

Informed Consent to Neuropsychological Section 312 Exam

Neuropsychological Exam

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. Validity across the testing process is measured and must be reported along with other results. Your participation in the evaluation is voluntary, so you can end the evaluation at any time that you choose.

You will be given short breaks as needed and a lunch break if you are here for a full day.

Professional Fees: The evaluation is paid for by the State of Maine Workers' Compensation Board

Cancellation for Illness/Injury: 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 as a Section 312 Exam by the State of Maine Workers' Compensation Board. As such, the conditions of this examination do not create or involve a doctor-patient relationship. The full results of the examination will be sent directly to the State of Maine Workers' Compensation Board.
- If an examinee were to file a lawsuit or a complaint against NCMA or one of our neuropsychologists or staff members, we may disclose relevant information about that examinee to respond to the complaint or lawsuit. (This has never happened in our 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 in Maine 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 rare circumstances, neuropsychological evaluation reveals attention, processing, and or visual functioning that is so impaired (and previously unrecognized) as to call into question the ability to drive safely. In such instances, steps may be taken for safety that may require disclosure of examinee information other than as previously identified.

Your signature below indicates that you have read this consent, have been given information necessary to make an informed decision to go ahead with this neuropsychological exam and agree to the terms. You may call if you have questions or concerns.

Examinee Signature _____ **Date** _____

Printed Name _____

Signature of *parent/guardian if relevant _____ **Date** _____

Printed name of parent/guardian _____