

# Amigo Family Counseling, LLC

## Consent and Agreement for Psychological Testing and Evaluation

I, \_\_\_\_\_, agree to allow *Amigo Family Counseling* to perform the following services:

Psychological testing, assessment, or evaluation

I consent and request the testing be done via:

**Remote administration:** Each respondent will receive an e-mail invitation to complete an assessment online. Once the respondent receives the invitation, he or she simply clicks on the link in the e-mail and takes the test. *Amigo Family Counseling* will be notified immediately after the administration is complete.

I request an e-mail invitation be sent to the following e-mail accounts: (please give the first and last names then e-mail addresses)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that Testing service fees are above and beyond the cost of a counseling session and that these services may also include the therapist's time required for reading and interpreting the results. I understand that the fee for the service(s) will be \$ \$70-90 per test (1 respondent = 1 test). I understand that an additional payment is due upon delivery of any written report or non-session related service, at the time these services take place. I understand that I am fully responsible for the payment for these services.

I understand that this evaluation is to be done for the purpose of:

Updated RST Psychological Assessment - to aid in individual  
and RST group treatment planning

I also understand that the therapist agrees to the following:

- The procedures for selecting, giving, scoring, interpreting, and sharing the test results, and maintaining my privacy will be carried out in accord with the Test User Qualifications set forth by the American Psychological Association, other professional organizations and the Ohio Social Worker, Counselor, Marriage and Family Therapist Board.
- Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
- Tests and test results will be kept in a secure place to maintain their confidentiality.

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I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate. I have had the opportunity to ask questions and/or discuss concerns about this assessment.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of client (or parent/guardian) Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of therapist Date

Copy accepted by client/guardian     Copy declined by client/guardian