Dana Chidekel, Ph.D.
A psychological corporation

Diplomate of the American Board of Pediatric Neuropsychology
Diplomate of the American Board of Professional Neuropsychology

INFORMED CONSENT FOR NEUROPSYCHOLOGICAL CONSULTATION AND TESTING - CHILD

Dr. Dana Chidekel, will be consulting with you about performing a neuropsychological assessment of _____ _____, the child for whom you are responsible. It is important that you understand this process. Please initial each item below to indicate you understand it. If you have questions, please discuss them with Dr. Chidekel.

_____1. I understand Dr. Chidekel may conduct an evaluation of my child consisting of standard psychological and neuropsychological tests. I understand that Dr. Chidekel will write a formal evaluation report based on the results of the testing. I have the right to consent to this evaluation on my child's behalf.

_____2. I understand that if I or my child disclose(s) certain types of information to Dr. Chidekel, she may be required by law or permitted to communicate this information to other people. Types of information that can mandate or allow a breach of confidentiality include reports of child or elder physical/sexual/emotional abuse and threats my child makes to harm him/herself or harm another person.

_____3. I understand Dr. Chidekel is performing an evaluation only and that she will recommend whatever services are indicated by the findings. When she is able, she will recommend specific professionals who provide those services. If this evaluation is being pursued for the purpose of seeking accommodations on the basis of disability, she makes no guarantees about the findings of the assessment or the outcome of any petition I may file.

_____4. I understand that Dr. Chidekel may wish to speak with or get records from third parties whose names I provide as part of this evaluation, and that she will not do so without my written consent.

_____5. The cost of a neuropsychological evaluation is $6,400. I understand that this fee includes a one-hour parent/caretaker consultation for history-gathering, up to nine hours test administration, up to one-hour combined record review/consultation with third parties (with your consent), a written report, a one-hour feedback session at the conclusion of the assessment, and production of an abridged version of the comprehensive report that I request within one month of the final feedback session. I agree to pay a $400 consultation fee at the initial meeting. I understand this does not obligate me to pursue an evaluation. If I decide to pursue the evaluation, I agree to pay the balance of $6,000 when my child comes for his/her first testing session.

_____6. I understand Dr. Chidekel charges an additional fee of $400.00 per hour to attend school meetings/perform school observations and for time to travel to and from her office to attend; to review medical records/consult with third parties in excess of one hour; and for additional consultation or feedback sessions that I request. She will not do additional work without my consent. If we decide a school observation is indicated, I agree to pay those fees at the initial consultation meeting. I understand that $400.00 per hour will be charged for extra time that must be scheduled to complete an assessment that is a function of my being late to appointments; for time reserved for me that I cancel with less than less than 48 business hours' notice; and retroactively for time spent on an assessment that I terminate prior to its completion.

_____7. At the feedback session, Dr. Chidekel will provide me with paperwork necessary for me to file a claim with my insurance company, but she makes no guarantees about my ability to be reimbursed. I understand that that pursuing reimbursement from my insurance company is my responsibility.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous items. I have asked questions about any parts that caused the concern or I did not understand. I understand and agree to the nature and purpose of this evaluation, how it will be reported, and to each of the points enumerated above.

_____

Signature Name Date

_____

Address and phone

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