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# **Understanding Neuropsychological Evaluation- Informed Consent**

You or your child has been referred for a Neuropsychological Evaluation. This form contains information about the evaluation. You will be asked to sign this form indicating that you understand the information provided to you and agree to proceed with the evaluation. If you have any questions please ask before signing this consent form.

This document was created to help you understand the policies and procedures for an evaluation and prepare you for the steps ahead. Please thoroughly review this document, as it contains information that is very important for you to know.

Neuropsychological Evaluation is a process of testing that uses a combination of techniques to help arrive at a hypotheses about a person and their behavior, personality, and capabilities. It is important to know that Neuropsychological Evaluation is not the same as Psychotherapy. Unlike Psychotherapy, Evaluation includes the use of psychological tests that are administered by a Licensed Psychologist or clinical trainee under the supervision of a Licensed Psychologist. These tests are standardized, objective, and quantitative.

The goal of this neuropsychological assessment is to determine if any changes have occurred in your cognitive (e.g., attention, memory, problems solving, etc.), emotional, behavioral, and/or physical functioning, and suggest possible methods and treatments for rehabilitation. In addition to an interview where you will be asked questions about your personal background and current medical symptoms, you will be asked to complete various standardized tests (mostly paper and pencil), and asked to fill out questionnaires to assess the nature and extent of any medical and/or psychological problems that may be affecting your current level of functioning.

## Nature of Assessment

Neuropsychological and psychological evaluation includes a comprehensive evaluation of a person's intellectual, academic, and/or emotional functioning. Results from evaluations can be used to give opinions and make recommendations concerning diagnosis, treatment, rehabilitation, job or school functioning, ability to drive, ability to live independently, and/or the need for further evaluations. When appropriate, this information can be shared with the individual being evaluated, his or her family members, teachers, or health care providers.

The Neuropsychological Evaluation process takes place in four primary stages:

## 1. Intake Interview

The intake interview is conducted between the client and the psychologist. The purpose of this interview is to obtain background information, discuss your concerns, and identify the objectives for the evaluation. This process can take 45 - 120 minutes. This may be completed over one or several sessions.

## 2. Testing

Testing may take place over the course of one or more sessions lasting 1-6 hours per session. The total testing time usually ranges between 4 - 12 hours, depending on the individual needs of the client and the assessments administered.

### 3. Scoring, Interpretation, and Report Writing

Your psychologist will score and interpret the results from testing. In addition, your psychologist may prepare a report depending on your needs. The amount of time dedicated to this process typically ranges from 2-20 hours dependent on the complexity of the case.

This time includes a review of released records. A delay in the receipt of records will delay your results session. Typical response time for the receipt of noncomplex records ranges from 10-14 business days. Complex or lengthy records can take up to one month to receive. Further, these records must be compiled and reviewed as well as integrated into your report which can also be a lengthy process, dependent on the length of records.

This report will NOT be released to outside parties without consent or court order. Your psychologist will review the scores and interpretation of scores with you prior to the release of the report, unless this waived with the understanding that the report may not be accurate.

## 4. Client/Parent Feedback Meeting

Your psychologist will invite you to a feedback meeting to provide interpretation about the testing results, review diagnostic impressions, and discuss treatment recommendations. This meeting will take place about 3-4 weeks after the completion of the above process (dependent on the receipt of outside records and appointment availability for both yourself and the provider) and will last approximately 30-45 minutes.

You will not receive your report at this time as it is not uncommon for new information to be presented in this review session. You will typically receive your report if authorized and your bill is settled within 1-2 weeks following this feedback session (again dependent on the complexity of the case).

In addition to the stages of the Neuropsychological Evaluation described above, other services are sometimes necessary. For example, your psychologist may find it helpful to speak with other professionals involved in your care, or your child's care. Such professionals can include teachers, physicians, counselors, or other psychologists. For some children, a school observation may be recommended to provide a better idea of how your child is functioning in his or her educational setting. In some cases, your evaluation may include an interview with your closest family member(s) and/or significant other(s). If consultation with outside parties is necessary, you will be asked to sign an Authorization to Release Information form prior to any communication unless communication is allowed under HIPAA.

## Child and Adolescent Neuropsychological Evaluations

Depending on the child's age and nature of the concern, the initial intake interview may include a private conversation between the child and psychologist. <u>At this session, consent for treatment will be required from parent(s)/legal guardian(s)</u>. Neuropsychological Evaluations will not begin without applicable consents. If any question exists regarding the authority of the representative to give consent for therapy, the psychologist will request supporting legal documentation, such as a custody order, prior to the commencement of services.

### Privilege

In order for an accurate assessment to be conducted, a safe and private environment must be created for the child or adolescent. Thus, the dialogue and the content of the sessions between the child and psychologist

will remain private. Limitations include any instances of safety concerns which will be determined by the psychologist.

### Confidentiality

Please refer to the Notice of Privacy Practices provided to you at the time of your initial appointment for details regarding privacy information, your rights regarding this information, and situations in which this information may be shared. Overall, it is our goal to ensure the utmost confidentiality of your sensitive personal information. However, there are situations in which we can and in some cases are legally obligated to share your information without specific consent. These situations include but are not limited to:

- -danger of harming self or other
- a court order
- parent or guardian of a minor (under 18 years of age) requests information
- concern that an elderly or vulnerable individual is being abused
- suspected child abuse or vulnerable adult abuse
- information shared with third partied (e.g., insurance companies) for the purpose of payment

## Pickup and drop-off policies

<u>The True Balance office is not able to accommodate children outside of a scheduled appointment time.</u> Unattended children in the waiting room can represent a safety issue, as no supervision is available during this time. Parents and guardians are asked to arrive *no earlier than five minutes* before their child's appointment. **You will need to stay the entire time**. We do not offer childcare services.

## Limits of Neuropsychological Evaluation

There are many potential benefits to Neuropsychological Evaluations that include diagnostic clarification, individualized treatment recommendations, insight into the nature of your strengths and areas of impact, as well as providing a written report to assist in facilitating services in the community or at school when necessary. Although most individuals have a positive experience during the assessment process, it is always possible to experience discomfort such as frustration, anxiety, or embarrassment. In addition, it is important to know that the results of the Neuropsychological Evaluation may not answer all of your questions about your situation, or your child's situation. Thus, other referrals may be made to other service providers.

### **Benefits and Risks**

Our goals are to document the possible causes of your concerns, provide objective documentation of your current level of functioning, and suggest ways to improve your functioning. Some referral sources have specific questions such as if there is evidence of a disability, evidence of impaired driving, the need for academic accommodations, etc. These questions will be tended to in the final report. There is no guarantee that the evaluation results will help or harm your case if you are receiving compensation or insurance benefits. There is no guarantee that the findings of the evaluation will be in agreement or disagreement with your current understanding of your condition.

It is important that you put forth your best effort and answer questions honestly. Should your test performance suggest you are not putting forth your best effort possible, this can invalidate test results and lead to inconclusive findings. Although you are expected to give your best effort, you are not expected to know the answers to all questions. Some tests will be easy and fun and some will be boring and difficult. Some tests are designed to "test the limits" of your abilities and knowledge and may become increasingly difficult for you. This is a normal experience, but may also cause fatigue, frustration, and anxiety. All reasonable measure will be taken to keep you as comfortable as possible. All we ask is that you try your best and keep us informed of any discomfort or concerns you have as they arise.

#### The Therapeutic Relationship

The relationship between you and your psychologist is unique. You will be sharing information with your psychologist that may be sensitive and intimate. It is not your psychologist's job to make judgments or give advice. Rather, the psychologist's role is to understand your concerns and take this into consideration when formulating treatment recommendations. It is important to know that Neuropsychological Evaluation is not Psychotherapy. Completion of testing does not imply an on-going psychotherapeutic relationship with your psychologist, unless such a relationship has been specifically and mutually agreed upon.

You are encouraged to be honest with your psychologist about your feelings and history. This is the best and safest way to cultivate a stronger sense of self and an effective working relationship. Any opinion, conclusion, diagnosis, or recommendation will be based upon the information contained and referenced from the sources indicated, including the self-report from the subject of the evaluation. Substantial inaccuracies with the information reported could affect the validity of the results and conclusions of this evaluation. The report will not be edited once complete unless the information provided to the clinician substantially affects the diagnosis and ONLY at the clinicians decision. At that time, the information will be added to an addendum.

The evaluation may result in a diagnosis that you or a member of your family may not agree with. It is possible that you may not agree with the results of this evaluation or the information contained in this report. This evaluation is based on the information and procedures listed below as interpreted by this evaluator.

#### **Fees for Services:**

#### A cash rate reduction is available for services that are paid ON THE DATE OF SERVICE only.

A fee of \$ 250.00\_ is charged for Psychological Testing (per hour). The fee for testing includes scoring and reportwriting per hour. Psychological testing will take place over a period of several days. **Charges will be incurred for face to face administration time as well as time to score, interpret and report the results of the administration.** The first copy of this report are included in this fee. Subsequent copies will be charged at the subsequent records retrieval rate. Payment for subsequent requests will be due prior to records being released. You will be financially responsible for services if denied as not medically necessary by your insurance company.

A fee of **100.00** is charged for testing materials related to Psychological and Neuropsychological Assessment. This fee will be charged one time for each evaluation and is NOT billable to insurance.

A fee of \$ 350.00\_ is charged for Neuropsychological Testing (per hour). The fee for testing includes scoring and report-writing per hour. Neuro psychological testing will take place over a period of several days. **Charges will be incurred for face to face administration time as well as time to score, interpret and report the results of the administration and associated records**. The first copy of this report are included in this fee. Subsequent copies will be charged at the subsequent records retrieval rate. Payment for subsequent requests will be due prior to records being released. You will be financially responsible for services if denied as not medically necessary by your insurance company.

A fee of **30.00** per half hour is charged for travel that is not medically necessary.

A fee of **17.54** will be charged as a records retrieval fee and each page will be charged at the rate of **\$1.32** per page. Requests for records must be made in writing and must include a valid signature (client or guardian).

A fee of \$ **40.00** is charged for missed appointments or cancellations with less than 24 hours' notice. If you choose to no show for your scheduled appointment without calling following this policy, all future appointments will be canceled.

A fee of **400.00** per hour is charged for court preparation, legal proceedings, and attendance of such activities. A minimum of 5 hours will be charged and payment in full for the minimum hours (2000.00) will be due prior to court appearance, with the remainder due following appearance as billed. If you become involved in legal proceedings that

require your therapist's participation, you will be expected to pay for that professional time even if the therapist is called to testify by another party. [Because of the difficulty of legal involvement, you will be charged 400.00 per hour for preparation and attendance at any legal proceeding.]

Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. These services will be charged in 15 minute increments at the hourly rates of **200.00 for masters level providers and 300.00 for PhD level providers.** 

### **Billing Agreement Regarding Insurance Reimbursement**

At times, insurance companies do not fully reimburse psychological or neuropsychological testing services, whether your clinician is an in-network or out-of-network provider.

There are two main situations when this occurs: 1) the insurance company does not consider psychological testing "medically necessary" for "experimental" or "investigational" diagnoses. Diagnoses considered "experimental" or "investigational" vary depending on the insurance carrier. Another situation is 2) when insurance companies reimburse fewer hours than billed. For example, some insurance companies only reimburse up to 12 hours of psychological testing, whereas 15-20 hours are typically billed for a full evaluation.

It is your responsibility to verify coverage with your insurance company prior to consenting to services. While we make every effort to verify benefits and coverage and obtain authorization for services prior to beginning services, you are ultimately responsible for knowing your coverage and for all charges. Please let us know if you have questions or concerns in this area.

Most insurance companies require that you be informed of the reason testing hours or services were denied or deemed not medically necessary. Below are listed several potential reasons.

- □ Testing services are considered "experimental" or "investigational" for the diagnosis
- □ Educational/Academic testing is not typically covered under your plan
- □ Psychological testing requires a pre-authorization or referral
- □ Psychological testing is covered only up to a certain number of hours

Your signature on the Neuropsychological consent indicates that you have read this document and agree to pay for all psychological/neuropsychological testing and evaluation services, even those not reimbursed by your insurance carrier. You are indicating that you understand and agree to the information above. You are agreeing to be "balance billed" for any hours not approved or reimbursed by my insurance company, whether in-network or out-of-network, for services rendered by True Balance Ltd. Your signature indicates that you have called to verify coverage for services with your insurance carrier. If you did NOT call to verify coverage, then you choose to proceed knowing that services may be denied and that you will be billed for these services.