



Medical & Rehabilitation Psychology Associates
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INFORMED CONSENT FOR NEUROPSYCHOLOGICAL/PSYCHOLOGICAL SERVICES

You have either been referred to or have sought services at our office for an evaluation and/or treatment. Your appointment has been scheduled with a licensed psychologist and/or a master's level psychology associate.

We provide training and supervision for master's-level associates, who may observe or participate in part of your appointment. There will be instances where testing or counseling sessions are recorded for training and report writing purposes only. These recordings are deleted once the documentation for the service is completed. If you have any concerns about this, please inform the psychologist at the start of your session. Your initials below indicate that you have read and understand our policies and procedures regarding training and supervision provided in our office.

Please initial above

Clinical Services provided by our practice:

1. **Neuropsychological Evaluation:** Neuropsychological evaluations are highly specialized forms of evaluation conducted to help answer questions about the health of a patient's brain, especially how well the brain is able to perform the tasks it needs to perform. This type of evaluation is often requested by a medical provider following a neurological disorder diagnosis, brain or other medical injury, and/or observable changes in a person (e.g., attitude, memory, language, etc.).
2. **Pre-surgical Evaluation:** Pre-surgical psychological evaluations are designed to answer questions about the psychological well-being of a person. This type of evaluation is sometimes required as part of surgical clearance for specific types of procedures. The evaluation consists of a clinical interview, review of medical and psychological records, and various psychological tests.
3. **Psychological Evaluation:** Personality evaluations (also known as diagnostic evaluations or psychological testing) are a form of evaluation that provides a "snapshot" of a patient's current functioning, including diagnosis. This type of evaluation can provide a patient with in-depth information about the underlying personality functioning of a person. The evaluation consists of a clinical background interview, review of medical and psychological records, and various psychological tests.
4. **Counseling and Therapy Services:** These services are a way to help individuals with a broad variety of concerns, including mental illness, emotional difficulties, relationship problems, and more. Counseling and therapy aim to improve a patient's overall well-being and functioning. Treatment caters to the specific needs of the patient. This could be a focus on eliminating or reducing symptomology, cultivating self-care, healing from past experiences, improving relational functioning, gaining psychoeducation about emotions and mental health, and more. We offer individual psychotherapy to people aged 17+ currently.

For more information on any of these services, please visit our website: <https://www.medrehabpsy.com>

*Currently, Medical & Rehabilitation Psychology Associates primarily provide services for adults (persons 17 years and older). We do not have the expertise to conduct Autism evaluations.

*Medical & Rehabilitation Psychology Associates do not possess expertise to conduct evaluations or make recommendations in forensic cases. If you are seeking an evaluation or services as part of an ongoing circumstance that may involve the court system, please speak with your assigned provider in detail about your needs. We are happy to provide guidance on seeking a forensic specialist for your needs.

Policies and Termination of Services:

Following completion of evaluation services, we will review the evaluation results and recommendations with the patient during a feedback appointment, at which time the patient may ask questions or voice concerns. All patients are welcome to schedule a consultation session following the initial feedback appointment if questions or concerns arise.

For counseling, therapy, and rehabilitation services, the assigned clinician and patient will discuss specific treatment recommendations, including time frames, frequency, and termination at appropriate times.

Due to the high demand for counseling, therapy, and rehabilitation services, our office has a waitlist for new and established patients. As such, it is very important that patients in active treatment commit and follow-through with their treatment. In the event of the below situations, the practice reserves the right to terminate care. Please read and initial to confirm your understanding of the following office policies:

1. _____ **In the event** of several rescheduled or missed appointments, we reserve the right to terminate care. We understand that emergencies arise and will not terminate care for extenuating circumstances. However, if the problem persists, we will make every effort to resolve the issue(s) and create a plan for ongoing care. In some instances, it may be appropriate to terminate care until circumstances allow commitment to ongoing treatment.
2. _____ **In the event** that we have had no contact (e.g., no scheduled appointments and no requests to schedule) in a 45-day period since the last date of service, you will be removed from our active service caseload. Patients may call and request a reinstatement of services at any time; however, if there is an active waitlist at the time of request, patients will be placed on the waitlist.
3. _____ **Our office will** make every attempt to problem solve and/or make a payment plan for unpaid services. However, if a large balance exists without a plan for repayment, we reserve the right to delay services until a payment plan is established or the services are paid. If a resolution cannot be obtained, we can provide more information about referrals for income-based care.
4. _____ **The patient may** choose to discontinue their relationship with this practice at any time during the course of evaluation and/or treatment with the understanding that fees associated with any services already rendered are due and payable.

Our practice reserves the right to terminate services at our discretion for reasons other than those in our above policies, e.g., lack of expertise in the clinical area of need, conflict of interest, inability to meet level of need, etc. If services are terminated by MRPA, we will make efforts to provide referrals and information for seeking providers that can meet the patient's need.

Confidentiality and Limits:

Patient cases are treated confidentially. This means that information about a patient is only shared with that patient and members of their treatment team, after your signed consent to release information. We handle sensitive information very carefully and we will only share information pertinent to enhance care. There are some situations in which the psychologist and/or treating party is legally required to take action to protect from harm (e.g., harm to self, others, child abuse/neglect, elder abuse/neglect, etc.). If the psychologist and/or treating party determines clinical expertise of imminent harm, it is likely that we will need to reveal some information about a patient's treatment. Some safety actions may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. These situations rarely arise in our practice, but should such a situation occur, the psychologist would make every effort to fully discuss the situation with the patient before taking any action.

Protected Health Information or "PHI":

Your personal medical information is called Protected Health Information or "PHI". This office and staff can use your PHI or share it with each other only in certain ways. We must follow certain rules about sharing the patient's PHI outside of our practice.

A copy of the Georgia Notice Form is available at your request. It contains additional information about how PHI may be used and disclosed and how you may have access to this information.

With regards to electronic communications (e.g. fax, email, etc.), we cannot guarantee complete privacy due to the nature of the internet. We take precautions to protect your personal health information and advise our patients to use this method of technology cautiously.

Professional Records:

Both Georgia state law and the standards of the field of psychology require that appropriate treatment records be kept on every patient seen by the psychologist. The patient is entitled to receive a copy of the records, unless the psychologist believes that seeing them would be emotionally damaging, in which case, the psychologist would provide them to an appropriate mental health professional of the patient's choice. Because these are professional records and can be misinterpreted and/or upsetting, it is our policy that the records be reviewed with the patient and psychologist together so that they can discuss the contents of the record before releasing the record to the patient and/or family.

Financial Responsibility:

Our practice works hard to charge for services at a competitive rate for our region of the state while still meeting operating expenses. Fees reflect time spent with the patient and family, review of records, scoring and interpretation of tests, preparation of reports, and treatment planning with health care teams.

Please note that patients often assume coverage beyond what is actually available to them.

We will make every effort to gather information regarding your insurance coverage. However, due to the diverse nature of provider plans and policies, we cannot always determine the exact amount you'll owe for services provided and there have been instances where we are told incorrect information by the insurance company, leading to patients having a larger out of pocket expense than was originally told to us. These instances are beyond our control.

It is your responsibility to contact your insurance carrier to determine your coverage and the estimated out-of-pocket expenses for services. We will file your insurance claim and make reasonable efforts to collect reimbursement from the insurance company, but patients are ultimately responsible for payment of services rendered.

Payment is required at the time of service for outstanding deductibles, co-payments, and/or co-insurance. If you have not met your deductible for the year, you will be responsible for any charges that would be applied to your deductible at the time of service.

We reserved the right to use an attorney or collection agency to obtain payment for services rendered if payment is not paid by the patient or responsible party.

_____ **There is a fee** for missed appointments not canceled with 24 hours' notice.

Initial visit (\$150) Follow-up visit (\$75)

These fees are not covered by insurance carriers and are the patient's responsibility.

They must be paid before additional appointment can be scheduled.

We do not accept personal checks for amounts over \$50. We accept money orders, credit cards or cash.

Credit cards will incur an additional 3.5% service charge (charged by card companies)

If you have any questions or concerns about any of the information above, please contact our office. Your signature below indicates you have read and understand the above. It also authorizes the release of any necessary information to process your insurance claims, including demographic and clinical information.

Patient/Guardian Signature

Date

Witness

Date