

Micheal Kane, Psy.D, MSW
Licensed Independent Clinical Social Worker
Washington License LW00005937

AUTHORIZATION FOR PSYCHOLOGICAL EVALUATION

Client Name: _____

Client Date of Birth: _____

This document authorizes Micheal Kane, Psy.D, Independent Clinical Social Worker, to conduct a psychological evaluation on the above individual and based on that evaluation to generate a report. The purpose of the evaluation is:

The psychological evaluation will include a review of relevant individual and family history as well as the following procedures and tests:

The cost of this evaluation is \$2,500.00, which includes the intake interview and one follow-up session. Additional follow-up sessions are \$165 each. One half of the fee is due at the beginning of the first interview. The remainder is due before receipt of the psychological report or before review of the report with the client or with other parties. The patient is responsible for all fees and charges not paid by insurance.

This authorization expires on: _____

Signature of Client

Date

Parent or Guardian if applicable

Date

Micheal Kane, Psy.D

Date