

Agreement for Neuropsychological Services

You are being seen for a neuropsychological evaluation which will include an interview and neuropsychological testing by a neuropsychologist. This evaluation is intended to help understand your current cognitive, behavioral, and emotional functioning. It is important that you be honest in answering all questions and try your best throughout the evaluation in order for the test results to be accurate. If the results suggest that you are not putting forth your best effort or exaggerating symptoms, then the results will not be clinically useful and may also negatively impact decisions of third parties regarding accommodations, compensation, or responsibilities. Additional risks of the neuropsychological evaluation include possible fatigue, tiredness, and emotional reactions associated with awareness of problems. The evaluation can usually be completed in one full day or two half days, however, if you need to take more frequent breaks or would like to discontinue at any time, please let the examiner know. If you have any questions about the evaluation, please ask me.

The information obtained in the course of the evaluation and the test results are generally **confidential**. The information will not be released to others unless you have provided written authorization for releasing the information. There are some exceptions to this rule, however:

- If this evaluation (now or in the future) is part of a **legal proceeding** (such as a lawsuit or workers' compensations case) the results may be given to attorneys, insurance companies, the court and whoever originally asked for the evaluation to be done.
- If you **threaten** to harm yourself or other people, I must take action to protect you or anyone you are threatening and may have to tell the police.
- If you tell me about **harming** children or elderly people, then I must make a report to the appropriate authorities.
- I may find it necessary to **consult** with other mental health professionals about your case. If I do that, whomever I consult with is also bound by the same confidentiality laws.
- If you want someone else to **pay** for your services (such as an insurance company), I may have to release information to them.

Payment:

We have agreed this evaluation will cost \$ _____ to be paid by _____ due today. There will be a charge for returned checks and interest will be charged for accounts due more than 60 days. If you do not pay your bill as agreed, your account may be sent to a collection agency.

I have read and understand the above information. I agree to the terms of this agreement and consent to participate in this evaluation. I agree that I will make no attempt to record, either overtly or covertly, any portion of the assessment or interview by any means including, but not limited to, audio or video recording.

Patient (parent for minor patients) signature

Date