



INFORMED CONSENT FOR OUTPATIENT NEUROPSYCHOLOGICAL SERVICES

Welcome to Neurobehavioral Consultants. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

Psychological and neuropsychological evaluations usually consist of an interview and testing. During the interview, information that is important for us to consider will be reviewed. Testing involves taking paper-and-pencil or computerized tests and answering questions. The time required depends on the problem being assessed. In general, 3-6 hours are needed to assess the many skills involved in processing information. Some tests will be easy while others will be more complex. The most important thing is to try your best. The detailed information that is gathered will contribute to your care.

CONTACTING ME

We are often not immediately available by telephone. While we are usually in our office between 9 AM and 5 PM, we will not answer the phone while we are with a client. When we are unavailable, our telephone is answered by voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please provide us with several times when you will be available. If you are unable to reach us and feel that it is an emergency, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep records of your evaluation for at least 7 years. You are entitled to receive a copy of your records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see a copy of the report of your psychological or neuropsychological evaluation, we will review the results with you during a feedback session so that we can discuss the contents of the report. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. Occasionally, we use data gathered in the process of assessments for research purposes. When this occurs, all identifying information is first removed from individual files, then combined with other anonymous files. Research helps us to better understand the client population and the nature of the referrals that present in our practice.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person, is being abused, we must file a report with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations rarely occur in our practice.



If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action. We may occasionally find it helpful to consult other professionals about a case. During a consultation, we avoid revealing the identity of our patient. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

ACKNOWLEDGEMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. The undersigned consents voluntarily to treatment and services and acknowledges that the results of any treatment or services by the psychologist have no guarantee or warranty.

Patient Signature

Date

Printed Name
Rev. 02/20