Smith
PSYCHOLOGICAL SERVICES
smithpsychologicalservices.com

Home Office
1401 Airport Pkwy, Suite 240
Cheyenne, WY 82001

Branch Office
1635 Foxtrail Dr.
Loveland, CO 80538

Tel: 307-632-7771
Fax: 307-632-9697

Consent for Evaluation and Release of Information

Developmental Disability Waiver

Your dependent has been referred to Smith Psychological Services for a psychological evaluation. This evaluation is being completed at the request of the State of Wyoming as part of a Developmental Disability (DD) Waiver review. Information gathered during the evaluation will be shared with the referring case manager or appropriate state agency involved in this process.

By signing below, you agree for your dependent to take part in this evaluation and give permission for Smith Psychological Services to prepare and release a written psychological report to the referring case manager. The report may include interview information, testing results, observations, and photographs if applicable. Smith Psychological Services may also consult with the referring case manager as needed. Information obtained from you, your dependent or from other sources will not be shared with anyone else without your written permission unless disclosure is required by law. This may include situations involving suspected abuse or neglect of a child, a disabled person, or an elderly person; a serious and immediate risk of harm to yourself or others; or a court order or subpoena.

You understand that the examiner is not providing medical care, therapy, counseling, or treatment as part of this evaluation. You also understand that this evaluation does not create a patient-provider or treatment relationship, and that your dependent is not considered a patient of the examiner or of Smith Psychological Services for this service.

As a general practice policy, individuals are asked to request a copy of the evaluation report directly from the referring case manager or state agency. In some situations, a copy of the report may be provided upon request at the clinician's discretion with a signed Release of Information form.

You are not responsible for the cost of this evaluation.

By signing below, you confirm that you understand the purpose of this evaluation, how your dependents information will be used and shared, and that you voluntarily agree to participate.

Identifying Information

Name_____ Date of Birth_____

Mailing Address_____ Phone Number_____

Social Security #_____ Medicaid #_____

Case Manager Name_____ Phone Number_____

Guardian Name_____

I have read and consent to the Supervision Disclosure Statement Initial_____

Signature_____ Date_____

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SUPERVISION DISCLOSURE STATEMENT

Some clinical services provided at this clinic are delivered by clinicians, trainees, or support staff who are practicing under the supervision of Shaina Smith, PhD, a licensed psychologist. Supervision is conducted in accordance with applicable state laws, professional standards, and ethical guidelines.

Shaina Smith, PhD
Licensed Psychologist
License Numbers: WY 694 ; CO PSY.0005177 ; MT 5429 ; AK 191664 ; PsyPact 21003

The following individuals are currently practicing under the supervision of Dr. Smith:

- Kaitlin Dent, M.S.Ed., M.Phil.Ed.
- Sadonia Garner, MS
- Jessica Lewis, MS
- Stephanie White, M.Ed., LPCC, NCC
- Kaydei Murphy, AA (Psychology), Psychometrician

IMPORTANT INFORMATION REGARDING SUPERVISION

a. I understand that the provider I am seeing is practicing under supervision and that Shaina Smith, PhD maintains clinical oversight and professional responsibility for the services provided.

b. I understand that my case may be discussed with the supervisor and/or supervision team for the purposes of consultation, training, and ensuring quality of care. These discussions are conducted in a professional and confidential manner that are consistent with HIPAA requirements.

c. I understand that sessions may be observed or recorded when clinically appropriate and/or required for supervision or training purposes. Any recordings will be stored securely and erased after supervision and training requirements are met.

d. I understand that I may ask questions at any time regarding supervision, my provider's credentials, or the role of the supervising psychologist, and have access to the supervising psychologist at my request within an appropriate timeframe.

e. I understand that I have the right to request services from a different provider or to discontinue services at any time, consistent with clinical policies.

REGULATION OF PSYCHOLOGICAL SERVICES AND COMPLAINTS

The practice of psychology and related mental health services is regulated by state licensing boards. If you have a concern or wish to file a complaint regarding the services you receive, you may contact the appropriate regulatory agency based on the state in which services are provided.

Wyoming:
Wyoming Board of Psychology
2001 Capitol Ave
Cheyenne, WY 82001
Phone: (307) 777-7788

Colorado:
Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202