extent needed for insuring your safety or the safety of others. In addition, under Virginia law, there are specific circumstances in which your center provider is legally required to disclose information:
1. Situations in which there is the suspicion of abuse or neglect of a minor or of an aged or incapacitated adult.
2. If the client is a minor, Virginia law allows certain others to request and obtain access to information in center records in specific circumstances. These include Department of Social Services Protective Services workers to whom the enter provider reports suspicion of abuse or neglect; Court-Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders; and evaluations for minors’ involuntary commitment to inpatient treatment.
3. If you are involved in a court proceeding, a judge may order that information be disclosed. In that case, you will be informed, and your center provider will work together with your attorney to protect confidential materials.
4. Others where required by law or regulations not specifically mentioned herein.

I have read and understand the information contained above. I have had the opportunity to ask questions and clarify any points of concern.

I understand that I am responsible for delivering test results/reports to whatever entity I may be applying to for admission, and that I am responsible for being aware of any applicable deadlines. I understand that reports will not be mailed or delivered to any third party.

Having read and understood the above, I authorize _________________________, under the supervision of _______________________, at the George Mason University Cognitive Assessment Program to provide services to:

______________________________  _____(yes)   _____(no)
Printed name of client     Identity of client/guardian confirmed with photo ID

*Signature(s) of client/guardian     Date

______________________________
Print name of authorizing parent/guardian     Date

______________________________
Signature of provider or other witness     Date

*By signing to authorize for services for a minor I am stating that I have the legal right to authorize such services for the minor and that no further consent by another parent or legal guardian is required by law, court order, agreement or otherwise.