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DISCLOSURE STATEMENT: EMPLOYER REFERRED PSYCHOLOGICAL ASSESSMENT

This agreement outlines what you can expect from Tyson Bailey, PsyD for assessment services that have been arranged by your employer. You will be working with Tyson Bailey, PsyD, is a licensed clinical psychologist and a licensed mental health counselor in the State of Washington.

Mental Health Professional Disclosure

I received a Doctorate of Psychology (PsyD) and a Master of Arts in Clinical Psychology from Argosy University/Seattle. I completed my predoctoral internship at the Fremont Community Therapy Project and Ryther Child Center in Seattle, WA, where I conducted numerous assessments and supervised other students on their clinical work. I have also attended numerous seminars and completed coursework in the ethical and effective assessment of individuals from diverse backgrounds, with a particular focus on experiences of traumatic stress and resulting disorders. I am a coauthor on the American Psychological Association's (APA) Guideline for the assessment of traumatic states, which should be published some time in 2013. I also have experience with assessing learning disabilities, parenting and custody evaluations, social security disability, and immigration cases.

Ethics and Professional Standards

I am a licensed psychologist in the State of Washington and I am accountable for my work with you. If you have any concerns about the course of this assessment, please discuss them with me. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing in Olympia (360) 753-6981. Ethical guidelines for psychologists and mental health counselors strongly discourage dual relationships. Therefore, as a matter of policy, social or business interactions outside of the context of the evaluation or other clinical services are discouraged. **Intimate contact between clinician and client is always inappropriate.**

Approach to Assessment

The assessment process is designed to respond to questions raised by your employer about the nature and dynamics of problems you may be experiencing that have appeared to interfere with your functioning in the workplace. Your employer is my client in this assessment process, and all information obtained during assessment will be shared with that employer via the person who referred you to me. In addition to giving you psychological tests, I will also be interviewing you so that I can interpret the test findings in relationship to your history. All interviews will be audio-recorded for complete accuracy. This entire process usually takes between four and sixteen hours, including the report, but may take more or less depending on what you share with me.

A report of my findings from this assessment will be released to your employer's staff who made this referral. Signing this form confirms your understanding that this will occur. Your employer will be responsible for any decisions made based on these findings. I am not employed by your employer, but have been contracted solely for the purposes of this assessment process. I will not be meeting with you for direct feedback on the assessment process. If you wish a copy of my report

please speak directly to your employer, who is my client; I cannot release a copy of the report to you or your representative without your employer's written permission.

Services and Fees

There is no cost to you for this assessment. Your employer is responsible for all fees.

Informed consent for treatment and/or evaluation:

I have read this statement and understand it. I have discussed my questions with Dr. Bailey and he has answered my questions to my satisfaction. I hereby authorize Tyson Bailey, PsyD perform this assessment and to release all results and/or reports to my employer. **This authorization constitutes informed consent without exception. I hereby agree to an exchange of information between Dr. Tyson Bailey and all designated representatives of my employer (e.g., EAP staff). I also understand that I or my representatives will NOT receive a copy of the report or any materials utilized for this assessment without the written permission of my employer. I have read and understand this agreement and have received a copy for myself.**

Signed:

_____ Date: _____

Print Name:

Street Address:

City, State, Zip:

Phone:

Employer:
