Neuropsychology Center, P.L.
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Patient Consent for Treatment

Welcome! The practice of neuropsychology involves the assessment of brain functioning and its impact on behavior. This type of evaluation is typically done with measures specially developed to assess different aspects of cognition/behavior. The tests are noninvasive and typically involve paper and pencil or computer based measures. After an initial appointment to determine the relevant concerns, a treatment plan is developed that includes a selection of tests that will be helpful in answering your questions/concerns. The number of subsequent testing appointments will depend on the length of the testing and the patient's stamina. After testing is completed, there is a final appointment to discuss the results and offer diagnostic impressions and treatment recommendations.

PROFESSIONAL FEES AND FINANCIAL POLICY

Hourly fees range from $175.00 to $250.00 depending on the activity and payment can be made by cash, check, or credit card. These fees apply to face-to-face interactions, after appointment work, as well as to any professional work done on your behalf that requires a significant time commitment (e.g., writing letters to other entities). Time involved in preparing for any legal proceedings that you may become involved in is billed at a higher rate due to its complexity. Fees for participation in legal actions will be discussed with you or your attorney if such need should arise.

Please understand that there are significant fixed costs associated with the operation of this practice. Therefore, fees such as co-pays and deductibles, should be paid in full at the time of service. Neuropsychology Center can file your insurance if we are a participating provider or have accepted a contracted agreement. Otherwise, we need to collect the payment in full and then we will provide you with documentation to file your own claim. As a word of caution, you should verify for yourself that our services are being covered by your insurance company. Sometimes the clinical plan developed involves a non-covered service which may be denied. In such a case, you should address your concerns with the insurance company. If a claim is denied, you will be responsible for the balance.

In the event that there is a balance remaining on your account and no effort has been made to pay the amount in question, then Neuropsychology Center has the option of using legal means to secure payment. This may involve the use of our collections agency or going through small claims court, which may result in some minimal disclosure of otherwise confidential information. In most collection situations, the only information released is the patient's name, the responsible party's name, demographic information, nature of services, and the amount outstanding. In signing this consent for treatment, you agree to the addition of attorney's fees and other costs, associated with recouping monies owed, to the final amount due.

MISSED APPOINTMENTS

If an appointment must be rescheduled or cancelled, a 48 hour notice is preferred so that another patient can be scheduled during that time period. If notice is not provided at least 24 hours in advance then a $25/hour fee is charged to cover costs for that empty time. One exception to this policy is for sudden illness or other unforeseen events that cannot be controlled.

LIMITS TO CONFIDENTIALITY

The law and the APA ethical code of conduct help to protect the privacy of communications between a patient and his/her psychologist. In most situations, a psychologist can only release information if the patient signs a written authorization form that meets certain legal requirements set forth by HIPAA.

There are some situations in which a psychologist is permitted or required to disclose otherwise confidential information without your consent. For example:

- A court order/subpoena.
- If a patient files a lawsuit against Neuropsychology Center.
- A worker's compensation claim.

There are some situations in which a psychologist is legally obligated to take action in order to prevent harm to the patient or someone else involved with the patient. For example:

- In the case of child abuse or neglect.
- In the case of elder abuse or neglect.
- In the case of suicidal or homicidal plan/intent.

The laws governing confidentiality are fairly complex and formal legal advice may want to be sought out if specific advice is needed.

PROFESSIONAL RECORDS

After completing an evaluation, in most cases, a comprehensive written report is prepared. A patient may request that copies be sent to relevant professionals. Neuropsychology Center is not responsible for the confidentiality of the report or how it is used once you have released it to another individual. Our policy is not to charge for the first copy that is sent to the patient/patient's family and relevant professionals. Additional requests for records may be subject to a charge of $1.00 per page for the first 10 pages and then 25 cents for each additional page to cover copying and mailing costs.

Additional notice required by HIPAA: The laws and standards of our profession require that a psychologist keep Protected Health Information about the patient in his/her Clinical Record. Except in rare circumstances when disclosure would physically endanger the patient and/or others, the patient may request, in writing, a copy of the entire Clinical Record. Due to the specialized nature of neuropsychological records, they can be misinterpreted by untrained individuals. For this reason, it is recommended that the patient and/or family members review the records with their neuropsychologist or another qualified mental health professional. If your request for access to the records is denied then you have a right of review, which can be discussed with you if the need should arise.

PATIENT RIGHTS

HIPAA provides you with expanded rights with regard to your Clinical Records and disclosure of Protected Health Information (PHI). These rights include: requesting that we amend your record, restricting information that is disclosed to others, requesting an accounting of most disclosures of PHI that you have not consented to nor authorized, determining where information was sent, being notified of any breach of PHI, having complaints about our procedures documented in your record, and having the right to a copy of this consent, the attached Notice form, and our privacy policies.

MINORS & PARENTS

Patients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's records. Children between 13-17 years old may independently consent to treatment in a crisis situation.

Please note that Neuropsychology Center cannot enforce any legal arrangements a parent may have with their ex-spouse, or bill anyone else for account balances other than the responsible party signing below or arranging for the patient's services at our office. It is the responsibility of the parent seeking services for their child to keep the other parent informed of the results generated by the assessment. Both of the child's parents will have access to the clinical information unless a court has ruled that one of the parents is not entitled to the information about the child. In this case, we must be furnished with the relevant court papers to this effect at the time of the first appointment.

CONTACT INFORMATION/EMERGENCIES

Office hours are typically Monday-Thursday, 8am-5pm, and Friday 9am-2pm. The doctor is often not immediately available by telephone in which case you can leave a message with the office secretary or on voicemail. We will make every effort to return your call promptly. Please specify if the matter is urgent. If you are unable to reach us and feel that it is an emergency, you may: contact your family physician, go to the nearest emergency room, dial 911, or call the HELP line (a service of Baptist Behavioral Medicine Center) at (850) 595-1300.

I am the adult patient or the parent/legal guardian of the pediatric patient. I have the legal right to make medical decisions in this case and consent to services by Dr. Ali Kizilbash at the Neuropsychology Center. I have read and understood this consent form and agree to its terms and conditions. My signature also serves as acknowledgement that I have received the HIPAA Notice Form.

_____ _____

Signature (relationship to patient) Date

_____ _____

Print Your Name Patient Name