

CONTRACT FOR MENTAL HEALTH EVALUATION

1. I, _____, agree that Gabriel Fagin, LICSW (the "evaluator") will be evaluating the mental health of ___me___ my child (name)_____. I understand that the evaluator will only be conducting an evaluation and will not treat ___me, ___my child. The evaluator has explained to me the nature and purpose of the evaluation and the tests, if any, that will be used, including any risks. The tests we discussed include:

The evaluator has explained to me (check one):

___ when and how I will receive an explanation of the results of this evaluation.

___ that I will not be informed about the results and the reasons why I will not.

2. I agree to sign any releases necessary for the evaluator to obtain medical, mental health or school reports on ___ me, ___ my child. I also agree that the evaluator may speak to and obtain information from others, including _____, and that I will sign any releases necessary to allow this contact.

3. I agree to pay the evaluator's fees of \$_____ for the evaluation. This payment will include the evaluator's time for interviewing, testing as specified above, obtaining other information, telephone conversations and an oral or written report of the results of the evaluation. If the evaluator decides that tests in addition to those specified above should be administered, we will discuss them, and additional payment may be necessary.

4. I understand that the evaluator must be paid in full, before any report can be provided or any insurance reimbursement application is made. The evaluator will complete any necessary claims forms but cannot make any representations to me about whether and how much my insurance company may reimburse for the evaluation.

5. I understand that, unless I cancel scheduled appointments 24 hours in advance, I will be charged in full for missed appointments for the time set aside by the evaluator at the rate of \$_____/hour.

6. I understand that a report of the evaluation will be prepared _____ weeks *after* the conclusion of all meetings with me and the gathering of all information.

7. I understand that the evaluator may consult with other mental health professionals about my evaluation, but that no identifying data about me will be revealed. If the evaluator wishes to reveal identifying information in a consultation, I will be asked to sign a consent form authorizing that disclosure.

8. If I am an adult consenting to the evaluation of a child, I hereby state that I have the legal authority to consent to this evaluation of my child, that is, that I am the child's custodial parent or legal guardian.

My signature below indicates that I understand and agree to this contract.

Signature

Date