

Adult Assessment Consent Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Amirtha Patel
Date	:	2024-04-25			

Welcome to the VISION MEDICAL & DENTAL CENTER (Abu Dhabi). As part of our therapeutic working relationship, we wish to make clear the rights and responsibilities we share. The following is intended to provide you with information concerning the manner in which this center operates. Please read the following information carefully. If you have any questions, please do not hesitate to bring them to the attention of your assessing psychologist. Psychologists are required by law to provide this information to patients.

ADMINISTRATION OF PRACTICE

At the VISION MEDICAL & DENTAL CENTER (Abu Dhabi), we are a team of licensed psychologists registered by the Dubai Health Authority. We are also licensed in the country where we completed our training and abide by the rules and regulations guiding ethical practice set out by our respective psychological organizations. Should you have any complaints regarding the service you receive, do not hesitate to bring your concerns to the attention of the clinic director, Dr. Katerine LeMay, Ph.D., C. Psych.

FEES AND DURATION

Assessments are carried out across a minimum of three appointments. Every evaluation begins with a 50-minute clinical interview. This is followed by a test administration appointment that can take between two to 6 hours, depending on the reason for the assessment and the patient's engagement. A 50-minute feedback session is booked for a week after all tests have been administered and other sources of information have been gathered. Self-report questionnaires, interviews with caregivers are other forms of data collection that may also be conducted at some point during the assessment process and before the feedback and report are completed.

Fees for all clinical services are billed at an hourly rate and paid at the end of each session by credit card; cheques are not accepted. Further, with regards to insurance companies, services are on a pay-and-claim basis. Consequently, all claims will have to be put through by you. To assist us, kindly bring along your claim form and present it to your assessing psychologist at the beginning of the session.

APPOINTMENT CANCELLATION POLICY

The appointment time is held exclusively for you. If you arrive late, the session cannot be extended. The session will be charged in full if we don't receive the cancellation within 24hrs of the appointed time. Insurance does not pay for any part of missed appointments.

COMMITMENT TO THE PROCESS

Participation in the clinical interview, test administration, and feedback sessions are an essential part of the assessment process, without which the results of the assessment may be misleading and inaccurate. You and/or your caregivers and treatment providers may be asked to answer one or more questionnaires. These questionnaires must be completed before the feedback session is scheduled and before the final report is shared. When deemed necessary, the assessing psychologist may also interview your caregivers and/or treatment providers.

BENEFITS AND RISKS ASSOCIATED WITH ASSESSMENTS

Benefits include establishing your cognitive baseline (i.e., the nature of your skills and abilities), building insight into causal and perpetuating factors, clarifying diagnoses or pathologies, and identifying effective interventions and strategies. Through these, the patient may be able to efficiently and effectively reduce their suffering, improve their functioning, and increase their quality of life.

Assessments require a commitment of time, energy, and financial resources. The process of the assessment can sometimes lead to distress and fatigue. The results of the assessment may not always align with expectations. In rare cases, the assessment may not fully answer the referral question and further testing and interventions may be recommended. There is a small risk of encountering unethical practitioners, so it's crucial to research and choose qualified professionals.

It's important to have open communication with your assessing psychologist to discuss potential benefits, risks, and individual concerns before starting the assessment.

CONFIDENTIALITY

The matters you discuss with your therapist are, except in highly unusual circumstances, completely confidential. Information about your situation will not be divulged to anyone without your permission. There are, however, situations in which confidentiality cannot be maintained:

1. If your therapist believes that you are at serious risk of harming yourself or someone else.
2. If your therapist receives information about child abuse (physical, sexual, emotional), or neglect
3. If ordered to do so by the court, the Dubai Health Authority, and the Community Development Authority, your therapist or clinic management must surrender the information they request.
4. If your therapist receives information about the inappropriate sexual conduct of a regulated health professional.
5. If the Dubai Health Authority and or the Community Development Authority requests to see your file during a facility inspection.

We would like to inform you that data breaches may occur unexpectedly when using online video platforms, emails, and social media. Should you communicate personal information using these modes of communication we will assume that you have made an informed decision.

Our clinicians may consult with other professionals about your case. These individuals are bound to a confidentiality agreement with the VISION MEDICAL & DENTAL CENTER (Abu Dhabi). Patients and consent providers have the right to refuse such agreements.



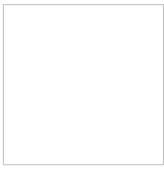
By signing below, you attest that you have read and understood the information written on both pages of this document and that a copy has been provided to you for your personal records.

Sign here, only if all of your questions have been answered to your satisfaction

Patient

witness

Doctor

		
Patient Name sai krishna Date 2024-04-25	Witness Name ss Date 2024-04-25	Doctor's Name Amirtha Patel Date 2024-04-25