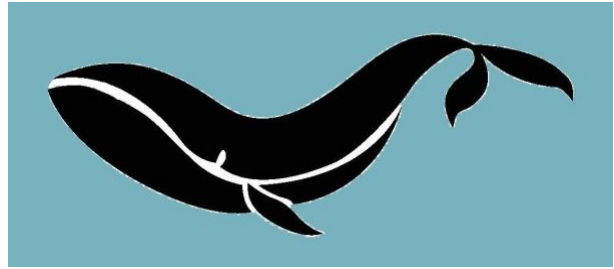


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Board Certified in Clinical Neuropsychology
American Board of Professional Psychology
NY State Psychology License 101929
Vermont Psychology License 048.0134720



CONSENT REGARDING INDEPENDENT EVALUATION SERVICES

You have been referred for a neuropsychological evaluation. The evaluation has been requested to help with evaluation of your case. Evaluations are often sought to better understand or treat an individual with a known or suspected neurological injury or illness or other psychological complaints. This referral is for evaluation and consultation purposes only. I will not be providing you with feedback, follow-up care or treatment. If you or your care providers wish to see a copy of the report, you may request it from the person who requested the evaluation. The HIPPA law does not grant you a legal right to obtain results of this evaluation because this evaluation is not being conducted for patient care. It is being conducted in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. Your honesty and best effort are required throughout the evaluation. Information that is incomplete, wrong, or misleading may have serious consequences when put in my report or testimony. Any concerns, confusion, or uncertainty about how information from this evaluation may be used should be discussed before beginning.

What to expect: You will be interviewed and given tests of brain-based abilities such as attention, memory, and verbal and visual thinking. You will complete questionnaires about your personality style, physical and psychological symptoms.

Confidentiality: I will not discuss your case by name except as a part of consultation, case planning, or outcome evaluation. There are exceptions to this confidentiality. These exceptions include:

- 1) If you give me your authorization to release information to others. Many insurance companies require release of diagnostic information, case notes, and/or evaluation reports prior to payment.
- 2) If you threaten to harm yourself or another person, I may have a duty to contact the intended victim and law enforcement or other authorities.
- 3) If you tell me about child or elder abuse or neglect, I may be required to inform certain officials and/or law enforcement officials.
- 4) I may be required to release information about you if ordered to do so by a court of law, or if you enter into litigation and make your mental condition part of the case, or if you are applying for benefits.

Risks and likely benefits of participation:

Neuropsychological evaluation often provides useful information about a person's abilities, strengths and weaknesses in mental abilities, mood state and personality. The process of evaluation may be interesting to you, but also quite tiring. It might also be uncomfortable for you to reveal personal information or to receive feedback about your strengths and weaknesses. Results of this evaluation may be used in medical, legal, disability or other decision-making. While test results are often helpful in making a clinical diagnosis, I cannot guarantee that I will be able to make a conclusive diagnosis of the problems you are experiencing. I will make my best effort to help you be as comfortable as possible with the evaluation process. If problems arise, please bring them to my attention. If you become so tired that you prefer to finish on another day, let me know.

Voluntary nature of evaluation:

Your participation in this evaluation is voluntary, and you are free to discontinue the evaluation at any time. If you are involved in a legal case or disability evaluation, you may wish to talk with your attorney or insurance carrier before you discontinue the exam. If you have any questions that are not answered by the above information or if anything above is not clear to you, please discuss it with me before continuing with the evaluation.

I understand the conditions above and am willing to proceed. _____

Date: _____

Name (print): _____