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 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 services based on the findings. If this evaluation is being pursued for the purpose of seeking accommodations on the basis of disability, she makes no guarantees about its findings or of 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 $6,900. This includes an initial one-hour consultation for history-gathering; up to nine hours testing; up to one-hour record review/consultation with third parties; a one-hour feedback session, a written report, and an abridged version of the report if I request this within six months of the feedback session. I agree to pay a $500 consultation fee at the initial meeting. This does not obligate me to pursue an evaluation. If I decide to do so, I will pay the balance of $6,500 when my child comes for his/her first testing session.

_____6. I understand Dr. Chidekel charges $400 per hour to attend school meetings and observations, including travel; to review medical records/consult with third parties in excess of one hour; for additional consultation or feedback sessions that I request; for time needed to complete testing that is a function of my being late to appointments; for time reserved for me that I cancel with less than 48 business hours' notice; and retroactively for time spent on an assessment that I terminate prior to its completion. If a school observation is indicated, I agree to pay those fees at the initial consultation meeting.

_____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.

_____8. If applicable, I have read the attached "Telehealth Informed Consent" and I agree to its terms.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous items. I have asked questions about any parts that 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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