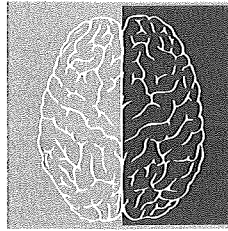


LOLA BOGYO, PH.D.
CLINICAL NEUROPSYCHOLOGIST

ROYAL GRUENEICH, PH.D.
CLINICAL NEUROPSYCHOLOGIST

MELANIE MACE, PSY.D.
CLINICAL NEUROPSYCHOLOGIST



NEUROPSYCHOLOGY SERVICE, P.A.

CONSENT FOR EVALUATION

Patient Name

Royal Grueneich, Ph.D.
Neuropsychologist

This form contains important information about our professional services and business policies. When you sign this document, it represents a legal agreement between you and Neuropsychology Service, P.A. You may cancel this agreement in writing at any time. That cancellation will be binding except 1) to the extent that we have already taken action in reliance on it, 2) if there are obligations imposed on us by your health insurance in order to process or substantiate claims made under your policy, and 3) if you have not satisfied financial obligations already incurred.

Privacy Protections

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides certain privacy protections and patient rights with regard to the use and disclosure of your protected health information. HIPAA requires that we provide you with information about our privacy practices; this is contained in the attached "*Notice of Neuropsychology Service P.A. Policies and Practices to Protect the Privacy of Your Health Information.*" In order to proceed with the evaluation, we will need to obtain your signature acknowledging that you have been provided with this information and that you have given your informed consent to the neuropsychological assessment and the practices described in this document.

Nature of the Evaluation

Multiple evaluation methods, including formal tests, interviews, questionnaires and other standardized procedures, will be administered by or under the direction of the neuropsychologist named above. These tests and procedures will be administered, scored and interpreted according to the scientific literature and professional guidelines.

The evaluation is conducted to provide information about your functioning and to answer specific referral questions, which will be discussed with you at the outset of the evaluation. The results may not be valid for other purposes, or after a significant period of time has passed since the evaluation.

In particular, when an individual is involved in a lawsuit, or when there is a reasonable expectation that a lawsuit will emerge, the purpose of neuropsychological evaluation, and the use of the resulting information, differs. An evaluation conducted under normal clinical circumstances (i.e. for the purpose of making diagnostic or treatment recommendations) is likely to be insufficient for addressing the much higher demands of a forensic neuropsychological examination, in which the resulting information is heavily scrutinized by the opposing attorney and others with a clear interest in challenging the findings. Multiple differences exist between normal clinical evaluations and forensic evaluations, making it necessary to be clear from the outset which type of evaluation is being conducted. If you believe you require a forensic evaluation (i.e. you are involved in, or may become involved in, legal actions related to the symptoms or injury for which you are being evaluated), you must inform the neuropsychologist of this at the time the appointment is made (or as soon as possible thereafter), so that appropriate arrangements can be made with your attorney, and so the testing can be planned appropriately.

It is not possible to know in advance what the findings will be, and there is some risk that the results may have negative implications for you. For example, they may have a negative effect on a legal case; they may result in losing your independence to manage your affairs; and they may result in restrictions on your driving. These issues will be discussed with you when they apply to you.

The Evaluation Report

After the testing and other evaluation methods are complete, a formal report will be written that includes personal information and background about you, in addition to the test results, diagnoses and recommendations resulting from the evaluation. You may request that the neuropsychologist exclude certain *specific personal* information from the report, but the neuropsychologist may be required in certain situations (e.g., litigation, threat to yourself or others) to disclose it anyway. Usually, once you have given written consent to release the evaluation results, the entire report can be shared.

The neuropsychologist will usually review the findings with you (or your legal representative) in person, at which time you will have the opportunity to ask questions to make sure you understand the results and their implications. You will usually receive a copy of the report during or shortly after this meeting, unless, in the neuropsychologist's best professional judgment, this would be harmful to you in some way (this is very rare). In that event, the neuropsychologist would explain those reasons and potential harm to you or your legal representative (e.g., spouse, guardian, and/or attorney). There are some situations in which the neuropsychologist is prohibited from giving the results or the report directly to you; if this applies to you, this will be discussed with you at the outset of the evaluation.

Should you disagree with the findings or interpretations by the neuropsychologist, you may write a letter explaining your disagreement, which will become a part of your file.

Professional Fees

Our professional assessment fees are \$175 per hour. The time needed for an assessment includes a review of your records, an interview with you (and, if appropriate, and with your permission, with family members or friends), face-to-face testing, scoring of tests, interpretation of findings, preparation of the written report, and discussion of the test results with you. In most cases, this requires about 10-16 hours of time; however, each person and situation is different, and the total number of hours for an evaluation could be more or less than these typical numbers reflect. We can provide a rough estimate for your specific situation upon request.

Assessments that are forensic or legally-involved generally require more time than indicated above, and higher fees are in place for depositions and all court-related time (including preparation and waiting time). Please note that our office does not accept contingency fee arrangements. This means that payment must be rendered prior to or at the time of service, and cannot be based upon us rendering a favorable opinion or upon a favorable outcome to the case.

No-Show or Late Cancellation

Due to the length of appointment times for these evaluations, a \$250 cancellation fee may be charged for appointments cancelled without at least 48 hours' notice. Insurance companies and most other third party payors cannot be billed for missed appointments, and it is very difficult to fill these times with little notice. Exceptions include weather, illness, or injury, in which case you should contact the office, and we can discuss waiving the fee.

Insurance Reimbursement

The neuropsychologists of Neuropsychology Service, P.A. participate only with Anthem Blue Cross and Blue Shield, Aetna, Cigna, and Medicare. We will help you to determine coverage for our services and, where possible (for other insurance companies), try to get out-of-network benefits to cover the evaluation. The anticipated patient portion of the estimated total fees (e.g., any unmet deductible, your co-payment) will be expected prior to or at the time of the first appointment unless we have made other arrangements with you. In cases where the estimated bill turns out to be higher than the actual bill, you will be reimbursed the difference; likewise, any outstanding portion of the final bill attributable to the patient will be charged to you.

For all companies other than Anthem, Aetna, Cigna, and Medicare, we usually require direct payment from the patient, in the same manner as a self-pay situation (see below). In those instances, we will submit a claim to your insurance company for reimbursement, and any payment we receive would then be returned to you.

You should be aware that your contract with your health insurance company requires that you authorize us to provide it with information relevant to the services that we provide to you. If you are seeking reimbursement for

services under your health insurance policy, you will be required to sign an Authorization form that allows us to provide such information. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as all or part of the report of your evaluation and copies of other material in your clinical record. This is unusual but does occur. Sometimes these requests are made from the insurance company later in the process, and in those cases, further written authorization from you may be necessary. You have the right to refuse to provide such authorization, but in such a case, the insurance company is permitted by law to deny your claim, leaving you responsible for payment of the services out-of-pocket.

Billing and Payments

Patients who expect to rely on health insurance to cover the costs of the neuropsychological evaluation will be billed as outlined above. Please be aware that having coverage for neuropsychological evaluations as part of your insurance policy does not necessarily mean that your insurance company will actually pay for the evaluation. By signing this agreement, you promise to accept full responsibility for all charges incurred for services rendered in the event that other arrangements made fall through (e.g., if we bill an insurance company and they do not pay in a timely manner).

In self-pay situations, we expect a down-payment of at least half the total charge prior to or at the time of the first appointment, with the remainder of the bill due at the outset of the feedback session.

In situations where another agency or individual is expected to pay for the evaluation, it will be necessary to obtain the contact information of the person or agency responsible for the bill at the time the appointment is made. In most cases, we will then obtain written confirmation of the payment agreement directly, so as to reduce the risk of the bill being denied when it is submitted.

In any situation where the patient receives a bill after the evaluation is complete, payments are due within 30 days of notification, or as otherwise outlined if a payment plan has been negotiated. Forms of payment we accept include personal or corporate checks, money orders, and credit cards or debit cards with the Visa, MasterCard, or Discover logos.

Contacting Our Office:

Our office is generally open Monday through Friday, 8:30 a.m. until 5:00 p.m. We do not have full-time reception staff, so it will sometimes be necessary for callers to leave a voicemail message until staff is available to return calls. Messages are checked frequently, and calls are usually returned within 24 hours (or on Monday in the case of a Friday message). Due to the nature of our practice (assessment and consultation), we do not provide emergency coverage of any kind. If you are in a crisis, you should call or go to your nearest emergency room and ask for the mental health professional on call.

Your signature below indicates that you have read this document and agree to the terms; that you have been provided the information necessary to give informed consent for our neuropsychological services and you consent to those services; and it also serves as an acknowledgement that you have received from Neuropsychology Service, P.A. the HIPAA Notice form described at the top of this document.

Patient signature

Date

OR

Legal representative*

Date

*Relationship to patient (parent, guardian, health care power of attorney, etc.)