Oakland Neuropsychology Center
Dr. Isabelle Beaulieu
4190 Telegraph Road , Suite 2700 ,Bloomfield Hills, MI 48302
Phone: 248-644-9466 Fax 248-522-7365

Client Informed Consent

I,_____, agree to allow the psychologist, Dr. Isabelle Beaulieu, to perform the following services:

_____Neuropsychological testing, assessment or evaluation and report writing.

_____School Visit and consultation with school personnel.

_____Other (describe)_____

This agreement concerns_____(name of patient). I understand that these services may include direct face to face contact, interviewing and/or testing. They may also include the psychologists' time required for the reading of records, consultation with other professionals, scoring of tests, interpreting the results, report writing and any other activities to support these services.

Nature and purpose of Assessment: The goal of the neuropsychological assessment is to measure attention, memory, language, problem solving, or other cognitive and psychological/emotional functions. A neuropsychological assessment may point to cognitive/emotional difficulties and suggest possible methods and treatments or accommodations. In addition to an interview where we will be asking you questions about background, academic history, mental health and current medical symptoms we may be using different techniques and standardized tests, including but not limited to, asking questions about knowledge of certain topics, reading, drawing figures and shapes, listening to recorded tapes, viewing printed material and manipulating objects.

Foreseeable Risks, Discomforts and Benefits: For some individuals assessments can cause fatigue, frustration and anxiousness.

I understand that the fee for this (these) service(s) will be as follows and that this is payable in full on the day of the evaluation. By signing this agreement I also understand that Dr. Beaulieu and Oakland Neuropsychology Center is **OUT OF Network** with my insurance company. If any authorization requirements are necessary from my insurance company, I understand that Dr. Beaulieu and Oakland Neuropsychology Center will not be responsible in any manner to obtain this or to complete any paperwork, including pre-authorizations for services. Payment in due in full at the time of service.

Service Costs:

90791 Diagnostic Interview (First Visit) $295

96136, 96137,96132, 96133 Neuropsychological testing and evaluations services $270/hour

96138, 96139 Neuropsychological testing by an examiner, $250/hour

Full Assessments typically range from $2,600 to $3,380, although it may be more or less, depending on the reason for the assessment and duration of testing.

Limits of Confidentiality: **Information obtained during assessments is confidential and can ordinarily be released only with written permission. There are some special circumstances that can limit confidentiality including: a) a statement of intent to harm self or others, b) statements indicating harm or abuse of children or vulnerable adults; and c) issuance of a subpoena from a court of law. Other foreseeable limits to confidentiality for this assessment include:**

_____

_____

I have read and agree with the nature and purpose of this assessment 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.

Patient Signature

_____ **Date**_____

Parent/Guardian or Authorized surrogate (If applicable)

Signature_____ **Date**_____

Witness_____ **Date**_____