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American Board of Professional Neuropsychology
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NJ Psychology Lic. # S102148
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Informed Consent for Treatment

After you have read the following, please sign below (for yourself, or on behalf of a minor) to indicate that you have understood and agree to the following:

Our doctors are looking forward to assisting you. We will make a reasonable effort to address your needs. So that you may be fully informed about our services, please read the following about our practice policies. Please do not hesitate to ask any questions if any of the following seems unclear or if you need additional information. Also, if at any time, you believe that your treatment is not meeting your needs, please discuss this with your doctor immediately.

If you are undergoing baseline testing or post-concussion screening/testing, please note that such testing involves tasks that measure brain-behavior relationships. This is not intellectual or achievement testing and alone cannot diagnose any medical or educational condition. If you are concerned that you may have a problem that should be diagnosed, then please let the doctor know, as this will require more comprehensive testing. Baseline test results will be kept on file and no formal report will be generated. These results can then be used in the future for comparison should you suffer a head injury or concussion. Also, data collected from this baseline (and any post-concussion) testing may be used for research to help further understand the nature of concussion and brain injury. All personal identifying information will be removed for research purposes. We believe that there is no risk or identified harm for such participation.

If you are undergoing neuropsychological testing for the purpose of learning, attention, memory, brain injury, or other brain/neurological disorder, please be advised that such an evaluation begins with an interview/exam, followed by comprehensive testing, and a follow up feedback session during which results, diagnoses, and recommendations are discussed. Please refer to our handout on neuropsychological testing that describes the process. Our practice manager will be able to explain the time and costs involved.

If you choose to receive biofeedback services, please note that such treatment has been shown to be an effective tool for a number of medical conditions, but that there is no guarantee regarding how it will affect your course of recovery. If you suffer from a medical condition that requires medical clearance before participating in biofeedback, please let us know immediately.

If you choose to engage in cognitive rehabilitation services, please be advised that these services have been shown to assist in recovery from or improvement in brain disorders; however, we cannot guarantee any improvement in your condition or the extent to which you may improve.

If you choose to engage in psychotherapy services, please be aware that such therapy can arouse difficult emotions and change the way you think, feel, and behave, thus affecting your relationships. Our most important mission is to help you make progress in reaching your goals. We will strive to utilize our best clinical skills and professional judgment to assist you. In the cases of minors, we ask that parents respect the need of young people to develop trust in their therapists by containing the desire for specific details of the treatment. However, we will be sure to address any concerns parents may have regarding their child's treatment. Psychotherapy sessions generally last 45 minutes, unless otherwise indicated. You are free to terminate therapy at any time, and we urge you to discuss your needs and concerns with your therapist so that termination may be mutually planned for. If you are involved in group therapy, we must insist that you not discuss the contents of sessions with any persons outside of the group or Center. Also, you must agree not to hold the Center or therapists liable for the actions or communications of other group therapy members.

If you choose to engage in hypnotherapy to enhance functioning or address pain, stress, or other symptoms, please be advised that such therapy is not aimed at uncovering past trauma memories, although in some cases, that may unexpectedly occur. This type of hypnotherapy is NOT intended for legal purposes.



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If you choose to engage in EMDR, please be advised that there are no known serious side effects to EMDR and the research is still in its early stages. Such therapy is typically used for trauma or other mental conditions and may result in upsetting memories and strong emotional/physical sensations that may surface during the healing process.

Please be aware that we will safeguard your right to confidentiality as it is protected by law. There may be situations in which your confidentiality may be limited, such as in certain legal proceedings, insurance cases, and a threat of harm to self or others, or a history of abuse. If you are involved in a legal case, such as where there has been an injury, please let us know immediately as our role is to provide you with treatment and not to serve as expert witnesses, unless agreed to beforehand.

Regarding billing, payment in full is due at the time the service is rendered unless other arrangements have been made. Information regarding fees is available upon request. We reserve the right to charge interest on accounts that are greater than 30 days overdue. There is also a returned check fee. We reserve the right to charge for missed appointments or those cancelled with less than 24 hour notice. In cases in which the account has been neglected by the client and there has been no show of good faith despite our repeated attempts toward resolution, we reserve the right to turn the account over to a collection agency. In hardship cases, we are available to discuss payment arrangements. We are not responsible for your insurance or health care coverage. Our office staff can assist you with submission of claims. However, we strongly encourage you to clarify the extent of any coverage with your insurance carrier. Ultimately, you are responsible for payment of the services rendered to you. Please note that Baseline Testing is generally NOT covered by insurance.

Our doctors are available by telephone at times other than your scheduled appointment, if there is a matter that cannot wait until your next appointment. For telephone calls that last greater than 15 minutes, we reserve the right to charge you a fee proportionate to the individual therapy rate. If you have an emergency and cannot reach your doctor, please contact your nearest hospital, emergency room or call 911.

At times, our office may send you general information or necessary correspondence that has our return address noted. If you prefer not to receive mailings that displays our Center's name, please let our office know in writing.

Thank you.

 Signature of Patient if over age 14

 Print Name

 Signature of Parent/Guardian, if patient is a minor

 Print Name

 Signature of Other Parent/Guardian,
 if dual consent is required by law

 Print Name

 Date