**Associates in Neuropsychology and Behavioral Health, PA (ANBH)**

***Informed Consent Form***

ANBH provides psychological testing services. It is important for the patient (or responsible party) to provide complete and accurate information to aid the assessment process. In addition to clinical services, we train graduate students and conduct research. Therefore, we may ask your permission to involve an experienced doctoral graduate student in a service, or allow use of archival data for research purposes (without patient identification). **We do not provide crisis intervention services.**

**APPOINTMENTS**

Office hours are 9:00 am to 5:00 pm Monday through Friday. Testing may last a few hours. If you cannot keep an appointment, please provide at least 24-hour notice. You can leave a voice mail (610 566-0501) anytime if you need to change an appointment.

**Missed appointments:** Our doctors often schedule one person a day for an exam so we can offer that individual our full attention and care. Therefore, in the case of a missed appointment, that represents the loss of the ability to provide a service to another individual and has a financial impact on our practice. Therefore, a no-show fee of $300 is billed when a patient does not appear for a scheduled appointment, either in-office or if not responding to a telemedicine email appointment. Missed appointment fees are not covered by insurance. Justified absences will not be billed.

**TELEHEALTH**

On occasion, an intake or telehealth session will occur over the internet. Video sessions requires that the patient be in a quiet place with no interruptions. A laptop or desktop computer with a webcam and an adequate high speed internet connection will be needed. Smart phones are less secure and the signal can be interrupted by incoming calls and texts. The potential risks to this technology include unauthorized access and technical difficulties. Inform the doctor if there is another person present during the session. Recording of the session is not permitted for confidentiality.

**CONFIDENTIALITY**

Issues discussed in the office are generally legally protected as both confidential and privileged. However, there are limits to privilege and confidentiality. These limitations include: 1) suspected abuse or neglect of a child, elderly person or a disabled person, 2) when the doctor believes you are in danger of harming yourself or another person, or you are unable to care for yourself, 3) if you state that you intend to physically injure someone the law requires your doctor to inform that person as well as the legal authorities, 4) if your doctor is ordered by a court to release information, 5) when your insurance company will not pay for services unless documentation is provided when filing a claim, for insurance audits, case review or appeals, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. You may be asked to sign a Release of Information form so the doctor may speak with other professionals or to family members.

**RECORD KEEPING**

A chart is maintained with clinical information. Billing information is computerized. Your records will not be released to parties other than the referring healthcare professional without your written consent, unless as outlined in the above Confidentiality section.

**FEES**

An intake fee is $300. Fees for testing are based on an hourly rate ($300) and include time for the intake, records review, scoring, interpretation and report writing. Scoring and report writing can extend over two days so bills may include professional work when the patient is not present.

**OFFICE FINANCIAL POLICY**

* Inform us of all insurance and financial arrangements before services begin. If you have been seen previously in this office but your insurance has changed let us know about the new insurance or you will be responsible for your bill. If your insurance changes during a service let us know or you may be responsible for charges after the period the insurance changes.
* For Workers Comp or accident claims, provide us with the WC Claim or accident information AND your regular health insurance information. If accident benefits are exhausted you will be responsible for your bill.
* We accept traditional Medicare but only some non-traditional Medicare plans.
* We do not accept all insurance plans. Check with the office to see which plans each psychologist accepts.
* The patient is responsible for deductibles, co-insurance, and co-payments. Please familiarize yourself with your insurance coverage.
* Uninsured or out-of-pocket patients pay the entire fee before the service begins.
* If the doctor is an out-of-network provider for your insurance, or you are paying out-of-pocket for a service, our office can provide you with a payment receipt to submit to insurance for reimbursement. However, you are responsible for the cost of the service.
* For HMO’s you must obtain a referral from your primary physician even if our doctor is contracted with that plan.
* The fee to complete forms is $25 and is billed to the patient.

**TESTING**

Testing requires full cooperation and effort by the patient to generate valid findings. The tests can detect poor effort so it is important to do your best. Furthermore, since the results of a testing cannot be pre-determined, there is no guarantee for any specific finding.

**Please sign the next page indicating that you understand and agree to the above policies.**

**Keep this page for your records.**

**Associates in Neuropsychology and Behavioral Health, PA**

*Office Policy Information and Informed Consent Form*

By signing below, you are indicating that you have read the Informed Consent Form and agree to:

* The confidentiality policy
* The financial policy
* Consent to the assessment and to provide full effort during a testing
* Agree to pay the missed testing appointment fee

I agree to the above,

|  |  |
| --- | --- |
| **PRINT Patient or Representative name** |  |
|  |  |
| ***Signature* of Patient or Legal Guardian** | ddd |
|  |  |
| **Date** |  |

[[1]](#footnote-1)

1. Form revised June 2023 [↑](#footnote-ref-1)