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CONSENT TO TESTING & CONTRACT FOR BARIATRIC SURGERY EVALUATION

- I am aware that a pre-operative psychological evaluation is required. This evaluation will consist of extended clinical interviews and psychological assessment. Due to the extensive nature of the evaluation, 2 or more office visits may be required to complete the process.
- I consent to take part in testing for the purpose of accurate diagnosis and treatment planning. I understand that it is in my best interest to actively participate in testing and to follow the treatment recommendations that result.
- I understand that it is extremely important that I am completely honest with my evaluator so that she can make an informed decision and provide me with the optimal level of care as I go through this process. I understand that my evaluator wants to ensure my success with surgery.
I agree to read each test item carefully and answer honestly. Try to avoid over-thinking items, as it is best to go with your initial response to each question. Honesty is of utmost importance, as some forms of testing can detect dishonest and/or defensive responding. It is possible that your test results will not be able to be used if you attempt to portray yourself in an overly positive way. Realize that it is normal and expected for people to report problems. If your test results are found to be invalid, that may interfere with our ability to make a decision regarding appropriate treatment or, if applicable, to make recommendations for surgery.
- I understand that I have the right to refuse or discontinue testing at any time. However, doing so could impede effective diagnosis and treatment planning.
- I understand that my psychological evaluation report will be released to my doctor and to my insurance company for further review, and that they will ultimately determine whether or not I am approved for surgery.
- I understand that my clinician and surgeon will be sharing treatment recommendations. I am aware that the result of this evaluation is a recommendation regarding my appropriateness for surgery and the level of support I may need in order to optimize my success with the surgery.
- I understand that neither raw test data nor the psychological report will be released directly to me. I am aware that if I desire feedback or an interpretation of my testing, I will need to schedule an additional session with the clinician who performed the evaluation.
- I understand that there is no guarantee that any particular outcome will result from testing.
- I understand that there is a fee for comprehensive testing and evaluation and that I am responsible for the cost for the evaluation. The evaluation includes a clinical interview, psychological testing, interpretation of the test, collaboration with other providers, and preparation of the psychological report. The cost of the clinical interviews will be determined when scheduling an initial appointment, based on insurance coverage. I understand that there is an administrative fee of \$150 for the services explained above. I understand that my insurance company will not be billed for this service as psychological testing because the medically-necessary components of this service extend beyond the definition of those allowable codes. I understand that payment in full is expected at the time of the initial appointment. If full payment is not received, the psychological report will not be submitted to the surgeon until payment is remitted.
- I am aware that ongoing group counseling, nutritional counseling, and therapy are available to me following my surgery for additional support. The cost for is determined by your insurance coverage.
- I understand that raw test data may be used in outcomes research by Chrysalis Center and that I have the right to refuse to participate in such research. No identifiable data will be used in any of our research.**
- Check if you refuse to participate in this research, knowing this will not affect outcomes in any way.**

If you have any questions or concerns, please address them with your evaluator and/or the office manager before signing this. **My signature indicates that I understand and agree to all of the above.**

Client/Representative Signature: _____ Date _____

Print Name: _____ Date: _____

I have addressed the client's/parent's/guardian's concerns and/or questions. The client appears fully competent to give informed consent.

Staff Signature _____ Date _____