

SAMANTHA SLAUGHTER, PSYD

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LICENSE #PY.60075756 NPI #1104058692

DISCLOSURE STATEMENT: PSYCHOLOGICAL ASSESSMENT

This is a disclosure of certain information regarding the process of assessment, detailing certain rights and responsibilities you have in this process. It also gives you some information about me.

MY TRAINING AND LICENSURE

I have a PsyD in Clinical Psychology, earned in 2008. I am licensed as a Psychologist in Washington State, license #PY60075756.

APPROACH TO ASSESSMENT

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy and will be brief and focused on the questions raised by this referral. The assessment process usually has the following two parts that require your participation: a structured interview, which normally takes between two and eight hours, and the administration of psychological testing, which normally takes from an hour and a half to eight hours. The times vary depending on how much information you have to share with me and the complexity of the issues being assessed. I may also review your medical and psychological records. I may also ask you for permission to speak to other people who have known you well who may help me to understand you.

Depending on who has referred you for this evaluation, I may be asked to write a report of my findings. If so, you will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes so as to more accurately reflect your perceptions. However, I retain my right to include those of my professional opinions and observations that I believe to best represent my findings in your case. You are not obligated to use any report that I write. The findings of my evaluation are confidential, as is your participation in this process.

I will be audio recording all of our meetings. This preserves an absolutely accurate record of what you say to me. You have the right to request that I turn off the digital recorder at any time. However, I cannot be responsible for the accuracy of my reporting of any information that you give me when the digital recorder is not running. In addition, I cannot base my opinions primarily on anything you say when the digital recorder is not running. If you recall something in between or after our evaluation sessions, please call the office and leave that information in detail on my voicemail, and I will record it onto the digital recorder.

There is one legal exception to the confidentiality of this process. If during our evaluation you report information to me that causes me to suspect child abuse or vulnerable adult abuse, I must by law report my findings to the appropriate state agencies. I would inform you if I planned to take this step. If I learned that you were likely to harm another person, I must by law inform that person and the authorities. I would also inform you if I took that step.

FEES

My fee for doing this assessment is \$200.00 per hour. This includes the time I meet with you directly, the time spent scoring and interpreting tests, the time spent meeting with you and another mental health professional, and the time spent writing a report for you and/or another mental health professional. Fees are payable at the time I meet with you. Your insurance likely will not pay for evaluations since they do not meet insurance company definitions of medical necessity.

If you miss a session without canceling or cancel with less than twenty-four hours notice, you must pay for that session at our next scheduled meeting. The voicemail system has a time and date stamp which will keep track of the time that you called me to cancel. I cannot bill missed sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires) or if you or someone whose caregiver you are has fallen ill suddenly.

COMPLAINTS

If you believe that I have acted unprofessionally or unethically in my dealings with you, please tell me. If I do not respond to your satisfaction, you may file a formal complaint with the Examining Board for Psychology, Dept. of Health, PO Box 47869, Olympia, WA 98504.

CLIENT CONSENT TO ASSESSMENT

I have read this disclosure statement and understand its terms. I have discussed any questions that I have with Dr. Slaughter, and she has answered them to my satisfaction. I agree to participation in the assessment process as described above. I agree to the payment of \$200.00 per hour. I am over the age of eighteen and competent to enter into this agreement.

Signed: _____ Date: _____
(Client, or legal guardian if client is under age 13)

Witness: _____ Date: _____