



### Informed Consent and Confidentiality

- You have been referred for a neuropsychological evaluation.
- The assessment will help to evaluate your thinking abilities.
- The assessment may take multiple sessions including today.
- You will be asked to complete pencil/paper tasks and answer a variety of questions.
- Your performance will be compared to others of the same age with a similar educational background.
- You are encouraged to ask questions about your assessment at any time if you wish.
- The results of the assessment may provide information related to daily activities. If concerns in these areas are identified, they will be discussed with you and included in our report.
- Copies of neuropsychology reports are on file with The Remedy and in your chart.
- With your permission, a written report will be forwarded to the professional who referred you to our service.
- There are situations when we may have an obligation to reveal information without your consent. These are in cases of **child abuse, risk of suicide or serious harm to self/others, sexual abuse by another health professional, subpoena by the court, quality assurance evaluations, supervision of interns/non-registered staff.**

I confirm that this information has been relayed to \_\_\_\_\_ and he/she provided verbal consent to the evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## RELEASE OF NEUROPSYCHOLOGICAL EVALUATION

In order to provide you with the best possible health care, it is important that your health care provider be able to share information with other important parties (physician, hospital, attorney, etc.). The purpose of this release is continuity of care and treatment planning.

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

Date of Birth: \_\_\_\_\_

- I hereby authorize The Remedy to release neuropsychological testing results to the following providers/individuals:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

This release is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

- I **DO NOT** want any of my tests results released.

In signing this form I understand the following provisions:

- a) I am under no obligation to sign.
- b) I have the right to inspect and copy any information disclosed.
- c) I have the right to revoke this authorization at any time by written request, except for information already disclosed.
- d) Refusing to sign will mean that no information will be released.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

[Type here]