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NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING
INFORMED CONSENT

Welcome to my practice. I appreciate your giving me the opportunity to help you or your child. This form answers some questions that clients often ask about neuropsychological and psychological assessment. Please take a moment to read this form and ask for additional information or clarification. When you have read and fully understood this form, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

NATURE OF MY SERVICES. I am licensed and trained to practice psychology in the state of New York. I have a doctorate degree in School Psychology from Fordham University in New York, New York. I have completed extensive training in neuropsychological, psychological, and psychoeducational assessment. I am a member of the National Academy of Neuropsychology, The New York State Neuropsychological Association, and the Psychological Association of Northeastern New York.

ASSESSMENT. Neuropsychological and psychological assessment includes a comprehensive evaluation of you or your child's intellectual skills, academic skills, and social-emotional-behavioral functioning. The evaluation will require direct contact as well as review of information gathered from a variety of sources including parents, teachers, physicians, therapists, and other professionals involved in your case.

Depending on the number of tests being administered, we will typically meet for one or two sessions, approximately 3 hours each. Clients who are tested in two sessions will typically have them both on the same day, one before and one after lunch. An appointment is a commitment to our work, if you need to cancel an appointment, please give me at least 3 business days notice by telephone (not by email). I will make every effort to reschedule our cancelled appointment. Cancelled appointments will delay our work together.

FEES. My testing fee includes time spent on the intake interview, test administration, test scoring, test interpretation, review of client records, report writing, time spent in consultation with other professional involved with your case, and feedback. You are fully responsible for the payment of these services and a payment of fifty percent of the evaluation cost is due before I will complete the intake interview. If you decide not to move forward with testing after completing the intake interview, your money will be refunded less two-hundred and fifty dollars. The second half of the evaluation cost is due at the feedback appointment. The assessment

process typically takes three to four weeks from the time of the intake interview. When this process is complete, you will have a better understanding of you or your child's difficulties and you will be provided with an extensive written report which includes recommendations. You will have the opportunity to ask any questions regarding the testing or testing results. Your child is welcome to attend the feedback session, if appropriate. I am available to meet for a separate feedback appointment with your child to explain the results at their developmental level. This extra feedback session will be billed at my hourly rate in increments of fifteen minutes.

In the event that I do agree to bill you, you will be expected to pay within 60 days. According to law and ethics code, I have the right to turn over any unpaid bills to a collections agency. If this should occur, I will provide you with an opportunity to pay and I will notify you if I contact an agency. I will also charge in full for appointments cancelled with less than three full business days' notice (i.e. not weekends or federal holidays). Cancellation must be made by telephone, not email.

Payments may be made by check or cash. All checks should be made payable to Jodie Cohen, PhD. Returned checks are subject to a \$25.00 service charge. Please note that I do not bill any insurance company directly. It is therefore customary to pay for all services at the time they are rendered. You will be provided with a bill at the end of each session to enable you to seek reimbursement from your insurance company. However, please recognize that when insurance companies are used, there may be limits to confidentiality. Usually, insurance companies ask for information about duration of illness, psychiatric diagnosis, dates of service, name of treatment provider, treatment goals, and the details of the treatment session. In addition, providers are now required to sign waivers that allow the company to audit patient records.

If I am subpoenaed or otherwise required to participate in a legal process as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. **This will be billed at twice my regular rate.**

Similarly, school observations or consultation out of the office is also billed at 1.25 times my regular rate, including travel time.

CONFIDENTIALITY. It is important for you to know about my confidentiality policy.

Confidentiality is vital to the treatment progress. In general, according to the law and my ethics code, what you and your child discuss with me is not shared with anyone else without your written permission. However, there are several exceptions, which are designed for your protection and safety. These exceptions include:

- 1) If I receive information in my professional capacity from a child or the parents or guardian or other custodian of a child that gives me reasonable cause to suspect that a child is an abused or neglected child, the law requires that I report to the appropriate governmental agency, usually the statewide central register of child abuse and

maltreatment, or the local child protective services office. Once such a report is filed, I may be required to provide additional information.

- 2) If a client communicates an immediate threat of serious physical harm to an identifiable victim, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- 3) If ordered by the court, I may have to testify or release your records.
- 4) I may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law I can not reveal when I have disclosed such information to the government.

I may also consult with another professional from time to time, but without identification of the patient whose case is the subject of consultation.

Please also note that in the case of separation or divorce, I do not keep secrets from either parent and will need to share all information with both parents (assuming joint custody). Both custodial parents must sign this form (whether they are married, separated, or divorced) before I will begin working with a child.

CONTACTING ME. Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office Monday through Thursday, I probably will not answer the telephone when I am with a client. When I am unavailable, my telephone is answered by voice mail, that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of Fridays, weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Print Name of Client: _____

Signature of Client: _____ Date: _____