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**CONSENT TO PARTICIPATE IN CONSULTATION AND ASSESSMENT**

Welcome to Hampton Roads Neuropsychology. This form provides information about our services, and about your rights and responsibilities as a patient/client. Please be sure to discuss any questions with your provider. Your signature at the bottom indicates that you understand the information and freely consent to participate.

**TESTING:**

The assessment process generally involves an interview/consultation followed by testing. Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you here for assessment. These questions generally concern thinking skills, such as attention and memory, as well as emotional adjustment. Our goal is to complete the testing in one sitting, but sometimes you may be asked to return to finish. The test results will be analyzed, a report will be written, and typically a copy of the report is sent directly to the referral source. You also have the right to know the test results, interpretation and recommendations and you will be offered the opportunity to meet with your provider to discuss the results.

**CONFIDENTIALITY:**

The information obtained in the consult and assessment process is confidential and will not be released to any person or organization without your written permission. The exceptions to this policy are situations in which we are required by law to release information with or without your permission which are:

1) If there is suspicion of physical and/or sexual abuse of children, the elderly or an incapacitated adult.

2) If we judge that you are in danger of harming yourself or another individual.

3) If your records are subpoenaed by the courts.

In the rare event of any of these situations, we may attempt to discuss our intentions with you before an action is taken, and we would limit disclosure of confidential information to the minimum necessary to insure safety. If you are using Health insurance to cover the cost of this assessment, please be aware the insurance company with which you have an association, may require a diagnosis and additional information to process claims. A copy of our HIPPA policy is available at the office and on our website.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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