

GREAT MINDS

...fostering success in development, learning and living

INFORMED CONSENT FOR PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL EVALUATION

Welcome to Great Minds. This document is a statement to new clients that provides general information regarding my background and scope of services; and is intended to assist you to become an informed consumer. My name is Dr. Reed, and I am a Board Certified Clinical Neuropsychologist licensed as a Psychologist in the State of Michigan.

PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL EVALUATION

Psychological and neuropsychological evaluation is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to evaluate the problems that you hope to address. Psychological and neuropsychological evaluation is not like a medical doctor visit. Instead, it calls for a very active effort on the part of the participant. Psychological evaluation addresses a person's thinking, emotions, and behaviors. Neuropsychological evaluation addresses how a person performs certain functions or tasks that are dependent on brain activity.

Psychological and neuropsychological evaluation can have benefits and risks. Since evaluation of you or your child and family's situation often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychological evaluations have also been shown to have benefits for people who go through them, and testing can be enjoyable for many people. Evaluation often leads to better understanding of problems and methods for addressing them. There are no guarantees of what you will experience.

Psychological and neuropsychological evaluation itself consists of several parts: interviews with the patient, caregivers and other involved parties; review of records; checklists and questionnaires; and psychological and/or neuropsychological testing. During the course of the evaluation, you or your child may be asked to complete tests of general ability, academic skills, language functions, memory, attention, visual-spatial skills, complex problem-solving, or current emotional functioning. In addition, it may be necessary for me to review other related materials such as school records, legal records, medical records, etc.

If at any time you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. If at any time you need a break from the evaluation, please let me know and we will stop.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

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

If I believe that a patient is threatening serious bodily harm to another, I am 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, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our first meeting. I will be happy to discuss these issues with you.

FEES, APPOINTMENTS AND PAYMENTS

For neuropsychological evaluation, there is an hourly fee for services to include diagnostic interview, testing, scoring, interpretation, record review and report writing. Additional consultation, documentation, completion of forms is also available upon request, but is not billed to health insurance. Fees for photocopying and mailing records are charged at rates consistent with State law and are not covered by health insurance. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the complexity of legal involvement, I charge a separate hourly rate for preparation, travel time, legal fees incurred, and attendance at any legal proceeding.

If you are using **health insurance** to pay for an evaluation, there is no deposit required in advance for scheduling an evaluation, consultation, or feedback appointment. There is a \$50 rescheduling fee for consultation or feedback appointments, and \$100 rescheduling fee for evaluation appointments if you

have missed an appointment. Co-pays are due at the time services are rendered.

If you are paying for services **without insurance**, there is a \$100 non-refundable deposit required for evaluation appointments, and a \$50 non-refundable deposit for each consultation and feedback appointment. In the event that an appointment is missed, this will serve as a missed appointment fee and another deposit will be required to reschedule. Payment on the balance of services is required at the time services are rendered.

For evaluation appointments, the appointment is considered missed unless you attend the evaluation appointment within half an hour of the scheduled time or provide **2 business days advance notice of cancellation**. At my discretion, I may continue with a late appointment or offer an opportunity to reschedule.

For a consultation or feedback appointment (scheduled for one hour), a **24 hour notice** of cancellation is required. The appointment is considered missed if you have not arrived within 15 minutes of the scheduled time. At my discretion, I may continue with a late appointment or offer an opportunity to reschedule.

In the event that your balance remains unpaid 30 days after the date of service delivery, a 15% late fee will be assessed. For any balance due exceeding 60 days from the date of service delivery, the account will be turned over to collections and you will also be assessed any fees associated with the collection process.

Written reports will not be released until the entire balance is paid, including co-pays.

INSURANCE

Insurance benefits for neuropsychological services are complex. If you have a health insurance policy, it may provide some coverage for health or mental health evaluation and treatment services, but not custody, court-ordered evaluation, or evaluation to assist with determination of guardianship or disability. Remember that you (not your insurance company) are responsible for payment of fees. It is very important that you find out exactly what services your insurance policy covers and what procedures are required for referral and pre-authorization. You should carefully read the section in your insurance coverage booklet that describes psychological and neuropsychological evaluation services. If you have questions about the coverage, call your plan administrator.

It is sometimes difficult to determine exactly how much coverage is available prior to the evaluation and diagnosis. Neither Great Minds of Michigan, PLLC nor Dr. Reed can guarantee coverage by your insurance company for the diagnoses rendered or services provided. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. While Great Minds will verify your benefits and attempt to provide you with an estimate of your out of pocket expenses, verification of benefits does not insure coverage of services.

MINORS

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your evaluation or treatment records. I will provide them with a copy of any evaluation report and findings, with a summary of information gathered from you, your parents, and others such as your teachers and other professionals. I will also provide them with a summary of your treatment when it is complete. If they agree, I will provide them only with general information about our treatment together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. With a few exceptions, children's communications with me are confidential. If you are a client between **13 and 17 years of age**, written parental consent, as well as your consent, will be needed to disclose treatment records to people other than your parents.

Minor patients are required to be accompanied to the appointment and to have a parent or designated responsible party present at all times.

CONSENT

You and your child’s participation in this evaluation are voluntary. I will not conduct the evaluation without your signature and the agreement of a legal guardian. You also have the right to stop the evaluation at any time.

I have read, understand, and agree to the above policies and fees:

Parent _____ Date: _____

Parent _____ Date: _____

Child _____ Date: _____

(If 13 – 17 years of age)

Witness _____ Date: _____