Atlanta Neuropsychological Services, LLC
Jonathan N. Dodd, Psy.D., ABPP
Georgia Licensed Psychologist
Board Certified in Clinical Neuropsychology
Board Certified Subspecialist in Pediatric Neuropsychology

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Informed Consent

- You are undergoing a neuropsychological and/or psychological/mental health evaluation conducted by Dr. Jonathan N. Dodd, PsyD, ABPP, a Georgia licensed psychologist and board-certified clinical neuropsychologist.

- The evaluation was requested by _____

  ☐ Self (check box if self-referred)

What to Expect:

- The evaluation will consist of review of records (if provided), diagnostic interview with you conducted by Dr. Dodd, neuropsychological tests (administered by Dr. Dodd or a trained psychometrist/testing assistant), objective assessment of psychological symptoms (i.e., self-report symptom inventory), a feedback session (during which Dr. Dodd reviews test results), and a written report produced by Dr. Dodd. The final report will be provided/sent to you via U.S. postal service or email as a secured, password-protected document, upon request.
- You will have two (2) appointments scheduled:

1. **Day 1**
   a. **Diagnostic interview**: with patient and/or family (1-2 hours)
   b. **Neuropsychological testing**: (3-6 hours, depending on the diagnostic questions being asked and individual variability in testing pace)
   c. **Record review (if applicable)**: Dr. Dodd reviews medical and educational records as appropriate to each case. You must provide Dr. Dodd with any records that you think are important and relevant to your situation. Dr. Dodd also may request that you retrieve certain records depending on the questions that come up during your diagnostic interview. Dr. Dodd reviews the records in his own time. This does not add to the time you are at the office.
   d. **Collateral contacts**: Dr. Dodd may ask to call/speak with collateral sources of information, such as family members, schoolteachers, therapists, or other people who know the patient well. This is done to provide the most thorough evaluation possible, to incorporate as much information from multiple sources to gain the most accurate understanding of you. Dr. Dodd will **not** contact anyone without your permission and written consent via a signed Release of Information (ROI) form. He does this on his own time, and this does not add to the time you are at the office.

2. **Day 2**
   a. **Feedback Session (Review your results)**: This is usually scheduled 2-3 weeks after the testing appointment and consists of a 1-hour appointment (or longer when needed) in which Dr. Dodd reviews the test results and any diagnoses and treatment recommendations generated from the evaluation. This is also a time for you to ask questions to ensure that you have a good understanding of what the results mean, and what to do to address the concerns for which you are seeking help.
   b. **Neuropsychological Evaluation Report**: Dr. Dodd provides a detailed report documenting relevant history, interpretation of test results, diagnoses (if relevant), and treatment recommendations. The final report will be sent to you on or after the Feedback appointment.

c. If a physician, therapist, or other treatment professional referred you for the neuropsychological evaluation, Dr. Dodd routinely sends a copy of the report to the referring provider. If you have objections to this, please sign an ROI form revoking permission to share the report.

- Participating in this psychological or 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. All information that Dr. Dodd considers important will be included in the report.
- 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 be upsetting in some ways. However, Dr. Dodd aims to provide evaluation results in a therapeutic manner intended to be as helpful as possible.

Confidentiality

- Your rights to confidentiality are the most important policy in the provision of psychotherapy, evaluation, and other mental health services. Confidentiality means that the information that you discuss with your psychotherapist/psychologist will not, except as below, be shared with anyone without your specific permission. Confidentiality of personal information is vital for building a solid therapeutic relationship, and allows you to feel free to explore problems and work toward solutions. There are some very important exceptions to confidentiality that require the disclosure of personal information without your consent.
- This exam and its contents are private and confidential EXCEPT under the following circumstances:
    1. If you are in imminent danger of harming yourself or another person, Dr. Dodd must take whatever steps necessary to prevent harm and this might mean breaking confidentiality.
    2. If you share information that would lead a reasonable person to suspect that a child, disabled adult, or elderly person is being abused or neglected then Dr. Dodd is obligated by law to report that information to Protective Services and/or other appropriate offices.
    3. Dr. Dodd will write an exam report and send it to your attorney who is managing your claim or case. A copy of the exam data and report will also be retained in a secure location for future reference, as needed, and per state law.

Put forth your best effort:

- Your task is to answer questions as accurately and *honestly* as you can. For example, when discussing your problems and completing symptom questionnaires, do not minimize significant problems, but also do not exaggerate lesser concerns. Part of the examination will address the accuracy of your responses, as well as the degree of effort that you exert on any cognitive tests. Failure to give adequate effort, embellishment of problems, and symptom exaggeration may render your test findings invalid or inaccurate, and therefore hinder Dr. Dodd's ability to make accurate diagnostic conclusions. If your test results are invalid, you do not get a refund. However, Dr. Dodd will re-administer tests when possible and in most cases, he can still provide useful information.

Telehealth option(s):

- Some portions of the evaluation may be conducted via telehealth platform. This may include the diagnostic interview and/or feedback session (review of test results). In such instances, it will be conducted via a HIPAA compliant telehealth service. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission of both parties. You agreed to use the video conferencing platform for the virtual session and will be explained how to use it. You need to use a webcam or smart phone during the session with a secure internet connection rather than public/free Wi-Fi.

Contact Information

- Dr. Dodd is often not immediately available by telephone (770-827-5073). However, he does check voicemail several times per day and aims to return calls within a few hours, and as far as possible within 24 hours. When leaving a message, please provide your name, telephone numbers, and potential times

when you can be reached. If you are experiencing a crisis or emergency, please call the Mobile Crisis Services hotline at 1-800-715-4225, or call 911, or go to your nearest emergency room.

- Dr. Dodd uses a HIPPA-compliant email address to ensure confidentiality. Still, to the greatest degree possible, communication via email will *only* be used for administrative matters (i.e., scheduling, logistical issues, etc.) and is not considered a secure means of communication. Therefore, if you have questions related to symptoms, diagnoses, or private information, it is advisable that you call Dr. Dodd directly.
- It is important to note that sending the neuropsychological report via email is less secure than via U.S. postal service. However, Dr. Dodd will send the final neuropsychological report via email upon request. The report will be password protected for security.

Billing and Payments

- Cost of the evaluation will be discussed with you and agreed upon in advance and an invoice will be sent to you to your initial appointment. Payment is due at the time of services rendered, before your initial appointment (Day 1) or upon arrival.

Cancelation Fee Policy (48 hours)

- Because neuropsychological evaluations take up a full day, failing to show for your appointment and/or late cancelations result in considerable financial loss for Dr. Dodd and his employees. For this reason, failure to cancel or reschedule your appointment within **48 hours** of your appointment time (i.e., 9:00 AM) will incur a **late cancelation fee of $300**, which will be sent to you via U.S. postal mal. Dr. Dodd understands that unusual circumstances arise and may make exceptions at his discretion. If you need to cancel less than 48 hours before your appointment, but are able to reschedule for a later date (and complete the evaluation), then a portion of the late cancelation fee will go towards your total bill.

Please initial acknowledgement of the following statements in the space provided below:

Initial

_____ I allow all information pertinent to the examination to be shared with Dr. Dodd, including, but not limited to, all files (medical or otherwise).

_____ I must be honest in answering questions during the diagnostic interview and on all neuropsychological and psychological questionnaires and tests (as applicable), as any attempt to exaggerate or underreport symptoms could have negative consequences (e.g., invalid test data).

_____ Fee schedule and estimated cost of the evaluation was discussed and agreed upon in advance of the evaluation, including written estimated invoice. I agree to pay the invoice at the time of services rendered (before or on the first day of evaluation and interview).

_____ I have read and agree to the Cancelation Fee policy.

_____ I understand that at any point during this evaluation with Dr. Dodd, I may withdraw my consent to continue with the evaluation. In such instances, I will not receive a full refund. If I withdraw my consent to continue with the evaluation early in the process, I may receive a partial refund at Dr. Dodd's discretion.

_____ If I had any questions about this consent form, all of them were answered prior to the evaluation being conducted.

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 your written permission. Signed consent for release of information can be provided should you wish the final report to be forwarded to other parties.

Having reviewed the above, I do consent to undergo the evaluation with Dr. Dodd.

PRINTED Name _____

SIGNATURE: _____

Date of signature: _____