



CONSENT AND AUTHORIZATION FOR DIAGNOSTIC EVALUATION

We at The Mauriello Group strive for client growth and improvement. It is our goal and desire to work with clients so that they may gain the capacity to resolve their own challenges. Together with your healthcare professional, we hope that you will feel confident that you are able to face both your immediate challenges and the ones you will face in the future. The needs of our clients vary greatly, but together, our team will work to help you close the distance between where you are today and goals you strive to reach. Together, we will work to achieve the best possible results for you.

Client Agreement/Contract

I hereby authorize and voluntarily consent to professional counseling, social work, marriage & family therapy, psychological, psychiatric, medical, nursing, testing, assessment, diagnostic, and/or other behavioral healthcare services from *Matthew J. Mauriello, MA, P.C.* (DBA "The Mauriello Group") as recommended by the professional(s) directly involved with my and/or my child's diagnostic evaluation as provided by the behavioral healthcare provider _____, Pennsylvania license number _____. I am requesting that this diagnostic evaluation is for the purpose(s) of:

My signature below further indicates the following:

- I understand there are no guarantees or specific promises for any diagnostic results, assessment results, clinical interpretations, or recommendations as a result of receiving services. My consent and authorization for services acknowledges that my goals for assessment are neither guaranteed nor based upon any payment or non-payment of the fees for services.
- I understand that the procedures for selecting tests, administering tests, scoring tests, interpreting testing results, and maintaining my and/or my child's privacy will be carried out in accordance with the rules and guidelines of various professional organizations and with any applicable state and federal laws. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
- I understand that these services may include direct, face-to-face contact, interviewing, observing, and/or testing. Services may also include the examiner's time required for the reading of records, consultations with other professionals, scoring of tests, interpreting test results, writing written evaluations, and any other activities to support these services. If I have questions or concerns about this assessment, the examiner agrees to be available to discuss these during and after the delivery of services.
- I understand that it is my right and responsibility to remain an active participant in the assessment and evaluation process. I understand that it is impossible to guarantee results regarding my assessment or evaluation goals. I will receive guidance to identify important issues, but it is up to me implement any recommendations. I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings of this evaluation are accurate.
- I understand that some of these services may be completed by an unlicensed technician under the supervision and guidance of the licensed healthcare professional named above. I further understand that it is my right to know the level of education and credentialing of those performing any of the services covered in this diagnostic evaluation.
- I understand that tests and test results will be kept in a secure place to maintain their confidentiality. One (1) copy of the written diagnostic evaluation will be provided to me. No records or reports will be released without proper written authorization from me and/or my personal representative(s). I further understand that *Matthew J. Mauriello, MA, P.C.* will provide neither raw testing data nor the original completed or uncompleted forms of any proprietary or any copyrighted test instrument to a client, a client representative, or client attorney. Upon the client's request (with proper written authorization) raw test data and/or copyrighted materials will be furnished directly to another appropriately licensed healthcare professional, a healthcare agency of the client's choosing, or under a specific court order.

CLIENT NAME/ID: _____

- I understand that if I am dissatisfied with any services, I will explicitly let it be known so any problem can be quickly resolved. I further understand that I may terminate services at any point without consequence; however, I understand that I forfeit any initial non-refundable deposit if I terminate this contract prior to the completion of the diagnostic evaluation and/or written report.

Parts of Diagnostic Evaluation

Common features of diagnostic evaluations typically include the following:

- **Review of Records:** Includes any background information and records from referral sources, employers, schools, courts, other healthcare providers, or the client to enable the examiner to have an historical context that benefits the evaluation process.
- **Clinical Interview:** A professional interview with the client asking about a client's family history, medical history, psychiatric symptoms, educational history, employment history, social functioning, legal history, substance use, and mental status. Collateral contact may be obtained from family members or representatives of the referral source to provide additional information. The behavioral healthcare provider named above typically performs the clinical interview.
- **Questionnaires:** These questionnaires measure psychiatric symptoms, behaviors, or personality traits; client results are then compared to other people of similar age or background. The behavioral healthcare provider or a psychometric technician may provide the instructions for completion of these inventories. These questionnaires can either be completed by the client or client's informant with pencil-and-paper or electronically.
- **Cognitive & Neuropsychological Tests:** These may include tests of intellectual ability, problem-solving, academic achievement, visual-motor coordination, attention span, neurological functioning, memory, and processing speed. The behavioral healthcare provider or a psychometric technician may administer and/or score these tests.
- **Validity Assessment:** The behavioral healthcare provider may also assesses the accuracy evaluation based the consistency of your responses or your effort on the methods described above. It is therefore very important that you be as truthful as possible with the examiner and provide your best effort on all assessment tasks. The behavioral healthcare provider will determine if the evaluation results appear to be valid, if they are to be interpreted with some degree of caution, or they are to be declared invalid altogether if it is discovered that you were not truthful or provided a poor effort.
- **Written Diagnostic Evaluation Report:** After the all results are obtained, the behavioral healthcare provider typically interprets these test data into a clear diagnostic evaluation report. The evaluation report reviews the results, provides detailed analysis of the questionnaire or cognitive test results, summarizes the data, and lists any diagnostic impressions as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5;* American Psychiatric Association, 2013). Additionally, recommendations are typically listed at the conclusion of the diagnostic evaluation for further direction.

Limits of Confidentiality with Protected Health Information

I understand that the protected health information (PHI) contained in any diagnostic evaluation or test results may not be confidential if I and/or my child is referred by an organization such as a government agency, a court, an insurance company, an employer, a school, or an attorney. I understand that I may need to share this PHI in full or in part with such a referral source. I understand it is my right to not share any PHI with a referral source, but this right may negate the reasons I am receiving services. I understand that if I complete an appropriate written authorization for release of PHI to a referral source or a court order exists that there is no expectation of privileged or confidential communication; however, *Matthew J. Mauriello, MA, P.C.* endeavors to respect the privacy of all parties, and will not include information in the diagnostic evaluation report that is not directly relevant to the reason for referral. I understand that the behavioral healthcare provider will be transparent as to what information will be shared with the organizational referral source. I understand that in some cases (e.g., court orders) I will not obtain a copy of the diagnostic evaluation report; the referral source, who is paying for the services, typically receives the sole copy of the report as it is considered their property. I further understand and agree that there is typically no feedback session offered unless I request one, and arrange for payment of that session.

