

## **AGENCY REFERRED PARTICIPANTS**

### **COMPREHENSIVE PSYCHOLOGICAL SERVICES, LLC.**

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Welcome to Comprehensive Psychological Services, LLC. This document contains important information about this office's professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us. Technically, the referring agency/organization is considered in this document as "The Client," where you are considered "The Participant" in the present evaluation.

### **PSYCHOLOGICAL TESTING SERVICES**

There are many reasons for psychological testing. Common features of psychological evaluations include the following:

- Review of your records - The agency that sent you to our office usually sends us background information to help us understand your situation. Testing participants may also wish to provide their own records to our office if they feel it will help with their case.
- Clinical Interview – An interview with the participant contains his or her background information (such as family history, physical health, prior abuse history), mental health concerns (such as symptoms of distress, prescribed medications, substance abuse difficulties), educational/work history, employment, social functioning (how you get along with your friends, legal history), and a mental status exam (how you behave and how well you can go about your daily tasks). Collateral contact may be obtained from family members or from the referring agency to provide more information to help the testing process.
- Mental Health Assessment Inventories – These tests usually include surveys and exercises that will tell us about your mental health functioning. The psychologist or testing staff will give you instructions for completing these surveys.
- Cognitive/Neuropsychological Assessment Tools – These exercises may include tests that will tell us how well you understand information, what you have learned in school, and how well you can do things with your hands. Information about your attention span, memory, and ability to complete assignments will also be assessed. The psychologist or testing staff will give you instructions for completing these tests.

**It is extremely important that you be as truthful as possible with the examiner on the test surveys, and provide your best effort on all of the psychological tests.** After all of the test results are collected, the data is compiled together into a written psychological report that will be sent to the referring agency/organization. Information pertaining to your candidness during the course of this evaluation will be included in the final report.

## LIMITS OF PRIVACY

An "Agency Referred Participant" is someone who is referred by either the federal government, a state agency such as the Department of Social Services, Department of Disability Services, the State Accident Fund, or an organization (place of employment). It is noted that **there is no privileged communication for an Agency Referred Participant**. Specifically, all of the information that you provide to this examiner is subject to review by the referring agency/organization ("The Client"). However, the evaluator will respect the privacy of all parties, and will not include information in the final report that is not directly relevant to the present case. At the bottom of this form, there will be a signature page that includes your acceptance of the provision that would allow the release of your report to the referring party(s).

In most cases, the referring agency/organization is the only party that will receive a copy of this report directly from Comprehensive Psychological Services, LLC. Afterward, the agency/organization typically distributes a copy of the report to relevant parties pertaining to this case. There are further exceptions to your privacy which are as follows:

1. The staff is required by law to report if you indicate that you plan to harm yourself or someone else.
2. If you report that you have endangered or abused a child or elderly person.
3. If the court orders that we provide records or a verbal report to them.

## REVIEW OF WRITTEN REPORT

For the Agency Referred Participant, there is usually no feedback session, and the party does not obtain a copy of the psychological report from this office. Instead, the referring agency/organization usually receives the only copy of the report. The reason for this provision is that the referring agency/organization is considered The Client. **Therefore, Comprehensive Psychological Services, LLC will not provide an Agency Referred Participant with access to their psychological report without permission from the agency/organization that sent them to our office.**

## FEES

For Agency Referred Participants, the agency that sent you to us is usually responsible for payment. There are exceptions in which the Agency Referred Participant is required by the referring agency/organization to pay for the evaluation. However, aside for the responsibility of payment, the same rules apply in all matters, such as the agency/organization receiving the sole copy of the evaluation from this office. Any testing participant who is referred by an organization and has to provide payment will be subject to the same rules as the Private Testing Participants pertaining specifically to fees (please review Private Testing Participants form for fee information under this circumstance).

## ETHICAL STANDARDS

As a professional, the person(s) that are testing you will use their best knowledge and skills to help you. This includes the following ideals and ethical standards of the American Psychological Association (APA). In your best interests, the APA puts limits on a relationship between an evaluator and a participant, and your evaluator(s) will abide by these rules. Here are some of these limitations, so you will not think they are personal responses to you.

First, your evaluator is a licensed professional, or supervised by a licensed psychologist, to practice testing services, not law, medicine, or any other profession. Therefore, your evaluator is not particularly trained to give you advice in these other areas. Second, your evaluator does not try not to reveal the identity of his or her participants. If we meet on the street or socially, your evaluator and testing staff will not acknowledge your presence until you address him or her first. Third, in your best interest and following the APA ethical standards, your evaluator does not engage in multiple roles in your life. Your evaluator cannot ever have sexual or romantic relationships with any participants during, or after, the course of therapy. A full copy of the APA Ethical and Legal Standards are available in the office.

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Please initial all of the following and then sign:

\_\_\_\_\_ I have read and understood the above information. I also give consent for the present evaluation to be conducted by Marc Harari, Ph.D., or Nevelyn Trumpeter, Ph.D., or Darren Woodlief, Ph.D. with the assistance of the administrative staff of Comprehensive Psychological Services, LLC.

\_\_\_\_\_ I understand that it is critical that I provide my best effort and respond in a candid manner during this evaluation. I have been informed that the final report will contain information pertaining to the reasonableness of the test findings.

\_\_\_\_\_ I am an Agency Referred Participant. Therefore, I have been informed that a final report of the test findings will be sent to the agency/organization that requested I participate in the present evaluation.

\_\_\_\_\_ I understand that as an Agency Referred Participant, I will not have any access to the present test results without permission from the agency/organization that referred me to this office.

\_\_\_\_\_ I understand that the agency/organization that referred me for this evaluation is responsible for payment. (In the case in which I am responsible for payment despite being an Agency Referred Participant, I understand that that the same rules apply with respect to my privacy limits as nonpaying participants. I will also agree to the same fee provisions that are used by Private Testing Clients. Furthermore, I comprehend that the final report will still be sent to the referring agency/organization, and that I will not be able to review the test results in this office without permission from the referring agency/organization.

\_\_\_\_\_ I agree to disclose the information provided to this examiner and final report to:

  

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SIGNATURE

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DATE