

Informed Consent for Neuropsychological Testing

Referral Source: You have been referred for a neuropsychological assessment (i.e., evaluation of your thinking abilities) by _____.

Nature and Purpose of Assessment: Assessment may help you, your treatment provider and in some cases, family gain a better understanding of your cognitive strengths and weaknesses. The goal of neuropsychological assessment is to evaluate your attention, memory, language, spatial abilities, problem solving, or other cognitive functions in an effort to characterize your cognitive functioning and help with diagnosis and treatment planning. In addition to an interview where we will be asking you questions about your background and current medical symptoms, we may be using different techniques and standardized tests including but not limited to asking you questions about your knowledge of certain topics, reading, drawing figures and shapes, listening to recorded tapes, responding to items on a computer, viewing printed material and manipulating objects. You may also complete questionnaires to assess your personality, mood and behavior in order to better understand how these factors may affect your cognitive functioning.

Foreseeable Risks and Discomforts: For some individuals assessments can cause fatigue, frustration, or anxiousness about performance. Other risks are minimal and may include mild discomfort from sitting. It is important to understand that the assessment of effort is a standard component of a neuropsychological exam. Should test performance suggest you are not putting forth your best effort or exaggerating symptoms, this can invalidate test results and lead to inconclusive findings. There is no guarantee as to what the test results will reveal or what recommendations will be made.

Time Commitment: The evaluation time will vary based on the complexity and details of your situation and may take as many as 3 to 7 hours of face-to-face testing. Assessment planning, scoring, interpretation and report preparation can add 3 to 6 hours above direct contact time.

Limits of Confidentiality: Information obtained during assessments is confidential and can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality including: a) a statement of intent to harm self or others; b) statements indicating harm or abuse of children or vulnerable adults; c) issuance of a subpoena from a court of law; and d) audits or requests from your insurance company or a 3rd party payer.

I have read and agree with the nature and purpose of this assessment 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.

Patient Signature

Date

Parent/Guardian or Authorized Surrogate (if applicable)

Date

Witness Signature

Date
