

Authorization for Release of Health Information

I, _____, _____ hereby authorize the
(print full name) (date of birth)

release of my health information from:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

to the following recipients: **Insight Neurocognitive Health.** **Other**

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

(Please use the back of this form if more recipient space is needed.)

Information Requested:

I understand and acknowledge that this may include the release of any information pertaining to alcohol/drug abuse, mental health, or HIV/AIDS. I give my permission for the information listed above to be released to the above-named recipient(s). I understand that I may revoke this authorization at any time, except to the extent that action has already taken place to comply with the authorization. This authorization will expire in 90 days after the date signed below. The recipient(s) of said information should not re-disclose any medical records to any third party without further written consent.

Patient Signature (or Authorized Representative)

Date

Witness Signature

Date

Informed Consent Form

Psychological/Neuropsychological Testing

This document contains important information about testing services at Insight Neurocognitive Health. Please read and sign at the bottom to indicate that you have reviewed and that you understand this information in its entirety.

Purpose:

You, the patient, will undergo an evaluation that will help you to better understand the relationship between behavior and nervous system functioning, current neurocognitive functioning, and any strengths and/or deficits thereof. The information obtained will help define the existing problem(s) and its trajectory as well as help in determining treatment options.

Procedure:

The testing process involves a clinical interview of yourself and possibly others, a neurobehavioral status examination to further define your condition, and the completion of a variety of neuropsychological and psychological tests. The total time of the evaluation may vary, and it will depend upon your levels of functioning and performance, the nature of your condition and how it may impact your performance, and the number and nature of tests administered.

Time Commitment:

The full evaluation process typically includes 1-2.5 hours for the initial clinical interview and associated neurobehavioral status exam (i.e., your first appointment). Subsequent testing can last from anywhere between 2 and 6 hours depending on the nature and complexity of the case. Additional time after testing will be required to score and interpret the testing results and generate a report. A final 45 min - 1-hour meeting (feedback session) will be scheduled, in most cases (with some exceptions), to discuss the testing results and treatment recommendations with the patient. Common features of evaluations typically include the following:

- ❖ Review of Relevant Records – background information that enables the evaluator to have a historical context that benefits the testing situation.
- ❖ Clinical Interview/Neurobehavioral Status Exam – the evaluation with the client contains (1) his or her background information, such as family history and past/present physical health, (2) mental health concerns, such as symptoms of distress, substance abuse, (3) educational, employment history, and a (4) neurobehavioral status exam. Collateral contact may also be obtained to facilitate the process. The licensed psychologist is the person who will perform the clinical interview/neurobehavioral Status Exam.
- ❖ Testing – tests will assess cognitive ability as well as emotional status; these are either computerized or paper and pencil tests. Most tests are interactive and will be administered by Dr. Franke, or in some cases, a qualified testing technician under the supervision of Dr. Franke.

