Atlanta Neuropsychological Services, LLC
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Forensic Informed Consent

Referral Source:

You have 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 as part of the NFL Concussion Settlement Program.

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 include intelligence, reasoning, memory, attention/concentration, language, visual perception, and motor abilities. This information is considered in 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 background and current symptoms. Additionally, standardized tests and other techniques will be used, which include questions about your knowledge of certain topics, reading, drawing figures and shapes, learning new information, accurately viewing printed material, and manipulation of objects. Standardized assessment of your psychological functioning will also be conducted. A typical evaluation will take 6-8 hours, although individual circumstances may vary.

Your task is to answer questions as accurately and honestly as you can. For example, when discussing your problems, do not minimize significant problems, but also do not exaggerate lesser concerns. You should give your best effort during testing. This does not mean that you will be able to get every answer or problem correct. No one ever does. However, you do need to give your best effort. Part of the examination will address the accuracy of your responses, as well as the degree of effort that you exert on the tests. Failure to give adequate effort, embellishment of problems, and symptom exaggeration may render your test findings invalid or inaccurate, and therefore hinder legal claims related to your case. The examinee is encouraged to inform the neuropsychologist if he/she was 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.

The current examination has been requested by _____ as part of the NFL Concussion Settlement program. This evaluation does *not* establish a doctor-patient relationship, and no treatment will be provided. While you are the person being examined, your attorney is the identified "client." A report detailing the findings will be written and sent to the attorney who referred you. The neuropsychologist does not control the distribution of the report by your attorney. The neuropsychologist will *not* provide oral feedback or interpretation of the examination results to you. The neuropsychologist will *not* directly provide a copy of the report to you.

Foreseeable Risks, Discomforts, & Benefits:

Neuropsychological examinations require concentration and effort. Examinee's may be asked to perform cognitive tasks that they find challenging or difficult. For some individuals, the neuropsychological examination can cause fatigue, frustration, and anxiety. An attempt will be made to help you minimize these factors. The

neuropsychologist is 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 we obtain valid test results. The results of this examination may either support or not support your claim.

Participating in this neuropsychological evaluation 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). The results of this examination may either support or not support your claim. All information that Dr. Dodd considers important will be included in the report.

Limits of Confidentiality:

Licensed psychologists 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 your confidentiality. There are a few primary exceptions to maintaining confidentiality, which include the examinee expressing significant 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, the neuropsychologist 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 test evaluation will be accessible by your attorney and 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 for clarity.

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, _____, understand that:

Initial below:

_____My performance in the present neuropsychological testing will determine the outcome of my benefits. The outcome of my case is determined by the objective scores that I make on neuropsychological testing, to be interpreted within the context of my medical and psychosocial history. All factors influencing my performance will be taken into account during interpretation.

_____It is extremely important that I try my BEST on ALL tests. Evaluation of effort and test engagement is conducted throughout the examination. If I fail effort measures, then my test results will be invalid and this may affect the outcome of my case.

_____Dr. Dodd's compensation is the same regardless of my performance or the outcome of my case. I understand that Dr. Dodd is conducting an objective evaluation, the results of which are based on my effort and performance on neuropsychological tests in a predetermined formula.

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 name & date of birth (please print): _____

Examinee Signature: _____ **Date signed**: _____

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