

**John Gould, PhD**  
*3660 Stoneridge Rd., Unit F-102*  
*Austin, Texas 78746*  
*john@johngouldphd.com*  
*512-576-5052*

## **Informed Consent for Adults**

Please read this document carefully so that you can make an informed decision about participating in a psychological evaluation. This information will help you understand better what to expect, and it will explain some limitations about what you and your tester will be doing.

### **Your Privacy and Confidentiality**

During the course of the evaluation, our conversations, your records, and any information that you give us is protected by something called legal privilege. That means that in most cases the law protects you from having information about you given to anyone without your knowledge and permission. Our office respects your privacy, and we intend to honor your privilege. However, the law also makes some important exceptions to your privacy. If we believe there is a risk you might harm yourself or someone else, we may be required to contact the authorities to give them the opportunity to protect you. If you are abusing children, an elderly person, or a disabled adult, we must notify the authorities so they can protect others from harm. Also, if you become involved in any lawsuit in which your mental health is an issue – for example, a custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering – then the court or the lawyers may insist upon and may obtain your information from us. Similarly, you would lose the protection of your privilege if you file a complaint against us with the state licensing board or if you sue us.

The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third-party payer, our office must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. You should also understand that insurance and managed care information is often stored in national computer databases. By your signature below, you authorize our office to provide information to your insurance and managed care companies to the extent necessary for them to pay for your services. If we find ourselves in a dispute with you over billing, our office may provide a collection service any information necessary to clarify and to collect an outstanding balance.

### **The Testing Process**

You should know that undergoing a psychological evaluation is not always easy. You will find yourself having to discuss personal information, which might feel difficult or embarrassing. We may also ask you to do some things that might, at first, make you feel uncomfortable or awkward. That being said, it is extremely important that you be as truthful as possible throughout the process and provide your best effort on the varied psychological tests. This will influence how your results are interpreted.

Generally, the psychological evaluation will involve three sessions—a clinical interview, testing, and feedback. Testing sessions can be long and even extend across multiple days. The psychological evaluation may include: a review of previous records; direct, face-to-face contact; clinical interviews; additional information from your school/employer (with written permission); as well as formal testing. These services will also include the psychologist’s time for the reading of records, interpretation of the test results, writing of the report, and any other activities to support these services. Scoring, analyzing, and writing a report based on testing typically takes a few weeks, at which point the patient will be contacted for their third session.

During the evaluation, you may be invited to participate in research studies. Your decision of whether or not to participate will not affect your treatment here or your relations with Dr. Gould in any way. However, by signing this form, you are agreeing to allow use of the data from your assessment for research purposes (i.e., papers, conference presentations, etc.), provided that all identifying information is removed.

### **Telemental Health**

In light of the social distancing measures in place due to COVID-19, Telemental Health sessions are available and encouraged for all appointments. The virtual sessions will take place through a HIPAA compliant platform. In order to take advantage of this service, you must have access to a camera on your computer or smartphone, an Internet connection, and a secluded and quiet space for the session. All parties involved must agree not to record the session. Additionally, any testing material sent to you may not be copied, reproduced, or published. That being said, by the nature of these virtual visits, your confidentiality may be more at-risk than it would in an in-person visit. I may also ask to establish a Safety Plan with you prior to our appointment in the case of an emergency. This could include the information of an emergency contact and the hospital nearest you. If I feel that Telemental Health is not in your best interest, I reserve the right to suspend virtual visits. Finally, we will verify whether your insurance carrier covers Telemental Health and let you know prior to the session. If your insurance carrier does not cover virtual visits, you may choose to pay for them privately.

Our office specializes in comprehensive psychological evaluations that include a wide range of areas, including cognitive abilities, academic achievement, personality assessment, and emotional functioning, depending on the questions to be addressed. If we believe that your condition requires knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral with you before we act.

By your signature(s) below you consent to the psychological services offered herein, you agree to pay for services as indicated and at the time of service, and if you are using a third party payer (e.g., insurance), you agree that our office may provide any information to your insurance carrier and managed care company necessary to consider, process, and approve payment of services. Further, you agree that all charges are, finally, your responsibility, and that in the event your insurance carrier refuses payment, you agree to pay all amounts due.

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Signature of Patient

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Date