

Consent for Neuropsychological Independent Medical Examination (IME)

Neuropsychological IME

Neuropsychological examination will include an interview, record review (for example, of medical, psychiatric, substance use, social, educational, legal, and occupational history, as relevant and available), and testing with a variety of different measures, none of which are medically invasive (e.g., no needles). The purpose of the evaluation is to provide objective information about your brain functioning in a variety of areas including, attention, concentration, motivation, fine motor and sensory abilities, language and visuospatial skills, executive skills (e.g., problem solving and organization), memory, intellectual functioning, and emotional or personality functioning. This examination is not treatment. You may feel better or worse after your appointment(s). Although it would not be expected to occur, you should tell us if any of the procedures cause you any discomfort, and upon that information, we will discuss terminating or altering the procedure. It is important that you try to do your best on all of the tests so that the test results accurately reflect your abilities. Your participation in the evaluation is voluntary, so you can end the evaluation at any time that you choose. However, not completing the evaluation could have an undesirable impact on your insurance claim(s). You will be given short breaks as needed and a lunch break if you are here for a full day. We will work with shorter sessions on a case by case basis if that is necessary. If you are significantly ill or have been recently injured in such a way that you are not sure that you are able to or should keep your appointment, call us immediately.

Limits on Confidentiality

- Your examination has been requested by a third party (e.g., insurance company or legal representative of the insurance company) as an Independent Medical Examination (IME), and the results of the examination will be shared completely with that 3rd party. Your access to any of this information is at the direction of that 3rd party, and any request for information related to the results of your examination should be directed to that 3rd party. This examination is not part of a health information record and, as such, is not subject to HIPAA rules.
- If an examinee were to file a lawsuit or a complaint against NCMA or any of the NCMA staff, we may disclose relevant information about that examinee to respond to the complaint or lawsuit. (This has never happened in NCMA or Dr. Bryant's practice)
- There are some circumstances under which we are legally obligated to take actions in order to attempt to protect people from harm, and in carrying out those actions, some of an examinee's personal health information could be disclosed. These situations are very unusual in our experience. If we know or have reasonable cause to suspect that a child under the age of 18 has been or is likely to be abused or neglected or that a vulnerable adult has been abused, neglected or exploited and is incapacitated or dependent, we are required by law to file a report to the appropriate government agency. Once such a report has been filed, we may be required to provide additional information pertinent to the report. If we determine that an examinee poses a direct threat of imminent harm to the health and safety of any individual including himself/herself, we may be required to disclose information in order to take protective action(s). These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the examinee, or contacting family members or others who can assist in providing protection. In some cases, when an examinee is so impaired in some way that it would be dangerous for that person to drive, and if that person is not agreeable to that limitation, the Department of Motor Vehicles or other authority may be notified.

Your signature indicates that you have read this consent, have been given necessary information to make an informed decision to go ahead with this neuropsychological IME and agree to the terms.

Examinee Signature _____ Date _____

Printed Name _____

Signature of *parent/guardian if relevant _____ Date _____

Printed name of parent/guardian _____