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Psychological Assessment Information Disclosure Statement

This is a disclosure of certain information regarding the process of assessment, detailing certain rights and responsibilities you have in this process. It also gives you some information about me.

My Training and Licensure

I have a Psy.D in Clinical Psychology earned in 2012 at Antioch University Seattle. I am a Licensed Marriage and Family therapist (LF60233333) in Washington State. I earned a Masters Degree in Child, Couple, and Family Therapy from Antioch University Seattle in 2008. In May 2012 I completed a nine-month graduate certificate program in Autism Spectrum Disorders. My areas of special training and expertise include Autism Spectrum Disorders (ASD), survivors of trauma, women's and gender issues in general, and working with individuals in the Lesbian, Gay, Bisexual, Transgendered community. (LGBT) or those questioning and/or exploring their sexuality.

Approach to Assessment

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy and will be brief and focused on the questions raised by this referral.

The assessment process usually has the following four parts that require your participation: a structured interview, which normally takes between two hours, and the administration of psychological testing, which normally takes place over two testing dates and each testing sessions lasts approximately four and a half to eight hours. The times vary depending on how much information you have to share with me and the complexity of the issues being assessed. I may also review your medical and psychological records. I may also ask you for permission to speak to other people who have known you well who may help me to understand you. The fourth aspect of the assessment commonly involves a feedback session where I will explain the test findings and observational data and include your feedback into the final report. Depending on who has referred you for this evaluation, I may be asked to write a report of my findings. If so, you will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes so as to more accurately reflect your perceptions. However, I retain my right to include those of my professional opinions and observations that I believe to best represent my findings in your case. You are not obligated to use any report that I write. The findings of my evaluation are confidential, as is your participation in this process.

I will be tape-recording all of our meetings. This preserves an absolutely accurate record of what you say to me. You have the right to request that I turn off the tape recorder at any time. However, I cannot be responsible for the accuracy of my reporting of any information that you give me when the tape recorder is not running. In addition, I cannot base my opinions primarily

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on anything you say when the tape recorder is not running. If you recall something in between or after our evaluation sessions, please call the office and leave that information in detail on my voicemail, and I will record it onto tape.

The following are legal exceptions to your right to confidentiality. You will be informed at any time when these exceptions would have to be put into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the WA Dept. of Health. I would inform you before taking this step. If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.
5. A judge requires release of treatment information.
6. If you are HIV positive and are putting uninformed sexual partners at risk. I am required to contact the Washington state department of health.

In case of crisis: Dr. Kristen Montague will not provide you with crisis management services. If you need crisis assistance you can call the Seattle crisis line at (206) 461-3222 for support and resources 24 hours daily. If you are also seeing a mental health professional, please contact that person if they have crisis availability by phone or pager. If there is immediate risk of harm to yourself or someone else, call 911 immediately.

Fees

My fee for doing this assessment is \$200 per hour, which includes the time I meet with you directly, the time spent scoring and interpreting tests, the time spent meeting with you and another mental health professional, and the time spent writing a report for you and/or another mental health professional. Fees are payable at the time I meet with you. Your insurance likely will not pay for evaluations since they do not meet insurance company definitions of medical necessity.

Legal work and courtroom testimony

Legal work such as consultation with attorneys, preparing affidavits, providing depositions

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(including time spent for travel and waiting to give deposition), court room testimony (including time spent for travel and waiting to testify), or any other legal work including any for which a subpoena is served is charged at \$300.00 per hour with a three hour minimum. The three hour minimum fee is due in advance and prior to any appearance or work with any additional charges due immediately upon the conclusion of any incremental work performed regardless of any dispositions rendered by any court in any matters pending. All related expenses including mileage, meals, and hotel (if applicable) are charged on a cost basis (driving mileage at \$.50 per mile). Time spent reviewing records for court is charged at \$200.00 per hour.

Record Keeping

I will keep the audio file of your meetings and all other records of your assessment sessions in a secure locked location available only to the evaluator. You have the right to respond to the final report and add your perspective to the assessment results. We are unable to provide you with the original testing materials used during your assessment. However, if you are self-referred we can, at your request, send copies of these materials to another licensed psychologist; we cannot send them to other forms of mental health providers, since other professions are not trained in test interpretation. In addition, data generated as part of your evaluation may be used for research or teaching purposes. No identifying information about you will be released for any either of these purposes. Any data used for research or teaching purposes will have all identifying information removed.

Complaints

If you believe that I have acted unprofessionally or unethically in my dealings with you, please tell me. If I do not respond to your satisfaction, you may file a formal complaint with the Examining Board of Psychology, Dept. of Health, Olympia WA 98504.

Client Consent to Assessment

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I agree to pay the fee of \$200 per hour, unless another fee has been negotiated. I agree to participate in the assessment process as described above with Kristen M. Montague, PsyD, LMFT.

Signed: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____

Printed Name: _____

If under age 18 parent or legal guardian must sign.

Signed: _____ Date: _____

Printed Name: _____

Name: _____

Name: _____