

DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRIC NEUROPSYCHOLOGY
DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

INFORMED CONSENT FOR IQ TESTING – WISC-V (CHILDREN 6-16 YEARS OLD)

Address and phone			
Signature	Name	Date	
have asked questions abou	t any parts that caused me	e concern or I did not understand on, how it will be reported, and	d. I understand
production of a brief, we processing fee, if I cancel before it is scheduled. I un the scheduled meeting and	or reschedule the appoint derstand the fee is not refu Dr. Chidekel doesn't hav	g includes test administration, songs. The fee will be refunded the timent via email at least 48 busing the timent of the proof of the	, minus a \$25 ness day hours minutes late to e testing.
with Dr. Chidekel to discu	ss the findings, an additio	ting is \$750. I understand that if nal hourly fee of \$400 will apple	y.
	gaining access to an acad	dministering an IQ test only. If the demic program, she makes no go y petition I may file.	
Chidekel, she may be requinformation that can mand	nired by law or permitted ate or allow a breach of contract of the contract of	disclose(s) certain types of info to communicate this to other pe confidentiality include reports of d makes to harm him/herself or a	eople. Types of f child or elder
of the test. She will send i	ne this report to me via p	ite a brief report that summarize assword-protected email within report to any third party without	three working
	hild will be 6-16 years old	minister to my child a standard d at the time of the assessment.	_
function to	, the child for	inister a standard test of gene whom you are responsible. It is below to indicate you understand	important tha

NOTE: TESTING IS DONE AT THE OFFICE 5000 PARKWAY CALABASAS, STE. 305, CALABASAS, CA 91302