Marta Miranda, Psy.D.

Licensed Psychologist

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**DISCLOSURE STATEMENT: NON-FORENSIC PSYCHOLOGICAL ASSESSMENT**

This statement is a disclosure of certain information about the process of psychological assessment. It details certain rights and responsibilities that you have in this process and gives you some information about me.

**Approach to Assessment**

The assessment process is designed to help the assessor 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 in your referral. The assessment process usually has the following two parts that require your participation: a structured interview and the administration of psychological testing. Times for each of these components of assessment will vary.. The interview may be audio recorded so as to insure absolute accuracy of recording what you report. I will notify you in advance if I am recording our session. There may also be a feedback session to go over the content of the final report, depending on how you were referred to me. If you were referred by the court or another similar agency (for example, CASA), this report will go directly to that referral source, and you will need to ask for a copy of the report from them. Time required to complete this assessment will vary depending on how much information you have to share and the complexity of the issues being assessed. As part of this assessment, I may need to review your medical and psychological records, and other written materials relevant to your case. I may also ask you for permission to speak to other people who have known you well, such as friends, family members, co-workers, or your therapist if you have one, who may help me to understand you.

Depending on the purpose of this assessment, I may need to consult with the professional who referred you to the clinic for assessment. For example, if I am conducting this assessment process because you are, or are planning to become, a party in a legal matter, I will be consulting with the professional who referred you to me regarding my findings. Your consent to this evaluation includes consent to release information to the person who referred you and/or their agents. If I am called upon to testify in a deposition or courtroom proceedings, the findings of this evaluation and all supporting materials can be subpoenaed for examination. If you are self-referred, assessment results will go directly to you.

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

1. If I have good reason to believe that you will harm another person, the evaluator 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. I would inform you if I planned to take this step.
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. I would inform you if I planned to take this step.
3. If I believe that you are in imminent danger of harming yourself, then I may legally break confidentiality and call the police or the county crisis team. If during our evaluation you report information that causes me to suspect child abuse or vulnerable adult abuse, then I must by law report these findings to the appropriate state agencies. I would inform you if I planned to take this step.

**Fees**

The assessment fee will be discussed in advance. For this assessment, the fee is: $\_\_\_\_\_\_\_\_\_\_, This includes a structured interview, testing, report writing, and feedback session. I will discuss this fee arrangement with you prior to our first meeting and during the first meeting. Fees are payable at the time of service by cash or check. I require half of the payment at the first meeting and the other half prior to delivery of the final report. Please discuss any concerns you may have with me in advance

**Record-keeping**

I will keep a file of your meetings and all other records of your assessment sessions in a secure, locked location available only to me. You have the right to respond to the final report and add your perspective to the assessment results. I am 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; I cannot send them to other forms of mental health providers since other professions are not trained in test interpretation.

**Complaints**

If you're unhappy with the evaluation process, I hope you will talk with me about your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Examining Board for Psychology, Dept. of Health, Olympia WA 98504.You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality I do that you don't like since you are the person who has the right to decide what you want kept confidential.

By signing below, you are agreeing to being assessed by me.

**Research/Teaching**

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 either of these purposes. Any data used for research or teaching purposes will have all identifying information removed. You may choose to not have your data be a part of research or teaching purposes here at the clinic by initialing below.

***\_\_\_ I do not want to have my assessment data used for research or teaching purposes.***

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Signature Date

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Printed Name

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Evaluator Signature Date