Dana Chidekel, Ph.D.
A psychological corporation

Diplomate of the American Board of Pediatric Neuropsychology
Diplomate of the American Board of Professional Neuropsychology

INFORMED CONSENT FOR IQ TESTING

You have requested that Dr. Dana Chidekel administer a standard test of general intellectual function to _____, the child for whom you are responsible. It is important that you understand this process. Please initial each item below to indicate you understand it.

_____1. I understand Dr. Chidekel will administer to my child a standard test of general intellectual function. I have the right to consent to this evaluation on my child's behalf.

_____2. I understand Dr. Chidekel will write a brief report that summarizes the findings of the test. She will send me this report to me via email, unless otherwise arranged, within three working days of my child's test meeting. She will not release this report to any third party without my consent.

_____3. I understand that if I or my child disclose(s) certain types of information to Dr. Chidekel, she may be required by law or permitted to communicate this information to other people. Types of information that can mandate or allow a breach of confidentiality include reports of child or elder physical/sexual/emotional abuse and threats my child makes to harm him/herself or harm another person.

_____4. I understand that Dr. Chidekel is administering an IQ test only. If testing is being pursued for the purpose of gaining access to an academic program, she makes no guarantee about the findings of the assessment or the outcome of any petition I may file.

_____5. I understand that the cost of IQ testing is $600. I understand that if I wish to meet with Dr. Chidekel to discuss the findings, an additional hourly fee of $400 will apply.

_____6. I understand the fee for IQ testing includes test administration, scoring, and the production of a brief, written report of the findings. The fee will be refunded, minus a $25 processing fee, if I cancel or reschedule the appointment via email at least 48 business day hours before it is scheduled. I understand the fee is not refundable if I arrive more than 15 minutes late to the scheduled meeting and Dr. Chidekel doesn't have sufficient time to complete the testing.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous items. I have asked questions about any parts that caused the concern or I did not understand. I understand and agree to the nature and purpose of this evaluation, how it will be reported, and to each of the points enumerated above.

_____

Signature Name Date

_____

Address and phone

26500 W. Agoura Rd., Suite 102-872
Calabasas, CA 91302
Neuropsychological Assessment
Consultation
tel 818 705-4305
drdanac@drdanac.com