

## **Beachside Counseling and Wellness, LLC**

Molly Larson, Ph.D.

### **Consent for Participation in Evaluation**

**Welcome to my practice.** I sincerely appreciate the opportunity to work with you. Because evaluations involve a large investment of time, energy, money and commitment, it is important that you understand what is involved so you can make an informed decision to proceed with this evaluation. Please review the following information, including the policies on the back of this sheet, and discuss any questions or concerns with me during our initial session.

#### **My background and approach:**

I earned my Doctorate Degree (Ph.D.) in Clinical Psychology from Emory University, Atlanta, GA, 2011. I completed my postdoctoral residency at two centers for assessment, one that focused on children and another that served high school and college students. I have been a Licensed Psychologist in Florida since 2015.

My approach is to collaborate with clients to identify the questions that brought them to seek an evaluation and ensure that their goals are met. To this end, we will meet for an initial session prior to beginning the assessment to determine the exact measures that will be administered. Similarly, after all of the assessment measures are complete and I have written your report we will meet for a feedback session during which the results, diagnoses, and recommendations will be reviewed. This will allow you to ask questions and obtain clarity about the results.

I encourage clients to discuss any and all concerns with me, especially those that may arise in our relationship as we proceed through the testing process. If in the future additional questions arise, I will make myself available for an additional meeting to address these new questions or concerns. I strive to meet individual needs and do not discriminate based on race, ethnicity, religion, disability, national origin, gender or sexual orientation.

#### **Benefits and risks of assessments:**

People's experience of participating in an assessment varies widely; most feel anxious or uncertain at the outset, many enjoy the challenge the measures pose and the process of exploring their strengths and weakness, and almost all of the clients I have worked with have appreciated the feedback they received at the end of the evaluation. Although there is no guarantee that your results will indicate that you meet diagnostic criteria for a disorder, it can often be a relief to learn that what you have been experiencing has a name and established treatments. Regardless of the presence of a diagnosis, during your feedback session we will discuss not only your results but also appropriate treatment options. This may include behavioral interventions for you to explore on your own and/or a referral to other medical or psychiatric professionals I believe will enhance your functioning.

**Potential risks** include anxiety leading up to and during your evaluation sessions, fatigue after completing mentally strenuous tasks, and frustration or disappointment if the results are unexpected. As an experienced professional, I make every effort to ease the difficulty that is inherent in this process.

As noted previously the diagnosis of a disorder is not guaranteed. In addition, the presence of a disorder does not guarantee that you will qualify for accommodations. Students with a diagnosis of a learning disorder will need to submit the requisite paperwork to their educational institution or testing company (e.g., SAT or GRE administrators) in order to learn what accommodations the administration deems necessary.

**Please see other side for policies that pertain to our work.**

## **Beachside Counseling and Wellness, LLC**

Molly Larson, Ph.D.

### **Consent for Participation in Evaluation Pg. 2 of 2**

**Please read the following policies and take a copy of this information with you for your records.**

**Appointments:** The initial appointment is scheduled for 60-90 minutes and is dedicated primarily to information-gathering and assessment of your concerns. We will also discuss your goals for the evaluation. Please come 15 minutes before your appointment to complete necessary paper work. Subsequent appointments are scheduled for 2 to 4 hours. Sessions are scheduled based upon the questions you hope to answer through the evaluation. The feedback appointment is scheduled for 60-90 minutes and is dedicated to communication of the results and answering your questions.

**Cancellations:** There is a **\$75 charge** for appointments missed or not canceled 24 hours in advance. Medical or other emergencies will be considered on an individual basis. If you are late, I will wait 30 minutes before considering the appointment canceled. Insurance does not cover fees for missed appointments.

**Confidentiality:** All information you share will be held in confidence within the confines of the law and professional ethics. Specific exceptions and limitations to confidential handling of your Personal Health Information are described in detail in the **Notice of Privacy Practices**. **Please read these carefully and discuss any questions or concerns about them with me.** You are encouraged to keep a copy of this notice for your own records. Because **email and text messaging** are not considered strictly confidential forms of communication due to the technology involved, I do not encourage the exchange of clinical information via these tools. With your consent, we will email or text reminders of your appointments, for your convenience.

**Emergencies:** During regular office hours (9:30 am-5:30 pm, M-TH; 9:00-2:30 F) you may call me at 321-327-3793 and our receptionist will contact me. After hours and on weekends, all calls are answered by an answering service. If you have an emergency after hours please call 911 or go to the nearest emergency room.

**Financial Agreement:** Your fee will be established at the initial session and is based on my standard fee and any insurance contract that may pertain to you. Half of the payment is due at the time of the initial session and the other half is due when you attend your feedback session. I do not release test results or your final report until all payments are complete. You may pay by cash, check, or credit card. Returned checks are subject to a \$35.00 fee. If financial emergencies arise, I will expect you to discuss these with me as soon as possible. Special arrangements may be made to avoid a delay in your evaluation.

I fully understand and accept the terms of this consent.

\_\_\_\_\_  
Client's Signature (Legal guardian, if client is a minor)

Date \_\_\_\_\_

Consent received by \_\_\_\_\_

Date \_\_\_\_\_

Revised: June 2016

321-327-3793, Ext 304  
[www.drmollylarson.com](http://www.drmollylarson.com)

122 4<sup>th</sup> Ave, Suite 200  
Indialantic, FL, 32903