



## Informed Consent

**Nature and Purpose of Neuropsychological Evaluation:** The purpose of the current evaluation is to assist you and your referral source in determining, if present, the degree of any problems in your thinking abilities (attention, learning and memory, sensory-motor, visual-spatial, language, or emotional adjustment). This evaluation may point to changes or declines in thinking abilities that are outside of normal functioning, or beyond normal age-related processes. In addition to an interview where Dr. Logan will be asking you questions about your background and current medical conditions and symptoms, he may use different techniques and standardized tests to ascertain such things as your knowledge of certain topics, reading ability, drawing figures and shapes, viewing printed material, and manipulating objects.

**Foreseeable Risks, Discomforts, and Benefits:** For some individuals, assessments can cause fatigue, frustration, and anxiousness. In addition, certain questions may touch on personal and private matters that could cause emotional discomfort. There is no intention of causing any personal discomfort, but that this may be an unforeseeable risk associated with this evaluation. Furthermore, some of the questions or tasks may not appear at first glance to have a direct connection with this issue(s) at hand, but we ask that you cooperate to the best of your ability. Although we expect that you will give honest and accurate answers, you are free to refuse to answer any question you choose or to terminate the evaluation whenever you wish.

There are several benefits in undergoing this evaluation. Some examples include, but are not limited to, the following: clarification around diagnosis and treatment, identification of appropriate and relevant interventions and/or supports, documentation of improvement/decline over time or following treatment, and improved self-knowledge and awareness. Additional risks/benefits specific to your evaluation will be discussed in greater detail with Dr. Logan.

**Limits of Confidentiality:** Information obtained during the current evaluation is considered confidential and can ordinarily only be released to other parties with your written permission. If you divulge information about the abuse of child, vulnerable adult, or elder, then we are required by law to report this to the appropriate authorities. Additionally, if you threaten to harm yourself, someone else, or the property of others, we may be required to notify the police and potential victim(s), or take other reasonable steps to prevent the threatened harm. Finally, if ordered by the court, we may have to testify or release your records. Please ask the front desk staff for a release of information if you want us to be able to speak with additional family members or providers other than the referral source about your care. We will forward a copy of the report to the referral source.

**HIPAA Acknowledgment:** My signature below acknowledges that I was offered a copy of the AVCS notice of Privacy Practices. I also acknowledge that pursuant to **Ethical Standard 9.04 "Release of Test Data,"** the "Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law." It is Neurobehavior North, Inc.'s standard policy that raw test data will not be released to anyone other than a licensed neuropsychologist qualified to interpret the data.

**Time Commitment:**

Assessments may take several hours or more (typically 4-8 hours) of face-to-face testing and several additional hours (4-5) for scoring, interpretation, and report preparation. Though these fees are generally covered by insurance, patients are responsible for any and all fees for the assessment.

**Fee Schedule and Billing Policies:**

The hourly rate for neuropsychological services at Neurobehavior North, Inc. is \$350.00, which is consistent with national averages for this type of service.

Insurance companies vary considerably with respect to their level of reimbursement for neuropsychological and psychological evaluations. In general, you should be prepared for the possibility that they will reimburse no more than 50% of the fee they allow for a neuropsychological or psychological evaluation. We strongly recommend that you obtain specific confirmation in advance from your company regarding their coverage.

Payment is due at the time of service and past due in 30 days from the date of receipt. Seeing that an account is paid is your responsibility. This office will help provide information to your insurance company. However, we cannot accept the responsibility of negotiating settlements on disputed insurance claims. That is your responsibility. If Neurobehavior North, Inc. bills your insurance company, but they mistakenly pay you, checks should be sent immediately to our office.

**Medicare/Medicaid/VA/Tricare:**

The major exception to the above involves Medicare, Medicaid, VA, and Tricare. Please check with our office to see if Dr. Logan is currently a participating provider with the previously mentioned entities. For these types of insurance, we bill at the allowable rate set by the federal government for these services. Any deductibles or co-payments are the patient's responsibility. Any remaining balance is the patient's responsibility, either through a secondary Medicare carrier or a co-payment, or both.

**HMOs/PPOs:**

The other exception has to do with fees set by HMOs/PPOs for which we are a participating provider. Prior to your first visit, your HMO/PPO must authorize your visit and provide this office and you with the proper forms and the authorization number. Almost all HMOs are unwilling to authorize or reimburse a service after it has taken place. In the event that no authorization is available, you will be responsible for the full charge. You will also be responsible for the required co-payment for each session. Please note that most HMOs/PPOs require a co-payment per unit of service for neuropsychological or neurocognitive testing. That is, the HMO/PPO does not count the entire testing session as one visit, but requires a co-payment for each unit (hour) of testing. It will be your responsibility to have this authorization renewed as necessary. We will provide you with as much assistance as possible in obtaining initial or re-authorization.

**Legal/Forensic Services:**

Medical insurance will not reimburse services that are court ordered or are instigated primarily for a legal process, including personal injury suits, and which are deemed not medically necessary. You will need to consult with your insurance provider if requesting such services to determine their policy for these examinations. Otherwise, payment is due at the time services are rendered.

If you become involved in legal proceedings that require Dr. Logan to participate you will be expected to pay for his professional time. As legal involvement is substantially more difficult, Dr.

Logan charges \$400 per hour for any preparation, transportation, and time in attendance, even if he is called to testify by another party. Depending on circumstances, a minimum of four (4) hours will be billed to you. This is typically not covered by your insurance.

**Cancellation/No-Show:**

We complete a courtesy reminder call and/or text/email 1 week in advance of each appointment. You are responsible for confirming your appointment by responding to the call and/or via text/email. This **MUST** occur within 48 business hours of your scheduled appointment time, or your appointment will be cancelled. If you are cancelling your appointment, you **MUST** do so at least 48 business hours in advance, directly with a staff member during business hours, otherwise you will be charged a “No Show” fee of \$400.00. For feedback appointments, the appointment **MUST** be cancelled with at least 48 business hours’ notice, or you will be charged a “No Show” fee of \$50.00. **Insurance will not be billed for “No Show” fees. These fees will not be removed regardless of the reason the appointment was missed.**

**Collections:**

Payment is due at the time of service, and considered past due in 30 days. We do not like to turn accounts over a collection agency or go to Small Claims Court, but we will. For non-payment of one's bill, confidentiality will be maintained by only providing/releasing information necessary to process a claim by a collection agency or Small Claims Court. We do not negotiate payment plans in-house. We do take almost all credit cards. Credit Cards or other outside financial arrangements must be made, as necessary.

**Children:**

A parent or legal guardian must accompany all children under the age of 18 years. No child is to be left in the waiting room at any time without adult supervision. In order to be able to participate fully in the evaluation process, parents are asked to only bring the child who is to be seen to the appointment. If you are unable to make prior arrangements for any additional children, please call our office to reschedule the appointment no later than 48 business hours prior to the appt.

**Amendment Policy:**

It is Neurobehavior North, Inc. policy that patient records will not be amended if the requested change does not directly affect the diagnosis and/or treatment recommendations.

By my signature below, I acknowledge this policy and that any request to amend my final neuropsychological evaluation will be denied if the requested information to be changed does not directly affect the diagnosis or treatment recommendations.

**Recording:**

Dr. Logan uses testing hardware and software during certain tests that records your verbal responses. This recording allows Dr. Logan to go back and listen to responses to ensure accuracy. These recordings are permanently deleted from the recording device once the evaluation is completed and not saved in any format.

**My Responsibilities:**

I agree to invest full effort throughout the evaluation and to try my best on every task. If I become tired, distracted, or otherwise notice that I am no longer able to provide full effort, I will notify the doctor and we will come up with a plan to finish the evaluation when I am able to fully engage in the assessment. I acknowledge that if I am unable to provide full effort throughout the evaluation, or am not trying my best, this may significantly detract from the doctor’s ability to generate meaningful conclusions from the evaluation.

**Messages & Emergencies:**

In the event of a life-threatening emergency, call 911. To leave a messages for Dr. Logan call 907-745-5066. Please leave a phone number where you can be reached.

By signing this registration page, I acknowledge Informed Consent has been given and received, and I am in agreement with these policies and procedures.

Patient Name: [print] \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Responsible Party Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_