

# Creating Change Psychological Services, PLLC

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State of New York (No. 018917)

## PSYCHOLOGICAL EVALUATION INFORMATION

### Psychological Evaluation Considerations:

The goal of a psychological evaluation is generally to answer questions regarding your functioning in a variety of areas, depending on the referral. In this office, this may include various issues such as cognitive, academic, emotional, personality, and/or behavioral and social functioning. Psychological evaluations are generally accomplished through in-depth interviews, collection of collateral information, review of records, observation, and administration of standardized and non-standardized testing measures. The results of the assessment include a description of functioning and are usually interpreted and integrated into a psychological report, which reviews the history, provides test data, and provides a detailed analysis of results. Diagnostic impressions are usually offered, as are recommendations for further direction. However, diagnoses are not always clearly defined and may be provisional as symptoms continue to emerge.

Psychological evaluations are generally a low-risk process. It is, however, possible that clients may feel some discomfort or anxiety at the prospect of being tested and during the evaluation itself. Additionally, the possibility exists that the clinician's findings, diagnoses, opinions, and recommendations may not necessarily be on par with what you expect or desire, and you may not agree with conclusions drawn.

### Out-of-Pocket Payment:

\_\_\_\_\_ (patient/guardian initial) I understand that I am ultimately responsible for payment of all fees.

### Types of Psychological Evaluations:

Psychological evaluations include clinical interviewing/observations, records review (if applicable), testing, scoring, interpretation of tests, and preparation of the written report. *Creating Change Psychological Services, PLLC* - the office of Dr. Eugena K. Griffin - offers three types of psychological

evaluations: Brief Psychoeducational Evaluation, Brief Psychological Evaluation, and Comprehensive Psychological/Psychoeducational Evaluation. A description of each evaluation and current costs of out-of-pocket expenses are presented below. Please note that the fees are subject to future increases.

Brief Psychoeducational Evaluation - Clinical interviewing/observations, records review (if applicable), testing administration of measures associated with cognitive ability, brief academic knowledge, and behavioral functioning, scoring, interpretation of tests, and preparation of the written report - \$450.00 out-of-pocket expense (this cost does not include the initial consultation fee of \$150).

Brief Psychological Evaluation - Structured clinical interview/observations, Mini Mental Status Exam (MMSE), records review (if applicable), and preparation of the written report/completion of forms (if applicable) - \$450.00 out-of-pocket expense (this cost does not include the initial consultation fee of \$150).

Comprehensive Psychological/Psychoeducational - Clinical interviewing/observations, records review (if applicable), testing administration of measures associated with cognitive ability, brief academic knowledge (full academic testing for psychoeducational referral), visual-motor skills, adaptive behaviors, behavioral/emotional functioning, attention/focus/memory (if applicable), and personality/psychopathology (if applicable), scoring, interpretation of tests, and preparation of the written report tests, and preparation of the written report - \$1200 out-of-pocket expense (this cost does not include the initial consultation fee of \$150).

## PSYCHOLOGICAL EVALUATION SERVICE AGREEMENT

This agreement is written to state the terms of the psychological services provided, fee, and responsibility of psychological service provider. You have requested a Psychological Evaluation to assess and qualify alleged symptoms. Thus, the following services will be executed:

1. *Clinical Interview*
2. *Administration, Scoring, & Interpretation of Assessment Measures*
3. *Written Report*

**Fee for the above is \$ \_\_\_\_\_; before any services are provided \$ \_\_\_\_\_ must be received; and the remaining \$ \_\_\_\_\_ is due at the completion of the evaluation.**

Upon completion of the above services, said Clinical Report will be submitted to you and/or person documented below. Please note the report is based on the clinical interview and findings from assessment measures only. The Psychologist can only make interpretations based on information provided. Therefore, the Psychologist is not responsible if findings from the clinical interview and assessment do not support the intended purpose of the evaluation.

I agree to the above Psychological Service Agreement:

**Payer**

\_\_\_\_\_  
*Print Name & Date*

\_\_\_\_\_  
*Signature*

**Client/Legal Guardian**

\_\_\_\_\_  
*Print Name & Date*

\_\_\_\_\_  
*Signature*

**Client/Legal Guardian**

\_\_\_\_\_  
*Print Name & Date*

\_\_\_\_\_  
*Signature*

**Licensed Clinical Psychologist**

\_\_\_\_\_  
*Print Name & Date*

\_\_\_\_\_  
*Signature*

Submit Report to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_