



Tree of Life Behavioral Health

190 Lime Quarry Rd, Suite 111
Madison AL 35758-8962
256-278-2802

Testing Policy and Authorization

At Tree of Life we strive to provide quality and timely services that best fit the needs of our clients. Our providers are trained to administer and interpret the tests that we provide and will do so with diligence and care. We can recommend appropriate tests based on information provided, but we cannot guarantee a desired result. All our tests are recognized and accepted by medical professionals and results can be sent to primary care physicians if requested.

ADHD Testing: \$175

- We administer the Test of Variables of Attention (TOVA) on the computer, other tests such as the Brief Test of Attention (BTA) administered when necessary
- It is applicable to all ages, with a shorter test for children 5.5 years and under
- Two appointments are required: one to take the test, and one for results

Autism Testing: \$400

- ADI-R: Autism Diagnostic Interview-Revised; CARS and other tests may be administered depending upon age and need
- Interview format that can last up to 3 hours
- Applicable to all ages, children will need a parent present during the interview
- Two to three appointments required

PAI: \$150

- Personality Assessment Inventory, a general psychological assessment
- Self-reported test with 344 questions; typically takes 60 minutes, but may vary
- Two appointments are required: one to take the test, and one for results

MMPI: \$250

- Minnesota Multiphasic Personality Inventory, standard psychological assessment
- Self-reported test with 567 questions; typically takes 60-90 minutes
- Two appointments are required: one to take the test, and one for results

Full Battery: \$1,000

- Includes a TOVA, ADI-R, and PAI or MMPI; other tests as applicable
- Provides a comprehensive analysis on multiple personality and psychological scales
- Multiple appointments required, speak with front office for scheduling

Payment Policy: We **do not** accept insurance for any of our testing services. None of our staff are psychologists so insurance will not cover our costs. We can provide an itemized invoice if you wish. **Full payment must be received before results are released.** For payment plans speak with your test administrator and see front office staff.

We may require a deposit of up to 50% total testing price when scheduling testing, varies by test. This will be kept in the event of a no-show without 24 hours' notice.

You may keep this sheet for your records

Read and initial the following statements:

I understand that Tree of Life cannot predict or guarantee the results of testing and agree to accept the outcome after testing has been completed. _____

I have read and understand the Tree of Life testing payment policy and agree to pay the full testing price. _____

I consent to this psychological testing of my own volition. _____

I understand that any records and information relating to the agreed upon testing will remain confidential between myself and the administrator unless I submit a signed release authorizing the sharing of said information, or in the case of a court order. _____

Test to be administered – check all that apply:

- ADHD test
- Autism test
- PAI
- MMPI
- Full Battery
- Other (please specify):

Risks and Benefits

Receiving an official diagnosis can be comforting and validating after years of feeling different. A diagnosis can be the first step in receiving appropriate treatment and care, and we can help you find resources to support you after diagnosis. At the same time, testing can bring up strong and potentially painful emotions, feelings, and memories that you may not be expecting to face. While we will do our best to support you in that scenario, the process of testing and its results may be triggering or unsettling. Know that you have a right to access and ask questions regarding your tests.

Please note that once testing has been completed **it becomes part of your medical record**. If you are applying for clearance and are required to turn over records, you will be expected to include psychological diagnoses such as those received from our testing.

By signing below, you confirm that you have read and understood the potential risks involved in testing.

Client Signature

Date

Parent or Guardian Signature (If Applicable)

Date

Counselor Signature

Date

Additional Documentation Requests

We are able to provide letters and documentation relating to services rendered at Tree of Life Behavioral Health at the discretion of the provider. This includes, but is not limited to, IEP letters, court documentation, Short Term Disability Documentation, hormone and surgery recommendations, etc., and will come at an additional charge.

Further, *be aware that any letters or documentation will be written using your provider's judgment and based on the data available to them.* Your provider will follow ethical and profession guidelines, and will only act based upon the information they have gathered during your sessions.

Established Clients: If you are an established client (see your provider at least twice monthly or have had a minimum of 15 sessions with the same provider) your provider will work with you on your documentation needs.

New Clients: If you are a new client, have only had a few sessions, or if you come to sessions rarely or irregularly, letters and documentation are not guaranteed.

Testing Only Clients: If you are only receiving testing related services and wish for further documentation beyond the original test report there is a charge of \$50 for additional documentation. PLEASE NOTE: we can only provide documentation based on the results of testing. We are unable to write recommendations for disability, service animals, or other accommodations for testing only clients. For those situations you will need a regular therapist.

What is written in your letter or additional documentation will come solely from your provider. They are not able to promise any specific recommendations or suggestions beyond what is supported by the data and information they have gathered during your sessions. We will do what we can to help you with your needs, but there are ethical and legal requirements that will be followed in the creation of any additional documentation.

By signing below, I (client)_____ assert that I have read this document, and both agree and understand the terms set forth. I agree to pay the additional charge as applicable, and I understand that I am unable to dictate what will be written in my documentation.

Client signature (or guardian if under 14):_____

Date:_____

Parents and Legal Guardians

Age of Consent

In the state of Alabama, the age of medical consent is **14 years**. This means that if you are seeking services for your child 14 or older and wish to discuss results with their counselor, they must have a signed consent form – front office will provide one if requested - that we will keep on file. Otherwise, we will not be able to disclose results to you.

Custody

We need an accurate account of custody arrangements to work with your child. If there is a court ordered custody agreement, we will need a copy to keep on file before we are able to see your child.

Testimony

You may request your providers testimony at a legal proceeding such as a custody dispute. More information on testimony can be found in the new patient packet but note that the current fee for testimony is **\$2,000** without contingency. This may be paid in increments, but the full balance must be paid one week prior to the court appearance date. If the testimony is canceled **up to 48 hours prior** to the scheduled date the family may be reimbursed, taking into account the time your provider has put into preparing. This is considering that preparing for court is time consuming and covers your provider's time. If the court reschedules your date there is no penalty.

Consent for Treatment for children under the age of 14

By signing below, I attest that I have the legal right to give consent for medical treatment of the client and have provided all relevant information and documents. I have read this document and have had the opportunity to ask any questions. I understand that I may ask for a copy of this form and any other relevant documents at any time.

Name of Client: _____

Client Date of Birth: _____

Parent, Legal Guardian, or Representative

Second Parent or Legal Guardian, if applicable

Name: _____

Name: _____

Relationship to Client: _____

Relationship to Client: _____

Signature: _____

Signature: _____