

W. Michael Rogers, Psy.D., P.L.L.C.

Clinical Psychologist

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DISCLOSURE STATEMENT: PSYCHOLOGICAL ASSESSMENT

This statement is a disclosure of certain information about the process of psychological assessment. It details certain rights and responsibilities that you have in this process and gives you some information about me.

My Training and Licensure

I have a Psy.D. in Clinical Psychology, earned in 2006 from Argosy University Seattle—Washington School of Professional Psychology. I am licensed as a psychologist by Washington State (PY3741).

Assessment Process

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 the individual/professional who made this referral. The assessment process usually has two parts that require your participation; a structured interview, which normally takes between two and four hours, and the administration of psychological testing, which normally takes from two to four hours. The times vary depending on how much information you have to share with me, and the complexity of the issues being assessed. It is likely that I will be reviewing your medical, psychological, or educational records, and other written materials relevant to your presentation. I may also ask you for permission to speak to other people who have known you well who may help me to understand you such as friends, family members, co-workers, school, or your therapist if you have one.

Following the initial information gathering and assessment sessions, my clinical impressions are generally prepared in a written report. 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 the right to include those of my professional opinions and observations that I believe to best represent my findings. You are not obligated to use any report that I write.

Confidentiality

The information obtained in this evaluation is confidential and will not be released by me to any person or organization without your written permission. The only exceptions to this policy are rare situations in which I am required by law to release information with or without your permission. These are: 1) if there is evidence of physical and/or sexual abuse of children, or abuse to the elderly; 2) if you are in danger of harming yourself or another individual; and 3) if your records are subpoenaed by the court. In the rare event of any of these situations, I would attempt to discuss my intentions with you before an action is taken, and I would limit disclosure of confidential information to the minimum necessary to insure safety.

If you or anyone on your behalf elects to communicate with me by email at some point during the assessment process, please be aware that emails are not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

I may occasionally find it helpful to consult other health and mental health professionals about a case. If I consult with a professional who is not involved in your case, I make every effort to avoid revealing your identity. These professionals are legally bound to keep the information confidential. I will note all consultations in your Clinical Record.

If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with an attorney to secure a protective order.

Fees

My fee for any work that I do of a non-testimonial nature (e.g., assessment interviews, test scoring, reading records, talking with attorneys, report writing, etc.) is \$120.00/hr. My fee for any kind of testimonial work, including any time I spend traveling or waiting to testify, is \$250.00/hr. If any of my work requires me to travel outside of King, Pierce, or Snohomish Counties, WA, I will charge a daily rate of \$2000.00/day for whatever work I do of less than eight hours in place of the hourly rate, plus reasonable travel expenses.

In most cases, your insurance will not pay for psychological evaluations, since they do not meet insurance company definitions of medical necessity. Accordingly, all fees are due at the time of service unless other arrangements have been made with me in advance.

Your Responsibilities

- I. You are responsible for coming to your appointment on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's appointment. If you miss an appointment without canceling, or cancel with less than twenty-four hours notice, you must pay for that missed appointment at our next regularly scheduled meeting. The answering machine has a time and date stamp which will keep track of time to cancellation. 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).
- II. You are responsible for paying for assessment services at the time of the initial appointment. My fee for individual assessment sessions is \$120.00. It is not uncommon to be charged a set fee for a battery of tests or assessment procedure (e.g., ADHD/ADD). Missed sessions may be billed at the individual session rate of \$120, however, in addition to the set battery fee.
- III. I am not willing to have clients run a bill with me. I cannot accept barter for services. If you refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

Complaints

If you have reason to believe that I have acted in an unethical or unprofessional manner, I encourage you to discuss this directly with me. If you do not feel that I have been responsive to your concerns, there are several formal routes by which you can bring a complaint against me. You can write to the Examining Board of Psychology, Dept. of Health, P.O. Box 1099, Olympia WA 98504, or to the Ethics Committee of the American Psychological Association, 750-1st Street NE, Washington DC 20002-4242.

Client's Consent to Assessment

I have read the above disclosure statement and understand its terms. I have discussed any questions that I have with Dr. Rogers, and he has answered them to my satisfaction. I agree to my participation in the assessment process as described above. I understand that my statements in this process may not be kept confidential in legal proceedings, but I understand that Dr. Rogers will keep these materials private when he is not required by law to share this information. I agree to the release of information to the individual/professional who has referred me for this assessment. I agree to the fees quoted above. I am over the age of eighteen and competent to enter into this agreement OR I am the parent of a minor signing on behalf of my minor child.

Signed: _____ Date: _____

Witness: _____ Date: _____

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