Dana Chidekel, Ph.D.
A psychological corporation

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

# CONSENT FOR CONSULTATION & NEUROPSYCHOLOGICAL TESTING - DEPENDENT ADULT

Dr. Dana Chidekel, will be administering psychological and neuropsychological tests to your family member, _ _____. It is important that you understand several aspects of this process. Please initial each item below to indicate you have read it carefully and understand it:

_____1. I understand Dr. Chidekel will conduct an evaluation using standard psychological and neuropsychological tests. I understand that she will write a report based on results of the testing.

_____2. I understand that if I disclose 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 mandate or allow a breach of confidentiality include reports of child or elder physical/sexual/emotional abuse and threats I make to harm myself or harm another person.

_____3. I understand Dr. Chidekel is performing an evaluation, and she will recommend services indicated by the findings. If this evaluation is being pursued to procure 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 the cost of the evaluation is $9,500, which includes an initial 75-minute consultation with me, up to nine hours test administration, up to one-hour record review and/or consultation with third parties, a written report, and a 75-minute feedback session. I understand that a fee of $725/hr will apply for additional services, such as consultation/medical record reviewed in excess of one hour; travel to and from and attendance at meetings; program observations; and additional interview or feedback sessions.

_____5. For this evaluation, I agree to pay Dr. Chidekel's evaluation fee, plus $_____ that she anticipates for additional for services. At the end of the evaluation process, she will refund the balance, if any, of additional advance fees she collects. If additional services are needed beyond what she anticipates, she will get my authorization before performing any such work. I understand I will be invoiced for additional work to which I agree.

_____6. I understand that $725.00/hour will be charged for extra time needed to complete an assessment because of lateness; for time reserved that is cancelled with less than 48 business day hours' notice; and retroactively for the time spent on an assessment that is terminated, for any reason, prior to its completion.

_____7 . I understand that because my family member is no longer a minor, he/she may not consent to have the results of this evaluation shared with any other party, including myself. Dr. Chidekel will make every effort to obtain this consent.

_____8. At the feedback session, Dr. Chidekel will provide paperwork necessary for me to file a health insurance claim for her services, but she makes no guarantees about reimbursement. I understand that that pursuing reimbursement from my insurance 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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