Atlanta Neuropsychological Services, LLC
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Informed Consent - Pediatric

Referral Source:

Your child has been referred by_____ for an independent neuropsychological examination (i.e., evaluation of cognitive abilities and/or psychological functioning) for the purposes of documenting neuropsychological functioning related to your child's injury, neurological condition, and/or neurodevelopmental history.

Nature & Purpose:

A neuropsychological evaluation is a comprehensive assessment that involves the collection of different types of information from multiple sources to answer questions about the examinee's cognitive, emotional, behavioral, and academic functioning. A primary focus of the exam is on assessment of cognitive functions, which often includes intelligence, reasoning, memory, attention/concentration, language, visual perception, and motor abilities. This information is considered within the context of the examinee's medical, developmental, social and familial histories. The evaluation may also be used to determine if there has been a change in these abilities from estimated pre-injury levels.

The neuropsychological evaluation will include an interview, where questions will be asked about your child's background and current symptoms. Additionally, standardized tests and other techniques will be used, which include questions about your child's knowledge of certain topics, reading, drawing figures and shapes, learning new information, accurately viewing printed material, and manipulation of objects, etc. Standardized assessment of your child's psychological functioning will also be conducted. A typical evaluation will take 4-6 hours, although individual circumstances may vary.

Your child's task is to answer questions as accurately and honestly as possible. For example, when you and/or your child are discussing your child's problems, do not minimize significant problems, but also do not exaggerate lesser concerns. During testing, your child should give his/her best effort. This does not mean that he/she will be able to get every answer or problem correct. No one ever does. However, your child does need to give his/her best effort. Part of the examination will address the accuracy of you and your child's responses to questions, as well as the degree of effort that your child exerts on the tests. Failure to give adequate effort, embellishment of problems, and symptom exaggeration may render your child's test findings invalid or inaccurate, and therefore hinder legal claims related to your case. Your child is encouraged to inform the neuropsychologist and/or testing assistant if he/she is unable to put forth adequate effort on any given task. Doing so allows the neuropsychologist to understand that specific test result within a meaningful context or limitation.

Some portions of the testing may be recorded. The purpose of recording is to allow the neuropsychologist to review important behaviors and/or approach to certain tests that are important for accurate and interpretation. Records are permanently deleted after use.

A written report of the neuropsychological test findings will be provided to you (i.e., parent or guardian) and results will be discussed, along with relevant recommendations. Review of results, or "feedback" session often is a collaborative process by which the neuropsychologist reviews test results and applicable diagnoses with the parent

so that the neuropsychologist and parent(s) can formulate to logical course of action or treatment plan to best help the child based on the test results.

Foreseeable Risks, Discomforts, & Benefits:

Neuropsychological examinations require concentration and effort, though some fluctuation in concentration is normal and accounted for in the neuropsychologist's interpretation. Examinee's may be asked to perform cognitive tasks that they find challenging or difficult. For some children, the neuropsychological examination can cause fatigue, frustration, and anxiety. An attempt will be made to help minimize these factors. The neuropsychologist and testing assistant are sensitive to such issues and routinely provides encouragement and support to make the testing process as comfortable as possible while maintaining optimal exam conditions so that valid test results are obtained.

Participating in this neuropsychological evaluation also may involve discussing some personal or sensitive information with the neuropsychologist that could be upsetting at times. Dr. Dodd must consider all relevant information in order to make reasonably accurate conclusions. Dr. Dodd is required to render an objective opinion in accordance with ethical standards outlined by the American Psychological Association (APA). All information that Dr. Dodd considers important will be included in the report. The results of this examination may either support or not support your claim.

Limits of Confidentiality:

Licensed neuropsychologists adhere to the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct, as well as the laws and rules related to the practice of psychology in the state of Missouri. In keeping with such guidelines, the neuropsychologist maintains the confidentiality of your child and your family. There are a few primary exceptions to maintaining confidentiality, which include the examinee expressing serious intentions of harming him or herself or another person, or if at any point during the examination, the neuropsychologist suspects any type of abuse or neglect towards a child or elderly person. In such circumstances, Dr. Dodd would be under legal obligation to file a report with the appropriate state agency or alert proper authorities in the interest of maintaining the safety of all involved.

The results of the evaluation will be accessible by the attorney and the attorney's staff. Should your case proceed to trial, those involved in the trial will be exposed to the results of the examination, and the court record will be available for anyone to review.

Please be advised that if Dr. Dodd is deposed or is requested to testify, additional charges for his professional time will apply and must be paid in advance. Payment arrangements vary on a case-by-case basis. You are encouraged to speak with your attorney about this matter.

Beyond the above, confidential information about you obtained during the neuropsychological examination can ordinarily be released only with the written permission of your attorney. Because your attorney is the identified "client," he/she has controlling rights for release of and distribution of the report. If you request that a copy of the report be shared with another provider, then the written consent to release information must be completed by your attorney.

I have read and agree with the nature and purpose of this examination and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing.

Examinee's (child's) name & date of birth (please print): _____

Guardian's name (please print):_____ **Date printed**: _____

Guardian's Signature:_____ **Date signed**: _____

Witness Signature: _____ **Date signed**: _____