

UNLV PRACTICE

A Community Mental Health Clinic

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www.unlv.edu/thepractice

INFORMATION AND SERVICES - PSYCHOLOGICAL TESTING AND ASSESSMENT

2020-2021

Welcome to the Psychological Assessment and Testing Clinic (**PATC**) at the PRACTICE. The PRACTICE is a community mental health clinic sponsored by the University's Colleges of Education and Liberal Arts. UNLV faculty experts in clinical and school psychology and counseling train and supervise advanced graduate students in high quality mental and behavioral health care. We appreciate your giving us the opportunity to be of help to you. Please take a few minutes to read this document and our Notice of Privacy Practices. There is also a page for you to sign. If you have any questions, please call our direct clinic line: **(702) 895-0296**.

Staff: The PATC is a community, sliding scale clinic where you are served by a team. Assessments at the Psychological Assessment and Testing Clinic will be conducted by graduate students working on Doctoral or Master's degrees in school or clinical psychology at UNLV. The students are referred to as *practicum students* and they work and train under the close supervision of faculty clinical psychologists and school psychologists. Supervisors accept primary responsibility for the interpretation of the test results and the conclusions and recommendations that follow.

Services: The tests we use are valid and reliable measures of many different human abilities including, but not limited to, verbal and visual thinking and problem solving skills, memory, academic skills, auditory processing, attention/concentration, emotions, motivation, personality characteristics, and relevant social factors related to the questions being addressed. It would be too cumbersome to list all the names and purposes of the tests we might possibly use in an evaluation. However, you have the right to ask, and we welcome your questions, about the purpose of any tests used in an evaluation. The procedures we use for selecting, giving, and scoring tests, interpreting and storing the results and maintaining your privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations.

We are committed to providing the best care possible, based on the most up to date research and knowledge available. It is the responsibility of the PRACTICE to make recommendations that are in your best interest. If our services are not appropriate for your presenting concern, we may refer you to another community agency.

Risks/Benefits: Psychological assessment provides the benefit of more fully understanding why a problem exists. For example, for a student struggling in school, psychological assessment can provide information regarding the student's learning strengths and weaknesses. The results of an assessment might be very useful for obtaining services to address the presenting problem as well.

The risks involved are minimal but might include having to discuss problems that evoke unpleasant feelings. The tests themselves can be fun and engaging at times, but at other times can be boring, frustrating, or tedious. Every effort is made to ensure that the individual undergoing evaluation is encouraged and comfortable.

IMPORTANT NOTE: In order to conduct a valid assessment it is important that the examiner be aware of any substances you are taking. Certain psychoactive substances (including prescription medications, alcohol, marijuana, or other illicit drugs) can affect your performance on measures of cognitive ability and learning. If you are using substances on a regular basis (prescribed or not) it may be difficult for us to determine whether or not another problem, such as a learning disability, exists and may preclude us from making certain recommendations (e.g., classroom accommodations). If you are taking prescription medications please discuss these medications with the evaluator during your initial interview. If you are engaging in significant alcohol, marijuana, or other illicit drug use you have the following options:

- Discontinue use of substance(s) prior to testing (We recommend 6 weeks).
- Continue testing acknowledging the risk that the testing report will include your substance use and possibly preclude definitive diagnoses and/or accommodations.
- Discontinue testing.

Audio/Video Tapes: The PRACTICE is a training facility. In order to ensure the highest quality of services and to comply with professional training standards, assessments will be video and/or audio recorded. These recordings are used for supervisory purposes and are kept strictly confidential and secure. Audio/video recordings of assessments may also be used for educational purposes, with the identity of the clients concealed. Recordings are not considered part of your clinical record and are permanently erased no later than the end of each semester. Consent for recording all testing/assessment sessions is a condition of receiving services at the PRACTICE. Should you decline to have your assessment recorded, you will not be able to receive services at the PRACTICE and an appropriate community referral will be made.

Testing Session Notes: To facilitate your assessment, your participation in each session will be documented within your confidential electronic treatment record. To enhance coordination of care, members of your treatment team at The PRACTICE (e.g. your student clinician, supervisors, and clinic directors) will have access to these records.

Fees and Payment: Fees for this service are determined by a sliding scale based on annual household income and number of persons dependent on that income. We accept payment by check, cash, money order, debit or credit cards. When you first contacted the clinic to arrange for an evaluation, a total fee was quoted and a payment plan was negotiated (i.e. up to 3 installments for full assessments or 2 installments for IQ-only assessments). Please see the enclosed "Financial Information Form and Contract" which has been completed for you. The "Financial Information Form and Contract" also reviews our cancellation policy.

A payment must be made at the first appointment (either in full or the first installment). If the fee, or payment of an installment, causes you any hardship, please speak with the practicum student assigned to your case to discuss additional payment options. If you are paying in installments, the final installment must be made before or at the final feedback session. The final feedback and a copy of your report may be held until payment is made in full.

Please be aware that we are *not* a provider for any insurance company nor do we accept any payment via insurance. If you do have an insurance plan that covers mental health services and you consent to assessment here, you are choosing an out-of-network provider and will be responsible for the entire cost of your care. However, upon request, we can provide you with a receipt outlining the procedural and diagnostic codes specific to your evaluation. You can then submit this receipt to your insurance company who will use the codes to determine whether or not you are eligible for reimbursement from the company. It is your responsibility to communicate with your insurance company regarding your benefits and eligibility for reimbursement.

Miscellaneous Fees: At the end of your assessment you will be provided with a copy of your final report. Additional printing/copying of records is charged at \$.60/page. Charges for other professional/case-management services including but not limited to letter writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, and preparation of record or treatment summaries will be based on an hourly rate of \$5.00 charged in 15-minute increments.

Appointments: Time to complete an evaluation varies depending on the age of the person being evaluated and the complexity of the referral question. *Minimally*, an evaluation will take from 3-4 hours in one day, but most evaluations require twice this time and will be spread out across two or more days. **Please note that if you are unable to commit to 3-4 hours at a time, we may refer you to another community agency.**

After your evaluation, we will write a report and schedule a feedback session within a reasonable period of time. At the feedback session we will share our findings and recommendations, answer your questions, and provide you a copy of the report.

We expect clients to keep all scheduled appointments. If unforeseen circumstances cause you to be unavailable for your scheduled appointment, please call at least 24 hours in advance.

- **If you are calling for questions regarding your assessment, such as scheduling, please call (702) 895-1532 and select option 1. This phone is staffed full time.** The person answering your call will be able to take messages regarding your assessment, re-schedule your appointment if needed, or address any questions regarding the location of the PRACTICE.
- **If you are calling for general information about the assessment clinic you may call our assessment message line at (702) 895-0296.** Please be advised that this office is staffed only part time and it may take up to 2 business days to return your call.

Parking: There are 2-metered parking options:

- Turn west onto Harmon and take an immediate right.
- Turn west onto Cottage Grove Avenue and enter the Cottage Grove Parking Garage, where metered parking is available on the first level.

Regardless of where you park, **remember to bring change for the parking meters.**

OR

You may also download the 'PayByPhone' app for Apple and Android smartphones. Using this app you can enter the location number located on signs in the parking areas. This allows you to park at both meters and in student parking. (This does not cover parking in designated reserved spots or staff parking spaces.)

For more information regarding maps & parking visit this website: <http://www.unlv.edu/maps>.

Scheduling: If we have difficulty scheduling with you or if you fail to show for appointments, and this interferes with our ability to complete your evaluation in a timely manner, we reserve the right to close your case. A letter will be sent to notify you if your case has been closed. Also be advised that it takes time and preparation to restart your evaluation and you may be charged an additional fee.

Communication: The PRACTICE may contact you (by phone, voicemail, or letter) as needed at the listed telephone number and address to follow up on care or provide a reminder of an appointment. If you have concerns or questions regarding communication, please ask to speak with a staff member.

Confidentiality/Privacy of Information: Because this is a training facility each practicum student will consult with his or her clinical supervisor regarding your assessment. Additionally, please read the "Notice of Privacy Practices" regarding how information about you may be used and disclosed.

Third Party Vendors: Some types of assessments are scored and retained by third party vendors. Personal information such as complete names and addresses are not included in submissions to third party vendors. However, birth dates and client ID numbers may be included in submissions.

Research: The PRACTICE supports behavioral, cognitive, and mental health research by UNLV faculty and graduate students. We routinely collect and analyze data to help improve the quality of our services or contribute to the research mission of the university. In addition, UNLV faculty and graduate students might contact you to discuss participation in a specific research study. Your chart may be reviewed by The PRACTICE's research clinician to determine your eligibility for particular studies. You will have the opportunity to choose whether or not you would like to participate in

such a study. Your choice to participate in the study will not affect any services you receive at the clinic. Any reporting of research results will not include information that could identify you.

Emergency Information: The PRACTICE does not offer after-hour evening or weekend on-call or crisis services. Should an emergency situation occur the following resources are provided for your information:

- **Call 9-1-1 or go to the nearest emergency room for an emergency**
- **For psychological concerns:**
 - o Southern Nevada Adult Mental Health Services @ 702-486-6000 (M-F 8-5 pm, no insurance necessary)
 - o Southern Nevada Child and Adolescent Mobile Crisis Services @ 702-486-7865 (M-Sun, 24 hours; no insurance necessary)
 - o Montevista Hospital @ 702-364-1111 (24 hrs)
 - o Spring Mountain Treatment Center @ 702-873-2400 (24 hrs)
- **National Suicide Prevention Lifeline: 1-800-273-8255**

Compliments or Complaints: We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints regarding your care at the PRACTICE, please ask to speak with the Director.

The PRACTICE Consent Signature Page

2020-2021

If you do not sign this form we cannot provide assessment services to you.

I have read, or have had read to me, the information and expectations outlined in

- 1) The Information & Services – Psychological Testing and Assessment (5-page document)
- 2) The NEVADA Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information (3-page document)

I have discussed the points I did not understand, and have had my questions, if any, fully answered.

I agree to act according to the information and expectations and terms covered in these 2 documents. I agree to participate in this assessment with the assigned counselor/therapist (or have my child participate in this assessment), and to cooperate fully and to the best of my ability, as shown by my signature below.

Client's Name: _____
(please print)

Responsible Party: _____

Relationship to Client: _____
(please print)

Responsible Party's **Signature Date**

PLEASE RETURN THIS SIGNATURE PAGE WITH YOUR PACKET AND WE WILL KEEP IT IN YOUR FILE.

KEEP FOR YOUR RECORDS 1) THE INFORMATION & SERVICES- PSYCHOLOGICAL TESTING AND ASSESSMENT DOCUMENT, AND 2) THE NEVADA NOTICE OF