

Maura Abate, PhD

Licensed Psychologist | Child Neuropsychologist

Consent and Agreement for Neuropsychological Testing or Psychological Services

I, _____, agree to allow Maura Abate, PhD to perform the following services:

_____ Neuropsychological Evaluation (includes testing in the areas of intelligence, attention, memory, organization, academic achievement, personality and/or social emotional functioning)

_____ Preschool Evaluation

_____ Reading Evaluation

_____ Math Evaluation

_____ Attention Disorder Evaluation

_____ Psychoeducational Evaluation (intellectual and academic testing only)

_____ Psychological Evaluation (intelligence and personality testing only)

_____ Personality Evaluation

_____ Counseling

_____ Consulting

This agreement concerns _____ myself or my child, _____.

I understand that the fee for this service will be \$ _____ which is payable in _____ installments. An initial fee of \$ _____ is due at the intake interview where a history is taken. A deposit of \$ _____ is due at the time of testing and a final payment of the balance of \$ _____ is due on the completion and delivery of the report. I understand that I am fully responsible for payment of these services.

Or / My fee is _____ per hour for counseling/consulting payable at the time of service.

I also understand that the psychologist agrees to the following:

The procedures for selecting, giving and scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association.

Signature of client, parent or guardian

Date

Signature of psychologist

Date