

Informed Consent for Neuropsychological Assessment

Purpose of Assessment

Neuropsychological assessment is conducted to evaluate cognitive, emotional, and behavioral functioning. The purpose may include assisting in the diagnosis of neurological or psychological conditions, monitoring changes in functioning over time, or providing information to guide treatment planning and recommendations. This is a clinical assessment intended for healthcare purposes only and is not designed for forensic or legal use.

Nature of the Assessment and Procedures

The evaluation typically includes:

- **Clinical Interview:** Discussion of your history, current concerns, medical and psychiatric background, and other relevant information.
- **Standardized Testing:** Completion of a variety of tasks assessing areas such as attention, memory, language, visual-spatial abilities, reasoning, motor skills, and emotional functioning. These may involve paper-and-pencil tasks, verbal responses, computer-based activities, or hands-on problem solving.

It is important to give your best effort, as many tests are designed to measure validity, effort, and consistency of responding. If you believe something may interfere with your ability to participate fully today, please let the examiner know before testing begins.

Time Commitment and Fees

Neuropsychological assessment typically requires several hours of direct interview and testing. **Additional professional time is required for scoring, interpretation, integration of results, and preparation of a comprehensive report. This time is an essential part of the assessment process and is billable, even though it occurs outside of your presence.**

- **Insurance:** Vision Neuropsychology & Psychology Services accepts private pay, Medicare, and certain insurance plans. If insurance is used, coverage is subject to the terms of your policy (e.g., copayments, coinsurance, deductibles, and prior authorization requirements).
- **Private Pay:** If services are not covered by insurance or you elect not to use insurance, you may request a Good Faith Estimate of costs in accordance with the federal *No Surprises Act*.

Confidentiality and Its Limits

All information obtained during the assessment is confidential and protected by California law and HIPAA, **subject to certain legally mandated exceptions**. These exceptions are required by law and cannot be waived by client preference or consent. Specifically, confidentiality may be broken in the following circumstances:

- Reasonable suspicion of abuse or neglect of a child, elder, or dependent adult (including self-neglect).
- If you present an imminent risk of serious harm to yourself or others.
- If required by court order or applicable law.
- For billing purposes to third-party payers, subject to the minimum necessary standard.

A written report summarizing findings and recommendations will be prepared and shared with the referring provider (if applicable) and may become part of your medical record. **Please note that while psychologists are not mandated to report to the California Department of Motor Vehicles (DMV), your referring physician or another healthcare provider may have separate legal reporting obligations if significant cognitive impairment is identified.**

Telehealth Services

On occasion, components of assessment may be conducted through secure telehealth platforms, provided you are physically located in California at the time of service. The same confidentiality protections apply. You are responsible for ensuring privacy in your environment.

Cancellation and Missed Appointment Policy

Neuropsychological assessments require significant preparation and reserved appointment time. Clients are expected to provide at least 24 hours' notice for cancellations.

- If an appointment is canceled with less than 24 hours' notice or missed without notice **but is rescheduled**, a late cancellation/no-show fee of **\$200** may be charged.
- If the appointment is **not rescheduled**, or if there are **three or more late cancellations or no-shows**, the client may be billed for the **full assessment fee**.
- Insurance does not cover cancellation or no-show fees; these charges are the client's responsibility.

Voluntary Participation

Your participation is voluntary. You may refuse or stop the assessment at any time. If you choose to discontinue, the examiner will discuss the implications and, if appropriate, provide referrals to other qualified providers.

Consent to Assessment

By signing below, you acknowledge that you have read and understood this document, had the opportunity to ask questions, and voluntarily consent to undergo neuropsychological assessment under the conditions described. You also acknowledge receipt of the HIPAA Notice of Privacy Practices from Vision Neuropsychology & Psychology Services.

Client Name (Printed): _____

Client Signature: _____ **Date:** _____

Authorized Representative (if applicable): _____ **Date:** _____

Provider Signature: _____ **Date:** _____