

**Sandra Marilyn Miller, Ph.D.**  
**Informed Consent for Neuropsychological Testing**

Welcome to my practice! This contract gives me permission to provide services to you. It also gives an overview of my office and confidentiality policies:

Risks and Benefits of Neuropsychological Testing

1. Neuropsychological testing involves the systematic and standardized testing of multiple domains of cognitive functioning, including general intellectual ability, memory, attention, learning, language, visual-spatial skills, and psychological functioning. Neuropsychological evaluation can assist in identifying a patient's cognitive and psychological strengths and weaknesses. Neuropsychological evaluation can also provide practical recommendations to help the patient, family members, and healthcare providers in addressing issues regarding cognition, behavior, adjustment, and treatment planning. While the information obtained may be useful to medical providers, family, and the patient, the results of testing may appear disappointing, discouraging, or unhelpful.
2. Neuropsychological testing results may prove invalid due to a variety of factors including, but not limited to, changes in disease status, some types of on-going medication or medical treatment, lack of motivation, or a patient's attempts to manipulate the testing results. It is the patient's responsibility to inform Dr. Miller of current disease status, current medications, or other factors that may influence test validity.
3. Completion of neuropsychological assessment does not imply an on-going psychotherapeutic relationship with Dr. Miller, unless such a relationship has been specifically and mutually agreed upon.
4. The services you seek are for clinical evaluation and treatment only and are not designed for medical-legal purposes or disability application. If you are in litigation or anticipate litigation in the future that might involve evaluation, please notify Dr. Miller beforehand so that appropriate services are obtained.

Confidentiality

5. An evaluation report detailing the results of the assessment, as well as the raw test data used to generate this report, will be stored in a secure file cabinet and in a password-protected computer file.
6. At the patient's request, any part of their records can be released to any person or agency specified by the patient. The patient must sign a release before any information is provided.

Patient Initials: \_\_\_\_\_

7. Information, records, and/or testimony from Dr. Miller:
  - a) **may** have to be provided for disability claims (including information which may not support a patient's claims for disability benefits);
  - b) **may** have to be provided for insurance claims
  - c) **must** be provided in the event of a court order or valid subpoena.
8. The patient's confidentiality will be maintained by Dr. Miller, except in situations where the patient signs a release of information allowing Dr. Miller to communicate about them with other specified individuals, or in situations where Dr. Miller is legally required to report to others in order to protect the patient or others.

Under Georgia statutes:

- a) If a client communicates to a health care provider a serious threat to harm an identifiable person, the health care provider **may** need to warn that person and the police.
- b) If a health care provider **suspects** child abuse or neglect, or abuse of a dependent adult or elder, whether the suspected abuse is on-going or in the past, a report **must** be made to the designated agency.
- c) If a client seems dangerous to themselves or others or seems unable to care for him/herself, the health care provider **may** violate confidentiality to the degree necessary to prevent the danger, including involuntary hospitalization of the client, if necessary.

#### Fees and Billing Policies

9. The fee for Initial Diagnostic Interview is \$300.00 per hour. The fee for neuropsychological evaluation is \$250 per hour. This includes time spent testing, scoring the assessment measures and writing the assessment report, and reviewing the results of the testing with the patient. In most cases, Dr. Miller will spend 1-2 hours for a diagnostic interview, 5-7 hours with the patient conducting the assessment, 7 hours scoring and writing the report, and 1 hour reviewing the results of testing with the patient. However, additional time may be required in some cases, depending on the complexity of the evaluation. Costs for medical-legal evaluations have a different fee schedule.
10. Some insurance companies will not pay for neuropsychological testing without prior authorization. The patient is responsible for identifying how much information their insurance company requests in order to authorize or cover neuropsychological testing. Should the patient wish to use their health insurance coverage, they will sign a release of information allowing Dr. Miller to provide the required information to their insurance company. If the patient does not wish to use their insurance benefits, in order to more fully protect their confidentiality, they are responsible for payment of the full fee for services.

Patient Initials: \_\_\_\_\_

11. The patient is responsible for payment beyond what is covered by health insurance, should they choose to use health insurance, and for any co-payment required by their health insurance.

12. With very few exceptions, clients are charged the full fee for missed sessions unless notice of cancellation is given at least 72 hours in advance. Insurance companies do not pay for missed appointments; therefore, the patient is responsible for the full fee.

I have read, understood, and agree to the policies listed above and will abide by its terms in connection with this neuropsychological evaluation.

I give my consent for neuropsychological testing.

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Patient signature	Name (print)	Date
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Conservator/witness signature	Name (print)	Relationship	Date
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