BLUE RIDGE BEHAVIORAL HEALTH
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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, your 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 you will be asked questions about your background and current medical symptoms, different techniques and standardized tests may also be used. These may include but are not limited to asking 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 may cause fatigue, frustration, or anxiety 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 that 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 expected duration of evaluation and testing will vary based on the complexity and details of your history and symptoms and may take as many as 3 to 7 hours of face-to-face testing. Assessment planning, scoring, interpretation and report preparation require an additional 3 to 6 hours.

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 third party payer.

By signing below, I acknowledge that I have read and agree with the nature and purpose of this assessment and to each issue indicated above. I had an opportunity to clarify any questions and discuss any concerns before signing.

_____ _____
Printed Name of Patient **Date**

_____ _____
Signature of Patient or Parent/Guardian **Date**