

**Diane Santas, Ph.D.**

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## **Psychological Testing Policies & Procedures**

### **Practical Considerations**

Diane Santas will charge a flat rate of \_\_\_\_\_ for \_\_\_\_\_ scheduled hours of direct testing, as well as time spent in interview, scoring, consultation with other professionals and/or schools, classroom observations, feedback/discussion sessions, and report-writing. Total cost varies widely based on the extent of the testing, starting at \$4000 for more targeted assessments up to \$6000 for more comprehensive or complex assessments. If consultation or testing is provided based on an hourly fee, or if additional time is spent beyond what is initially discussed, the hourly fee is \$220 per hour. We will agree before testing begins on the goals and extent of the testing being offered, and increases or decreases in scope must be agreed to by all parties. Payment of half of the estimated assessment fee is expected at the initial testing session. The balance due must be paid in full at the end of the evaluation unless other arrangements are made. Because time is set aside specifically for you, and cannot be used by anyone else on short notice, I charge an hourly fee for cancellations with less than 24 hours notice.

Most testing is scheduled in two to three hour blocks of time in the morning, to insure that the person being tested is fresh and functioning at their best. This usually necessitates missing school or work. A good night's sleep and adequate breakfast is strongly recommended prior to all testing sessions, and snacks should be provided for children. In most cases, behavioral questionnaires are provided at the beginning of the evaluation to be completed by the client, family members, and/or school personnel.

I will typically schedule a feedback session (usually 60-90 minutes) approximately three weeks after the last testing session, and finalize the report shortly afterwards. I will discuss with you ahead of time who will participate in this session. In some cases, a story or letter to a child or teen about the test results can also be provided in addition to a separate verbal feedback session (30-60 minutes) with children and teens.

You should read the report provided carefully, and contact me with any corrections, prior to having the report finalized (PDF format, password protected) or sent out to other professionals. With your permission, I can send the report to you electronically via email for convenience, but email is not confidential, so reports can also be sent through regular mail. Reports will not be sent out to anyone without your written consent to release the information. After the completion of the evaluation, if we agree that it would be helpful for me to consult by phone with other

professionals regarding the test results, I can do so. Additional meetings after the assessment is complete with school personnel (such as 504 or IEP meetings) will be charged at the hourly rate and are not part of the standard assessment fee. Specific follow-up referrals will be provided as needed and per your request.

### **Psychological Assistant**

At times, my psychological assistant, Ori Elis, Ph.D., may provide you direct clinical services, or indirect services (in particular, scoring test protocols and developing materials) that are part of the work I am doing with you. She is unlicensed, and will be doing so under my direct supervision. In order to insure the highest standard of care, supervisors meet with their supervised therapists weekly and review their work with you. The limits of confidentiality delineated in this consent form apply to this relationship as well. I remain clinically responsible for the services provided by Dr. Elis, and you pay me directly for her services. Services she provides will be billed according to the same procedures outlined for Dr. Santas at a somewhat reduced rate.

### **Confidentiality: Policies and Limitations**

Under California Law, all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your verbal authorization and/or written consent except where disclosure is required by law.

Disclosure is most commonly required by law when you or another person identified by you is in eminent danger. Then I am legally and ethically mandated to communicate with third parties who can protect the endangered person regardless of your preferences. The most common situations for legal disclosure include hospitalizations because of suicidal or dangerously violent behavior; warning potential victims of homicidal intent; and contacting protective services because of neglect, abuse, or molestation of a child. If I become aware of an emergency while you or your family member is working with me and I am concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

Disclosure may also be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the assessment records and/or testimony by your evaluator.

In family, couples and child assessment, confidentiality and privilege do not apply between family members, although in the case of child and adolescent evaluations some confidentiality may facilitate obtaining accurate information. I typically tell minors that parents will hear most of what they tell me, and if they want something kept out of the report that should request that I do so. I will respect their wishes unless there are safety considerations that override the confidentiality. Parents and guardians of minor-aged clients have the right and responsibility to question and understand the nature of the services provided to their children, and clinical discretion will be used to determine what is appropriate disclosure in these circumstances. In

instances where the child or adolescent's judgment is not sound, and the risks they are incurring seem substantial, family members will typically be informed so that they can protect their children.

Disclosure of confidential information may be required by your health insurance in order to process insurance claims for reimbursement. I do not bill insurance directly, but I can prepare forms for reimbursement. Whenever possible, only the minimum necessary information will be communicated to the carrier. I have no control over, nor knowledge about, what insurance companies do with the information they obtain, nor can I limit who has access to this information. You should be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into big insurance companies' computers which are inherently vulnerable to unauthorized or unwanted access.

It is important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. While I password protect reports, this does not guarantee that they will not be accessed by unauthorized personnel.

Both the law and the standards of our profession require that I keep appropriate written records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances, or when I assesses that releasing such information might be harmful. Raw test data is typically difficult for clients to interpret, and is best viewed with the aid of a professional, either myself or someone else of your choice. In the latter case, I will provide the records to an appropriate and legitimate mental health professional of your choice.

Upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful. In the case of psychodiagnostic assessments, I will provide you with a copy of the report before releasing it to third parties, even if you have already consented for me to communicate verbally with those parties. Parents and legal guardians of minor-aged children are always entitled to a copy of the complete report, but under no other circumstances will a report be released to anyone else unless I have been given explicit written permission to do so. If there is information in a report that you are uncomfortable disclosing, you have the right to raise this concern and discuss whether that information should be included in the released report.

Please remember that legal guardians, including representatives of the court for court-dependent children, as well as any parent whose parental rights have not been terminated, are legally entitled to the medical records of their child, including assessment records.

If you have any questions about these policies and procedures, please discuss them with Dr. Santas or Dr. Elis.

**For Adults:**

I have read the attached Office Policies and General Information carefully, and I understand the policies outlined, and agree to comply with them. I give my consent for Dr. Diane Santas to evaluate me.

Print Client's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

**For Parents or Guardians of Minors:**

I have read the attached Office Policies and General Information carefully, and I understand the policies outlined, and agree to comply with them. Furthermore, by signing this agreement, I understand that I am asserting that I am legally entitled to provide consent for assessment of this child. I therefore give my consent for Diane Santas, Ph.D. to evaluate:

\_\_\_\_\_  
Name of client(s)

\_\_\_\_\_  
Signature of client's guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client's guardian

\_\_\_\_\_  
Date