

Informed Consent Agreement for Healthcare Professional Evaluations

Service Agreement

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights regarding the use and disclosure of Protected Health Information (PHI) for purposes of treatment, payment, and healthcare operations.

Your signature on this document indicates that you have read, understood, and agreed to these terms.

I am an approved independent evaluator for the Pennsylvania Professional Health Monitoring Program (PHMP), the Pennsylvania Nurses' Health Program (NHP), and the Pennsylvania Physicians' Health Program (PHP). You have retained me to conduct an independent professional evaluation regarding your safety and fitness to practice as a healthcare professional (HCP), including, when applicable, recommendations regarding treatment, monitoring, or other services related to substance use or mental health concerns.

Purpose, Scope, and Limitations of the Evaluation and Report

- This is an independent professional evaluation. It is not psychotherapy, counseling, or treatment, and our relationship is not a therapist-client treatment relationship. Our discussions are for evaluative purposes.
- You are expected to participate in the evaluation process in a cooperative and professional manner. This includes responding to reasonable requests for information, completing required components of the evaluation, and maintaining appropriate and respectful communication throughout the process.
- I will conduct the evaluation independently and will make reasonable efforts to remain objective and impartial. My findings and recommendations will be based on the information available to me and my professional judgment.
- You will not be provided an opportunity to review, approve, revise, negotiate, or otherwise influence my findings or recommendations before I submit my report to PHMP/NHP/PHP.
- Questions or concerns about the evaluation process are welcome. However, discussion of the process does not include negotiation of my professional conclusions or recommendations.
- My evaluative involvement generally concludes once I submit the final report. You may request a copy of the report after PHMP/NHP/PHP has reviewed the findings and recommendations with you.

Standard Evaluation Process

The evaluation generally includes the following steps:

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- I will review your completed intake materials and other available records and meet with you for a remote clinical interview lasting approximately 45–60 minutes. I may contact you after the interview if additional information or clarification is needed.
- I will contact collateral sources and may request permission to speak with additional individuals when appropriate. If I am unable to reach a collateral contact within five business days, I may ask you to provide a replacement.
- I may communicate with PHMP/NHP/PHP as needed during the evaluation process and will submit my final report directly to the appropriate program.
- My findings and recommendations will be based on the information obtained during the evaluation, including the interview, records and other documentation, collateral information, laboratory or toxicology results when applicable, communications with the referring program, my professional experience and clinical judgment, and relevant diagnostic criteria contained in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* (American Psychiatric Association, 2022).

Payment and Fees

- The fee for the healthcare professional evaluation and report is **\$425.00**. Payment in full is due at the time of the evaluation unless other arrangements have been made in advance.
- I accept Zelle, Venmo, Cash App, and credit/debit cards.
- Healthcare professional evaluations are not covered by health insurance. Upon request, I can provide documentation of payment for your records or tax purposes.
- I reserve the right to delay submission of the final report until payment in full has been received.
- If an outstanding balance remains unpaid, I reserve the right to use lawful collection methods, including a collection agency or attorney, when appropriate.
- Fees and policies may be revised periodically. Changes will apply prospectively and will not alter the agreed-upon fee for an evaluation already underway unless otherwise agreed in writing.

Cancellation Policy

I require at least **48 hours' notice** to cancel or reschedule an evaluation appointment. A fee of **\$200.00** will be charged for missed appointments or appointments cancelled with less than 48 hours' notice. Exceptions may be considered on a case-by-case basis.

Any late-cancellation or missed-appointment fee must be paid in full before the evaluation is rescheduled.

Professional Records

I maintain records related to the services I provide in a secure manner consistent with applicable professional and legal requirements. I retain a copy of my final report and supporting documentation for at least seven years following submission of the report.

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You may request that a copy of your report be provided to another healthcare provider or other authorized recipient upon receipt of a valid written authorization or Release of Information, subject to applicable law and professional requirements.

Confidentiality

My confidentiality policies and information regarding your privacy rights are described more fully in my separate **Notice of Privacy Practices**, which has been provided to you.

Because this is an independent evaluation rather than treatment, information obtained during the evaluation is intended to be communicated to PHMP/NHP/PHP and may be included in my report when I determine that it is relevant to the purpose of the evaluation.

You are encouraged to ask questions about confidentiality, privacy, and the limits of confidentiality at any point during the evaluation process.

Early Termination of the Evaluation

I reserve the right to discontinue an evaluation before completion if, in my professional judgment, circumstances prevent me from conducting a sufficiently thorough, objective, reliable, or professionally appropriate evaluation. Reasons may include, but are not limited to, insufficient or unreliable information, failure to complete required components of the evaluation, inability to obtain necessary collateral information, significant conflicts of interest, or conduct that materially interferes with the evaluation process.

You also have the right to discontinue your participation in the evaluation before the report is submitted.

If an evaluation is terminated before completion, I will not issue a final evaluation report or professional opinion regarding fitness to practice. **I may, however, notify the referring program that the evaluation was not completed and provide information as permitted or required by the applicable authorization, program requirements, professional obligations, or law.**

Any refund will be determined on a case-by-case basis based on the professional services already provided and expenses incurred before termination. A partial, full, or no refund may be appropriate depending on the circumstances.

Other Rights

You have the right to be treated in a considerate, safe, professional, and respectful manner without discrimination based on race, ethnicity, color, sex, gender, gender identity, sexual orientation, age, religion, national origin, disability, or other status protected by applicable law.

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You have the right to ask reasonable questions about the evaluation process and about my professional qualifications, training, and experience.

Consent

By signing below, you acknowledge that:

- You have read and understand this Informed Consent Agreement.
- You have received the Notice of Privacy Practices.
- You understand that this is an **independent professional evaluation and not psychotherapy or treatment**.
- You understand that information obtained during the evaluation may be reported to PHMP/NHP/PHP.
- You understand that you will **not review, approve, revise, or negotiate the evaluator's findings or recommendations before the report is submitted**.
- You have had an opportunity to ask questions about the evaluation process.
- You voluntarily agree to participate in the evaluation under these terms.

HCP Name (print): _____

HCP Signature: _____ Date: _____

Witness Name (print): _____

Witness Signature: _____ Date: _____

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