



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

### INFORMED CONSENT FOR IQ TESTING

I understand that Dr. Dana Chidekel will be administering a standard test of general intellectual function to \_\_\_\_\_ the child for whom I am legally responsible. By initialing each item below, I indicate I have read it carefully, understand it and agree to it. If I have questions about testing, I know to discuss them with Dr. Chidekel.

\_\_\_\_\_ 1. I understand Dr. Chidekel will conduct an evaluation of my child consisting of a standard test of general intellectual function (IQ test).

\_\_\_\_\_ 2. I understand Dr. Chidekel will write a report that summarizes the findings of the test.

\_\_\_\_\_ 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 Dr. Chidekel is administering an IQ test only. If a need for additional testing is suggested by my child's performance, she will discuss this with me prior to performing any additional services. If this evaluation is being pursued for the purpose of seeking accommodations of any sort on the basis of disability, or for making application to any school or employment setting, she makes no guarantees about the findings of the assessment or the outcome of any petition I may file.

\_\_\_\_\_ 5. I understand that Dr. Chidekel may wish to speak with or get records from third parties whose names I provide as part of this evaluation, and that she will not do so without my written consent. She will not send the results of this assessment to any third party without my written consent.

\_\_\_\_\_ 6. I understand that the cost of the evaluation is \$400. I agree to pay her fee directly at the time that testing occurs.

\_\_\_\_\_ 7. I understand that Dr. Chidekel's evaluation fee covers one and one-half hours test administration, test scoring, and production of the written report. I understand she will provide me with a copy of the report and a score summary. I understand that when she performs services beyond these customary services, her fee of \$360.00 per hour will apply.

**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

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Consultation

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