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DISCLOSURE STATEMENT: PSYCHOLOGICAL ASSESSMENT

This statement is a disclosure of certain information about the process of psychological assessment. This form is intended to supplement the Informed Consent to Treatment Form.

Approach to Assessment

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy, and will be brief and focused on the questions raised by the referral source. The assessment process usually has two parts that require your participation; a structured interview, and the administration of psychological testing. The times vary depending on how much information you have to share with me, and the complexity of the issues being assessed. I may also review available medical and psychological records, and I may also ask you for permission to speak to other people who have known you well who may help me to understand you such as friends, family members, co-workers, your physician, or your therapist if you have one.

Fees

My hourly fee for psychological assessments is **\$200.00** (including the initial consultation, assessment interviews, test scoring, reviewing records, talking with other people, report writing). Sometimes a flat fee can be worked out based on the nature of the assessment and estimated time involved. Assessment fees must be paid in full prior to completion of the assessment. My hourly fee for the feedback session to review assessment results and recommendations is **\$160.00**. If you have insurance, assessments must be pre-authorized prior to commencing and you are responsible for any portion of the assessment that the insurance does not cover. I will do my best to estimate this cost based on pre-authorization from the insurance company.

In the case of psychological assessments, **48** business hours advance notice are required to cancel appointments. If appointments are canceled within this time frame, **\$75.00/ hour** that was set aside to meet with you will be charged. Please be aware that insurance companies do not cover missed appointments and late cancellations.

Client's Consent to Assessment

I have read the above disclosure statement and understand its terms. I have discussed any questions that I have with Dr. Marr, and he has answered them to my satisfaction. I agree to my (my child's) participation in the assessment process as described above. I am over the age of eighteen and competent to enter into this agreement OR I am the parent of a minor signing on behalf of my minor child.

Signed: _____

Today's date: _____

Witness signature: _____