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Informed Consent

My training includes four years of graduate school through the California School of Psychology, San Diego, which was a certified program. I graduated in 1980 and have been practicing psychological testing (diagnosis) ever since. I have been licensed in psychology since 1982, and in NC since 2003.

Evaluations performed by me are typically done across a single day. The appointment is a professional one, and you and I are not acting as friends, but in a doctor/patient relationship during it.

The purpose of the appointment is to answer your questions which are typically ‘What is my diagnosis?’ or ‘Is the current diagnosis correct or not?’ or ‘What can I do to make my life better?’ and the like. Answering those questions are doable by me, but I cannot guarantee that you will like what I offer. Or you may not agree with what is offered. There are different approaches to doing it, and they can be equally valid for the same problems. In order to achieve the best results, your participation is crucial. Assessment comes with the promise of benefit, but also some risks. Such risks can include experiencing uncomfortable levels of emotion such as sadness, guilt, anxiety or anger. Recalling unpleasant life experiences can also be distressing. Assessment has been shown to be helpful, but no guarantees can be offered.

You can contact me by phone (910-332-4134), postal mail, in person, or the email form through my website. Email is considered by the Federal government that it is ‘less than secure’ as to it possibly being hacked, so if you use that you should consider not revealing private information that you would not others at large to know about you. On a practical level I am not aware of anyone’s email to me, or mine to them, having been hacked in all the years since email came into existence.

I typically contact people by phone and use postal and UPS mail for documents being sent. I will send a text message if your cell phone message system is not set up or if the voice mailbox is full and not accepting messages, and leave as few details that are not violating privacy issues.

Ways you give me permission to contact you and talk and/or leave a message:

Phone: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Text: _____

If you contact me after this appointment I typically will respond within one business day or less.

What you say to me is confidential and will not be shared without your written permission (covered on a different form), with the exception of:

- ❖ if you are a serious threat to yourself such as being suicidal
- ❖ if you are a serious threat to others such as being homicidal
- ❖ if you are abusing or neglecting a minor child
- ❖ if you are abusing or neglecting a senior citizen

due to NC state law rules requiring that I take action under such conditions.

Paper records being your file are stored in a locked file cabinet in my office. After the end of a calendar year they are transferred and stored at my home which is kept locked when I am not there, and guarded by a security system. Electronic records are kept in my computer and protected by password, locked office door, and on a 'cloud' that is recognized by HIPPA as being safe to use.

Costs such as co-pays are payable at the end of the evaluation. If you are subject to a deductible that has not yet been met, I will need to submit the bill to your insurance company first to learn how much of that amount remains. I ask for credit card information at the end of the appointment, and will call you with the authorized deductible cost when I learn of it, and then ask for your permission to run that amount on the credit card.

I abide by the American Psychological Association's Code of Ethics.

Under the current situation of the Covid-19 virus, I understand that there is a trade-off of postponing psychological services vs. not getting your needs met. Reasonable and common safety precautions will be taken as to cleaning surfaces in the office, use of masks, limiting physical contact with each other, etc. but it is to be understood that some risk remains, and you agree to hold me blameless if you should become sick.

If you have any questions about your assessment, now or in the future, please contact Dr. Cahn.

Your signature below indicates that you have read and understood these statements.

Signature (Parent or guardian for a minor)

Date