

<b>PATIENT NAME</b>	<b>DATE OF BIRTH</b>	<b>MRN/CSN</b>
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This document contains important information about psychological and neuropsychological assessment services provided by Reid Behavioral Health. Please take the time to read it carefully. If you have any questions, please discuss with your provider.

**ABOUT OUR SERVICES**

Reid Behavioral Health provides a wide range of services to its clients. The staff includes neuropsychologist and clinical psychologists. Additionally, the clinic may use supervised students, medical residents, and/or postdoctoral fellows to provide learning opportunities. Together, we will work with your doctor and providers to meet you or your child’s unique mental, physical, assessment, and emotional health needs.

**Our facility has limitations to the services that we can provide those who are chronically suicidal, homicidal, or psychotic. Patients who display those symptoms will be referred to a behavioral health entity capable of meeting those more intensive needs.**

**NATURE AND PURPOSE OF PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENT**

I understand that my physician, other health care provider, psychotherapist, or educational professional has requested this evaluation; or I have personally requested the evaluation for myself or my child/adolescent. The purpose of this evaluation is to assist with diagnosis and/or treatment. The material obtained from this evaluation (i.e., any records provided, interview(s), and psychological/neuropsychological testing) will result in a report that will provide information related to diagnosis and/or treatment. The results will be given in an oral feedback session. If there are any other individuals with whom I would like the results of this evaluation to be shared, I can sign a release of information.

**SCHEDULING APPOINTMENTS AND TIME COMMITMENT**

Assessments may take several hours of face-to-face testing procedures. The assigned provider will also require additional hours for scoring, interpretation, and report preparation. The time commitment will be discussed and reviewed during the first session.

**CANCELLATIONS**

Your appointment is time set aside for you or your child/teen’s assessment only. Therefore, your cooperation is strongly requested in promptly keeping scheduled appointments. If a cancellation becomes necessary, a minimum of 24 hours-advanced notice is required. Every effort will be made to reschedule your appointment as quickly as possible. If you miss an appointment without canceling, you will be notified by letter and/or phone and asked to call the office to reschedule. If you do not respond to the notification, your appointment(s) may be given to another patient. If you miss three scheduled behavioral health appointments without cancelling, your behavioral health services may be terminated.

**EMERGENCIES**

In case of non-medical emergencies during business hours, please inform the office of the urgency of the situation so that your provider can be informed as quickly as possible. Should an emergency arise during or after hours, please go directly to the emergency department or call 9-1-1.

**CONFIDENTIALITY**

Matters discussed within the assessment relationship are confidential and protected by Indiana state law. The providers will maintain the highest possible ethical and legal standards regarding privacy and confidentiality. Your progress notes will be kept confidential in our electronic medical record and access is restricted to Reid Behavioral Health. If assessment notes and protocols are created outside of the medical record, they will be kept in a locked cabinet and/or secured drive and accessible only by your provider, his or her supervisor, and the medical director.

There are some instances, however, in which, by law, these records can be shared. Some include, but are not limited to, threats of or suspected danger to yourself or others. If you become suicidal or homicidal, your family and/or a responsible designee will be contacted to attempt to ensure the safety of yourself or others. If safety cannot be ensured through contact with family or a responsible designee, law enforcement will be contacted to ensure your safety. Your treatment with Reid Behavioral Health will likely be terminated, and referrals made to other treatment centers due to the level of care needed for homicidal and/or suicidal clients. Your provider is also required by law to report instances of child abuse or neglect and instances of abuse or neglect of individuals who cannot care for themselves, such as elderly or disabled individuals. Finally, such confidential information may also be shared with other behavioral healthcare professionals if it is needed to facilitate treatment.

**REID HEALTH**

Richmond, IN 47374 (765) 983-3000

**Consent – Psychological and Neuropsychological Testing**



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**PATIENT LABEL**

