



# Monica Rowson Psychological Services

Monica Rowson, M.C. • Registered Psychologist

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## **NEW CLIENT INFORMATION**

### **FOR PSYCHOLOGICAL ASSESSMENT**

Welcome to Monica Rowson Psychological Service. I look forward to assisting you. My goal is to provide effective and timely service. I value excellence and I will endeavour to provide a service that meets your expectations.

#### **Risks and Benefits of Psychoeducational Assessment**

Psychoeducational assessments can be used for clinical and educational decision-making, for planning treatment, and for planning remediation. Educational personnel may use the information from psychoeducational assessments to help determine a student's eligibility for special services while in school or for transitioning into adulthood. Mental health personnel may use this information to establish effective treatment plans and to advocate for needed services for clients with special needs.

Parents or guardians may be concerned that the results of a psychoeducational assessment may "label" an individual if a learning disability or cognitive disability is identified. Although this is a possibility, the benefits usually outweigh the risks, if the individual is able to access the services he or she needs.

Parents or guardians may also be concerned that a psychoeducational assessment may cause undue stress for the individual being assessed. An individual may experience test anxiety, however, many individuals enjoy the testing because items are interesting and enjoyable to complete. Additionally, breaks will be provided to avoid fatigue.

#### **Payment of Services**

Cash, or PayPal are accepted forms of payment. Personal cheques are not accepted. Full payment for services is required prior to testing. If you are using PayPal, the funds must be deposited the day before testing. If you are using cash, you may bring it the day of testing. If you have insurance coverage, you are responsible to submit your receipt for reimbursement.

### **Our fee schedule is as follows:**

**Psychoeducational assessments for children** are billed at a rate of \$1600.00 and include the following items: client history questionnaire, WISC-V, WIAT-III, BRIEF, AND BASC-3. There may be an additional charge if other test instruments are required. This will be discussed in advance of testing.

The fee of \$1600.00 includes a day of testing with the instruments listed above, the writing of the assessment report, and one follow-up debriefing with the parents or guardians. If more than one follow-up debriefing is required, there will be an extra fee of \$200.00 per hour for the psychologist's time. Debriefings will be conducted at the clinic.

**Psychoeducational assessments for an adult with a disability** are billed at a rate of \$800.00 and include the following items: client history questionnaire, WAIS-IV, and ABAS-3. There may be an additional charge if other test instruments are required. This will be discussed in advance of testing.

The fee of \$800.00 includes a day of testing with the instruments listed above, the writing of the assessment report, one follow-up debriefing with the client and guardians (if applicable). If more than one follow-up debriefing is required, there will be an extra fee of \$200.00 per hour for the psychologist's time. Debriefings will be conducted at the clinic.

### **Withdrawal from Service**

You have the right to refuse or withdraw from service at anytime without prejudice or penalty (with the exception of no shows or late cancellations as described below). Your consent for services is valid from the day the assessment is undertaken until the assessment report has been written and debriefed with parents and school or other third party. You may withdraw consent at any time by telling your psychologist of your decision to discontinue service. If you withdraw consent before the service is completed you will be billed according to the amount time the psychologist has spent working on the assessment. (This will never exceed the agreed upon assessment amount.)

### **Cancellation Policy**

The psychoeducational assessment appointment time you have booked is reserved solely for your use. If you find you are unable to keep an appointment please advise us as soon as possible. Cancellation or rescheduling of appointments requires twenty-four (24) hours advance notification. Since your appointment requires the psychologist to reserve a significant amount of time,

you will be billed \$200.00 for a missed psychoeducational assessment appointment, unless 24 hours notice is given.

## **Confidentiality**

The information you share will not be given to anyone without your written permission. Confidentiality must be waived in the following circumstances and; if possible, you will be advised if this becomes necessary. These include the following:

1. If your psychologist has reason to believe that you are in danger to yourself or others, she has a legal responsibility to report this to the appropriate authorities.
2. If your psychologist or file is subpoenaed to court, the information must be released. (L)  
(SEP)
3. Information indicating abuse or neglect must be reported to the proper authorities.
4. If you are under 18 years of age, or have a court appointed legal guardian, certain (L)  
(SEP) information may have to be shared with your guardian. (L)  
(SEP)

The information collected from the child or dependent adult, parents and guardians, and teachers will be used to generate a comprehensive psychoeducational assessment report. The report will become the property of the individual's parents or guardians and the report will be first debriefed with the parents or guardians. If the individual being assessed is a school-aged child, parents or guardians are encouraged to share the report with the child's school personnel with the objective that appropriate educational planning can be done.

**A Release of Confidential Information** must be signed by the parents or guardians before information will be collected from or shared with school or health professionals.

## **Emergency Assistance**

If you need to contact your therapist between appointments we have confidential voice mail for your convenience that is in operation at all times at our regular office number (780-933-6470). If your call is urgent and you are unable to speak to your psychologist, please call the emergency number below or proceed to your nearest hospital emergency room.

Mental Health Helpline

1-877-303-2642



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## CONSENT FOR PSYCHOEDUCATIONAL ASSESSMENT

### Client Contact Information

Name of Client \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of parents/guardians

1. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Your signature below confirms that the information entitled **New Client Information for Psychoeducational Assessment** has been read by you or to you and that you accept these terms.

Name (print) \_\_\_\_\_ Witness (print) \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_