

Kelsey Lisle, PsyD
Consent for Services
Bay Kids FL

Neuropsychological Assessment: I provide psychoeducational and neuropsychological assessments. The neuropsychological evaluations I provide consist of tests to further assess one's cognitive capacities, academic skills, attention and executive functioning, and social-emotional functioning.

- The number of sessions required for conducting the assessment is typically three, depending upon the nature and number of tests administered. The duration and frequency is flexible and based on your child's needs and to get the best diagnostic picture. Assessment sessions are typically 120 minutes in duration.
- Following the testing sessions, you will be scheduled to have a feedback session to discuss the results of testing as well as any questions or concerns you may have. At that feedback session, you will receive recommendations including related services that may be beneficial for your child. I will speak to you at any point along the process to get more information and give impressions as appropriate.
- The report will be generated within a week or two following the feedback session.

Payment for assessment services:

- Payment for the full amount of the assessment is due on the last day of testing and prior to the feedback session.
- Feedback from the testing as well as a test report will be provided after payment has been made in full.
- Fees for psychological testing cover: test administration, review of records, scoring and interpretation, oral feedback of test results, consented third party-communication, school observation, and a comprehensive written test report. Any additional services requested will be billed separately. The consultation session is billed separately and payment for that service is due at the time the service is provided.
- Insurance is not accepted.
- Payment for therapy sessions are due at the time of each treatment.

After Hours and Emergency Contact: Should you need to reach me during or after business hours you may leave a message on my voice-mail or e-mail me. I will most likely return your call by the next day. Please be aware that I do not provide emergency psychiatric services. Should you need such services, during and/or after business hours, you should call 911 or you will be referred to another treatment provider (e.g., psychiatrist) or more comprehensive care centers in the community. Please be aware that a secure and confidential correspondence cannot be guaranteed when communicating via e-mail.

Confidentiality & Records: All communications between you and I are strictly confidential and may not be disclosed to anyone without your written authorization. However, there are some situations in which disclosure is permitted or required by law, without your consent or authorization:

- I may consult with other mental health professionals regarding your child's or your case. However, every effort is made to avoid revealing identity during such activities.
- If the situation involves a serious threat of physical violence against an identifiable victim, I must take protective action, including notifying the potential victim and contacting the police.

- If I suspect the situation presents a substantial risk of physical harm to you, your child, others, or property then hospitalization may be needed, or I may contact family members or others who can help.
- If I suspect that a child under the age of 18, an elder, or a dependent adult has been a victim of abuse or neglect, the law requires that I file a report with the appropriate protective and/or law enforcement agency.
- If you are involved in a court proceeding and a request is made for information about the services provided to your child, I cannot provide any information, including release of clinical records, without your written authorization, a court order, or a subpoena.
- If you file a complaint or lawsuit against me, disclosure of relevant information may be necessary as part of a defense strategy.
- If a government agency is requesting the information pursuant to their legal authority (e.g., for health oversight activities), I may be required to provide it for them.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action. Disclosure will be limited to what is necessary for each situation.

Records: I keep Protected Health Information in your child’s and your clinical records. You may examine and/or receive a copy of these records, if you request it in writing, except when: (1) the disclosure would physically or psychologically endanger you, the child, and/or others who may or may not be referenced in the records, and/or (2) the disclosure includes confidential information supplied by others.

Comprehensive Report: This document will serve as permission allowing me to e-mail you a copy of the report unless you request a paper copy. Remember e-mail is not a secure way to transmit confidential information.

As the individual, parent(s), or guardian, my signature below certifies that I have read, understood, accepted, and received a copy of this document for my records.

_____ please check here if client is a minor. The minor’s parent or guardian must sign unless the minor can legally consent on his/her own behalf.

_____ and/or _____
 Name of Client Signature of Parent or Guardian
 Signature of Client (if 18 or older)

_____ Printed Name of Parent or Guardian
 Date of signing