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This message was intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

Request & Consent for Psychological Testing

I consent to and request that _____ have psychological testing by the Duffy Counseling Center. In doing so, I agree to the following:

- I will submit a \$250.00 deposit to hold the testing date.
- The test cost is \$250.00 per hour.
- The average testing time is 9 AM to 3 PM but this time may vary with each participant.
- There is an additional \$250.00 per hour charge for the test to be interpreted by a licensed psychologist who specializes in testing.
- Testing may takes roughly 4-5 hours depending on performance. Scoring, interpretation, and report writing may take 3-9 hours to complete.
- Test results will not be released until the bill is paid in full.
- There is a 48 business hour cancellation policy.

By signing this, you acknowledge and agree to the terms of service outlined above.

Signature of Participant _____ Date _____

Signature of Legal Guardian _____ Date _____