

Consent for Evaluation and Limits of Liability

Limits of Services and Assumption of Risks: Learning is a complex, individualized experience. No two learners are the same, making rigorous psychoeducational evaluation a nuanced, delicate practice. When conducting educational achievement testing, evaluators have a rare and real opportunity to help set an individual on a path to educational success. However, the risks of misidentification or recommendation of sub-optimal interventions are equally real. Without question, the best way to ensure quality outcomes and mitigate risks is to develop a comprehensive view of achievement. To fully understand achievement and ensure the best possible outcomes, professional evaluators should always consider combining insights from two or more trusted measures of achievement and/or cognition.

Limits of Confidentiality: What you discuss during your test session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office: email us at info@edquo.com or call us at 510-255-1195. Since we are unable to use this time for another client, please note that you will be billed for the cost of your scheduled appointment if it is not timely canceled, unless such cancellation is due to a sudden illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to a sudden illness or an emergency) or a scheduled appointment that is completely missed, you will be bill directly for the session fee.

We appreciate your help in keeping the office schedule running timely and efficiently.

Client Signature (Client's Parent/Guardian if under 18)

Date