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Special Needs Neuropsychological Assessment Informed Consent

Name of Patient: _____

Patient DOB: _____

Referral Source: The above named child has been referred for a special needs neuropsychological assessment by:

Parent/Guardian: _____ Medical/Treatment Provider: _____

Nature and Purpose of Assessment: In a special needs neuropsychological evaluation, we utilize a custom/tailored, in-depth diagnostic assessment process, which incorporates diagnostic clinical interview followed by administration of various psychological and neuropsychological assessments designed to give us a meaningful picture of your child's *current* neurocognitive strengths and weaknesses. In addition to clarifying diagnostic questions, then, the assessment will identify clinical targets for care providers as well as provide a potential means (with reassessment) for tracking your child's treatment progress over time. Typically assessed neurocognitive functions include relevant aspects of intellectual functioning, attention, memory, language, problem-solving and other executive functions. Screening of fine motor functioning, social skills, mood and personality may also be included. The assessment procedure is completed in a setting that is tailored to meet the identified special needs of your child, and the evaluator may choose to interrupt and/or space out the evaluation over time should direct observation suggest barriers to good data collection (e.g., behavioral patterns that should be addressed prior to continuation, in favor of collecting data that are a meaningful reflection of your child's capabilities at present). The assessment procedure may include but is not necessarily limited to observing your child in a learning setting, asking questions that require a variety of verbal and nonverbal (e.g., pointing) response patterns, asking them to read, draw figures and shapes, having them listen to recordings, view printed material and/or manipulate objects.

Foreseeable Risks, Discomforts, and Benefits: Assessments can contribute to fatigue, frustration and/or anxiety in some patients. Assessment sessions may be spread across multiple service dates accordingly, in order to minimize the likelihood of these risks/discomforts. Regular physical and sensory breaks will also be offered, and assessments can be discontinued at any time at the request of the child's parent/guardian, behavioral support provider, and/or the evaluator.

Fees and Time Commitment: By signing this form, you are attesting that you have been provided specific information relating to the fee for this inclusive service. That is, you understand that the inclusive fee is \$3,000, and that this fee includes: (1) the full assessment process (diagnostic and functional, across however many sessions are required for meaningful data collection), (2) a

thorough written report of evaluation findings with printed diagnostic impression, formal scholastic and treatment recommendations, and (3) an hour-long feedback session with the evaluator following report completion. You are also acknowledging that you understand that this payment is due in full at the time of service provision.

Limits of Confidentiality: Information obtained during the assessment process is confidential, and can generally be released only with your written permission. If your child was referred by an existing treatment provider, your signature on this form indicates your permission for the summative evaluative report to be released directly to this provider in order to facilitate continuity of care. The report will not be released to another party without your written permission, except in the case of special circumstances as delineated below. If this was exclusively a parent/guardian referral, the report will be released only to you, with further release limited to cases of your written permission except in the case of special circumstances as delineated below.

There are some special circumstances that can limit confidentiality. When present, these circumstances render the evaluator *legally required* to release information that would otherwise be considered confidential. These circumstances include: (a) given a statement of intent to harm self or others, (b) given statements suggesting ongoing harm or abuse of children or vulnerable adults, and/or (c) given legal requests for records or information release either through subpoena (where release may be more limited in scope) or court order (where all information is generally vulnerable for release) as issued formally by a court of law.

Statement Regarding the Voluntary Nature of the Present Assessment: Your and your child's participation in this evaluation process is completely voluntary. The evaluation will not be completed without your signature on this document, and you have the right to stop the evaluation at any time. You also have the right to decline to answer specific questions asked by this writer during the evaluation, though the evaluator may indicate in the evaluative report those questions you declined to answer.

I have read and agree with the nature and purpose of this assessment, the fee arrangement, and to each of the other points listed above. I have also been given ample opportunity to clarify any questions I have and to discuss any points of concern directly with the evaluator before signing.

Parent/Guardian or Authorized Surrogate Signature

Date

Printed Name of Person Providing Consent

Relationship to Patient

Witness Signature

Date