

Consent for Psychological and Neuropsychological Testing

The general purpose of testing is to provide you and the physicians, individuals, or agencies who referred you with information to assist in the diagnosis or treatment of diseases, injuries, or conditions that affect your thinking abilities and/or psychological health.

Neuropsychological Testing:

The goal of neuropsychological assessment is to determine if any changes have occurred in your cognitive abilities, such as attention, memory, language, problems solving, visuoperceptual abilities, or other thinking skills. A neuropsychological examination includes an interview with yourself and possibly a separate interview with a friend or family member who is familiar with you. During these interviews, questions will be asked about your background and current medical and psychological symptoms. Additionally, during your exam, standardized tests and other techniques may be used, including, but not limited to, asking questions about your knowledge of certain topics, reading, drawing figures and shapes, learning word lists or stories, viewing printed material, manipulating objects, and describing psychological symptoms.

Initial

Your task is to answer test and interview questions as accurately as you can; for example, when discussing your problems or concerns, do not minimize significant problems, but also do not exaggerate lesser concerns. Some examinees may be disposed to exaggerate symptoms as a way of making sure their problems are well documented; however, this, rather than helping your case, may make your test profile more difficult to interpret. You are to give your best effort during the testing. This does not mean that you have to get every answer or problem correct, for no one ever does. Part of the examination will address the accuracy of your responses, as well as the degree of effort that you exert on the tests. It is important to be forthright and honest in your answers.

Initial

Psychological Testing:

An initial interview will take place to review background (e.g., your school and job history) and symptoms. Tests or questionnaires will be administered to evaluate your personality and emotional functioning. This evaluation usually takes between 1 to 5 hours, depending on the number of tests needed.

Initial

Foreseeable Risks, Discomforts, and Benefits:

For some individuals, assessments can cause fatigue, frustration, and anxiousness. The outcome of this assessment may also affect any claims you have (including financial claims) related to your current cognitive and psychological functioning. There are no other anticipated risks or discomforts associated with this evaluation.

Initial

Confidentiality:

Information in your file is strictly confidential and is subject to all the appropriate rules and laws. Your file will be kept in a secured location and a copy of your report will routinely be sent to the referring person(s) and/or agency. Your case may also be discussed verbally with the referring person(s) and/or agency when appropriate. If applicable, insurance companies will often request a copy of your report in their evaluation of your insurance claim. If you are evaluated in a hospital, a summary of test results will be placed in your medical chart.

_____ **Initial**

Beyond the above, confidential information about you obtained during the examination can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality. Laws require neuropsychologists to:

1. Report any disclosure or evidence of physical or sexual abuse of a child or an elderly or disabled person to authorities.
2. Report the probability of the client inflicting imminent psychological harm upon himself/herself or others.
3. Respond to subpoenas, court orders, or other legal proceedings or statutes requiring disclosures.

I have read and agree with the nature and purpose of this examination and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing.

Signature: _____
Examinee

Date: _____

Signature: _____
Legal Representative or Guardian (if applicable)

Date: _____