

Ellen Braaten, PhD & Associates

Licensed Psychologists

Neuropsychological Assessment and Consulting Services

127 Main Street ♦ Charlestown, MA 02129

INFORMED CONSENT FOR NEUROPSYCHOLOGICAL SERVICES

I hereby authorize and request Ellen Braaten, PhD & Associates to conduct a neuropsychological evaluation with my child (for patients 17-years-old and younger) or with me (for patients 18-years-old and older). In instances where separated or divorced caregivers share legal custody, both caregivers must provide written informed consent or present documentation that one parent's consent is sufficient to initiate the evaluation. The goals, rationale, and procedures of the evaluation have been explained to me. Participation in this neuropsychological evaluation is completely voluntary, and I may decide to terminate my participation at any time. Discontinuation of the evaluation before completion, however, may not allow for a full assessment and may limit the recommendations the neuropsychologist is able to provide.

I understand that this evaluation will include patient and parent interviews, and the administration of psychological and neuropsychological procedures designed to measure a range of cognitive, academic, and socioemotional/behavioral factors, in service of answering a specific referral question (or questions). I understand that for many patients, collection of questionnaire data from school professionals is needed too. I understand that assessment of motivation and effort is a standard component of neuropsychological evaluation, and that poor motivation and effort will invalidate test findings. I understand that all procedures are important, even if their purpose is not always clear. I agree to be truthful to the best of my ability.

I understand that approximately four to six weeks following the testing day, I will receive a written evaluation report and verbal feedback from the examiner. I understand that Ellen Braaten, PhD & Associates provides evaluation and consultation services only, and that an ongoing treatment relationship is not being established.

The evaluation fee includes document review, patient and parent interviews, collateral communications with relevant professionals (e.g., therapist), collection of neuropsychological data on the testing day, scoring, interpretation, preparation of a written report, and a one-hour feedback meeting conducted virtually. Additional services, including but not limited to participation in school meetings and consultations, will be billed separately. I understand that I am responsible for payment for the evaluation in full, and that Ellen Braaten, PhD & Associates does not bill, nor communicate with, insurance companies directly. I understand that it is my responsibility to communicate with my insurance company regarding out-of-network benefits. I understand that following the evaluation and my payment, I will receive a paid invoice from Ellen Braaten, PhD & Associates that I may submit to my insurance company for partial reimbursement, if applicable.

I understand that this evaluation will be confidential. I also understand that there are limits to confidentiality and that the examiner is a mandated reporter in the event that the abuse and/or neglect of a child (17-years-old and younger), an older person (60-years-old and older), and/or a person with a disability is disclosed. I also understand that Ellen Braaten, PhD & Associates may need to release information related to the evaluation in the event of a subpoena and/or court order.

Ellen Braaten, PhD & Associates must adhere to legal and ethical standards in the management and communication of information related to this evaluation and will exert reasonable care to ensure that access to this information will be provided to others only as appropriate. I authorize and request Ellen Braaten, PhD & Associates to release any and all information, results, opinions, conclusions and recommendations related to this evaluation only to those individuals identified on releases. This release of information can occur via print, fax, email, phone or in person.

I understand that the providers at Ellen Braaten, PhD & Associates will use their best effort to address the referral question, but that no guarantees or promises can be made regarding outcome of the evaluation. I further understand that Ellen Braaten, PhD & Associates does not provide forensic evaluation services, and that issues related to child custody, and other legal matters, will not be part of the evaluation.

I have received a copy of my rights regarding privacy of health information and any questions have been answered to my satisfaction. I understand that HIPAA does not apply in situations in which results of neuropsychological evaluation are utilized by me in criminal or civil forensic matters and workers' compensation matters.

I have read the above consent. I have had an opportunity to ask any questions regarding these issues and these have been addressed to my satisfaction. I understand and accept this consent.

Patient's Signature: _____

Date: _____

Or, when patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Parent/Guardian's Signature: _____

Date: _____

Print Name: _____

Relationship to patient _____