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Welcome to Boston Neuropsychological Services (BNS). This document contains important information about our professional services and policies. Please read it carefully and feel free to ask questions. When you sign this document, it will represent an agreement to the terms below between you and your examiner or between your child and his/her examiner.

NEUROPSYCHOLOGICAL EVALUATIONS

The purpose of a neuropsychological evaluation is to provide diagnostic clarity, identify the individual's strengths and weaknesses, clarify brain-behavior relationships, and make treatment recommendations. A neuropsychological evaluation includes a diagnostic interview with the individual and/or the individual's parent/guardian(s), a comprehensive testing battery, a timely and complete neuropsychological report, and a feedback meeting to discuss the results and recommendations of the evaluation. Neuropsychological evaluations may include testing that evaluates cognitive abilities, adaptive behavior, academic skills, learning and memory, visual-spatial skills, attention, executive functioning skills, fine motor skills, language, social skills, and psychological functioning, although each testing battery is unique to the individual being evaluated and the questions that need to be clarified. Standardized testing may include, but is not limited to, asking questions about knowledge of certain topics, reading, drawing figures and shapes, listening to recordings, viewing printed material and pictures, and/or manipulating objects or puzzles. The number of hours needed for testing, depends on the speed that the individual works, the age of the individual, and/or the specific testing battery administered. A comprehensive neuropsychological evaluation may include, but is not limited to, review of records, talking to other providers (if given consent), administering neuropsychological tests, scoring tests, and writing the report. The evaluation is completed by a licensed psychologist with specialized training in neuropsychology, unless otherwise specified. Some questionnaire forms (i.e., those that only require entering of scores into a computer software program) may be scored by a psychology intern, student, and/or other staff member with specific training and supervision from a licensed psychologist.

To ensure accurate scoring, certain portions of the testing procedure may be audio recorded. These recordings are considered confidential, and will not be used for any purpose other than to ensure the most accurate possible record and interpretation of test data. They will not be transmitted electronically, and will be destroyed once they are no longer needed (when the evaluation report is completed, if not sooner). They are not considered part of the client's medical record. If you have any concerns about having your (or your child's) voice recorded, please discuss them with your examiner. You have

the right not to have your voice recorded. At your request, evaluation can and will be conducted without recording.

Neuropsychological testing can be impacted by a variety of factors, including changes in health status, some types of medication treatment, sensory impairments (e.g., vision problems), lack of motivation, sleep deprivation, and/or attempts to manipulate the test results. It is your responsibility to inform the examiner of any factors that may impact test validity. If at any point during the evaluation the individual does not cooperate with testing, the evaluation may be terminated. Another day of testing may or may not be scheduled.

A feedback meeting will be scheduled to review and discuss the neuropsychological evaluation with you. At this time, you are encouraged to bring up any questions, corrections, or concerns you have about the report. If you or your child meets criteria for specific diagnoses, this will be specified in the report. There is no guarantee that current diagnoses will remain the same or be changed following the evaluation. Any discussion about the report should be done at feedback between you and your examiner. Sometimes an examiner is willing to edit or amend the report, but this is only done if the requested changes are clinically, ethically, and legally appropriate. Your examiner can discuss this further with you.

FORSEEABLE RISKS AND BENEFITS

There are no known physical risks associated with a neuropsychological evaluation. Generally, psychological and/or emotional risks are minimal and consist of possible temporary anxiety about performance, frustration, fatigue, and/or discomfort related to the discussion of stressful or emotional topics. A small number of individuals could experience greater emotional distress from becoming aware of limitations that may have been previously unknown to them or having to discuss difficult issues with the examiner. Every effort will be made to minimize these risks (e.g., such as check-ins from the examiner and breaks throughout testing), but if you or your child feels uncomfortable in any way, please notify the examiner right away. While the information obtained from an evaluation will likely be useful for the individual, the individual's parent/guardian(s), and/or the individual's school and/or outpatient providers, there is a chance that you may feel like the information obtained from the neuropsychological evaluation is disappointing and/or not what you expected.

Although there are some minor risks involved in having a neuropsychological evaluation, the benefits are that a comprehensive assessment report will help clarify the individual's neuropsychological profile (including functioning in multiple domains), strengths, limiting factors, diagnosis (when applicable), and next steps in treatment. Most individuals find the process interesting and extremely helpful in understanding what they or their child needs to help reach their full potential. In fact, many children who are evaluated find the process fun and enjoy receiving one-on-one attention from an engaging adult for several hours.

INSURANCE REIMBURSEMENT

Your health insurance policy often provides some coverage for neuropsychological evaluations, although not all of the evaluation is covered by insurance. Our administrative

staff will assist you in determining your benefits and review your insurance coverage with you. If you choose not to use your insurance, you may pay privately for services. You are responsible for payment of services if your insurance provider does not reimburse BNS for performed services. If you have questions about your coverage, you should call your plan administrator. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services, which is often, but not always, submitted by BNS prior to testing. It should be noted that most insurance companies have a policy that states that authorization is no guarantee of reimbursement of services.

You should be aware that most insurance companies require that an examiner provide a clinical "rule-out" diagnosis for the purposes of completing the evaluation. This is determined following the initial intake appointment. Sometimes additional clinical information is requested by the insurance company. If requested, this information will become part of the insurance company files. In some cases, they may share this information with a national medical information databank. BNS can provide you with a copy of any information submitted to the insurance company upon written request.

PROFESSIONAL FEES/CANCELLATIONS

Please refer to the BNS Service Contract for a comprehensive list of services and their associated fees, as well as the cancellation policy for neuropsychological evaluations.

BILLING

You will be expected to pay for the evaluation or the part of the evaluation that is not covered by insurance. If your account has not been paid for more than 60 days and arrangement for payment has not been agreed upon, BNS has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the cost will be included in the claim. In these cases, your name, the nature of the services, and the amount due may be released for legal purposes. However, all personal information not needed to substantiate the case will remain protected by HIPAA.

CONTACTING YOUR EXAMINER

The best way to contact your examiner is via telephone rather than text messaging or email. Email should only be used to arrange or modify appointments. You should not email your examiner content related to the evaluation or other personal identifying information because email is not secure or confidential. If you choose to communicate via email, please be aware that all emails are retained in the Internet service provider logs. While it is unlikely that someone will be looking at these logs, they can be reviewed by the system administrator of the Internet service provider. You should also know that any emails that you send to your examiner might become a part of your legal medical record.

Your examiner may not always be immediately available by telephone. In case of an emergency, you should contact your physician or go to the nearest emergency room. If it is not an emergency, you should leave a message for your examiner on his/her voicemail or with the administrative staff. Your examiner will return your call as soon as possible.

If your examiner will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards for psychological services require that your examiner keep treatment records. You are entitled to receive a copy of your records, or your examiner can prepare a summary for you, upon written request. Since professional records can be misinterpreted, it is recommend that you review all records in the presence of your examiner, so information can be explained and you can ask questions. You will be charged an appropriate fee for copies made and/or any professional time spent in responding to information requests.

MINORS

Parents have the right to review the neuropsychological report for children and adolescents under eighteen years of age. It should be noted that if at any time, the minor is at risk of harming him/herself or others, parents will be notified immediately.

SOCIAL MEDIA

Your examiner will not accept friend or contact requests from current or former clients on any social networking sites (e.g., Facebook, LinkedIn, Twitter, etc.) due to concerns regarding your confidentiality and the privacy of you and your examiner, as well as the potential of a dual relationship. These sites are not secure and it is possible for these exchanges to become part of your legal medical record.

It is not a regular part of your examiner's practice to search for you on social media websites or Internet search engines. However, extremely rare exceptions may be made during times of crisis, such as your examiner suspects that you are in danger and is unable to contact you via telephone. If your examiner needs to search for you via the Internet, he or she will document this and discuss it with you during your next contact.

BNS does have a Facebook page. You are welcome to view this page and read information that is posted on this site; however, this page is managed by the business manager at BNS, not your examiner.

LIMITS TO CONFIDENTIALITY

In general, the privacy of all communication between a client and a therapist is protected by law, and your examiner can only release information about your treatment with your written permission. However, there are a few exceptions. Your examiner is legally obligated to take action to protect others from harm, even if some information about you or your treatment needs to be released. For example, if your examiner believes that a child, elderly person, or disabled person is being abused, they are considered a mandated reporter and are required by law to file a report with the appropriate state agency. If your examiner believes that a client is threatening serious bodily harm to another person, they are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you. If you threaten to harm yourself, your examiner may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection. Furthermore, in most legal proceedings, you have the right to prevent your examiner from providing any information

about your treatment, unless your examiner is court ordered to release such information. If your examiner is providing treatment to a child or family unit, your examiner cannot testify in cases related to parental fitness or custodial issues. Lastly, your examiner may find it helpful to occasionally consult with other professionals and/or the clinical director. During a consultation, your examiner will make every effort to keep your identity confidential, only releasing information that is relevant to the consultation. The professional that your examiner consults with is also legally bound to keep all information shared confidential.

If any of these exceptions to confidentiality occur, your examiner will make every effort to discuss it with you before taking action. It is important that you discuss any questions or concerns that you may have about these limitations of confidentiality with your examiner right away.

Please be advised that as part of every evaluation, some questionnaires will be sent via email to you and/or your informants (i.e., teachers, spouses, or others). However, these emails will ONLY be sent to informants whom you consent BNS to contact and the emails will contain a link to a secure, encrypted database, where the questionnaires can be completed. All databases with client information comply with the standards established in the HIPAA Security Regulations.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during the professional relationship between you and your examiner or you and your child's examiner. You freely agree to participate in this evaluation and understand that you can terminate the evaluation at any time.

Signature of client or legal guardian	Date
Signature of minor (if applicable)	Date