Module 1 · Start Here

WHAT AM I ALLOWED TO DO?

FILL-IN PDF

Download this and fill it in on your computer, or print it.

Work through this once, at the very beginning, and come back to it as replies arrive.

TL;DR

Four questions, in order: what your practice act says, what your board, supervisor, or employer says, whether your malpractice carrier covers it, and who will actually act on your letters. Questions 2 and 3 mean sending emails and waiting, so start them today.

Two questions get tangled up here. *Can I legally do this?* is about your license, your board, and your malpractice insurance. *Will it hold weight?* depends on whoever receives your letter, and for some of them, like universities and testing bodies, the answer is no regardless of what the law says.

US only. This page is specific to the United States. The clinical material in the rest of the kit is applicable worldwide. If you're practicing elsewhere, *Will Anyone Accept This* (in the When You Need More module) shows you how to run the same check against your own system.

> **Questions 2 and 3 each mean sending an email and waiting for an answer.** Send them today, even if your first client might be weeks away, and come back here when they respond.

1 DOES YOUR PRACTICE ACT COVER ASSESSMENT AND DIAGNOSIS?

Your **practice act** is the state law that creates your license and defines what it lets you do. Look for the statute itself, not just other people's summaries of it or comments on it.

- For example, in Washington, RCW 18.225.010 includes **"the assessment, diagnosis, and treatment of mental and emotional disorders"** in its definition of mental health counseling.
- Other states are drafted differently, and remember that an omission of specific permission in a statute is not necessarily the same as a prohibition.

- [ ] Found the statute and read the scope definition
- [ ] Saved the citation and the date I checked

RECORD .....

2 DOES YOUR BOARD, SUPERVISOR, OR EMPLOYER HAVE A POSITION?

- Boards publish position statements, FAQs, and advisory opinions that sometimes contradict the plain reading of the statute. Check for rules in progress too.
- A board's *policy* is not necessarily the law. When the two seem to disagree, a quick chat with an attorney who knows your state's licensing law is a reasonable next step.
- If you're prelicensed: your supervisor's comfort level might be a constraint, since their name is on your work. Worth asking them about this.
- A related question: does your state treat an associate's scope as identical to the full license, or are you more restricted? For example, Washington treats them as the same, and its guidance includes associates, but that's a state-by-state answer.
- Agencies and group practices often restrict this internally, whatever your license allows.

- [ ] Checked the board site and anything pending
- [ ] Asked my supervisor and recorded their clear answer
- [ ] Checked whether my state answers differently for associates
- [ ] Checked employer policy, if I have one

RECORD .....

3 DOES YOUR MALPRACTICE CARRIER COVER THIS?

Ask whether assessment and diagnosis for a self-pay client, **outside a treatment relationship**, is covered under your current policy.

- Carriers often answer conditionally, something like *covered as long as you're practicing legally and following your state's rules*. In this case, refer back to your answers from Question 1.
- If it isn't covered, you likely need a **rider**, also called an endorsement: an add-on that extends the policy you already hold, usually for a small added premium. You don't need a second policy.

- [ ] Asked the carrier, in writing
- [ ] Filed their reply next to my answer to question 1

RECORD .....

For a deeper dive into who accepts a master's-level assessment, how to advocate with a prescriber, and what to tell clients before they book, see *Will Anyone Accept This* in the When You Need More module.

4 WHO WILL RECEIVE THIS, AND WILL THEY ACT ON IT?

This is the part where you can unintentionally break client trust, if you're not careful. You want to make sure they aren't paying for an assessment that won't produce the result they are hoping for.

AUDIENCE	WILL THEY TAKE A MASTER'S-LEVEL ASSESSMENT?
Prescribers	**Often.** Depends on the individual and on how you write.
Employers (ADA accommodations)	**Yes.** EEOC guidance names licensed mental health professionals. The standard is functional limitation, not a diagnostic label.
Universities and colleges	**Frequently not.** Many name psychologists, neuropsychologists, and physicians only.
High-stakes testing bodies	**Usually not.** They generally want psychometric testing you likely can't offer.
Insurers (billing)	Depends on your credential, panel, and state.

> **Check on the university and testing pieces before anyone pays you.** Ask clients to send their institution's documentation requirements before they book, and refer out where testing is required.

☐ I know who my documents are most likely to be sent to

RECORD .....

> **Keep all four answers somewhere other than your memory,** with the citation or the name of whoever you asked, what they said, and the date. If anyone ever asks why you believed you could do this, that record is what you point to.

Not legal advice. Verify your own statute, board position, supervisor's position, employer policy, and insurance coverage, and check institutional requirements case by case.