NEUROPSYCHOLOGY
& CONCUSSION MANAGEMENT
ASSOCIATES, LLC

Consent for Attorney-Referred Neuropsychological Consultation

Examinee:_____ **DOB:** _____

Attorney: _____ **Case:**_____

1. I understand that the purpose of this examination is to provide information concerning my neuropsychological status (i.e., intelligence, cognitive abilities such as attention and learning, behavior, and emotional functioning).
2. I understand that as a result of this examination, I may feel better, worse, or no different after; for example, people sometimes feel tired.
3. I understand that this examination will include a record review as well as direct testing and that the evaluating neuropsychologist will be requesting my authorization to speak with people who know me professionally and personally.
4. I understand that the examination is not confidential and that NCMA will share the results with my attorney. A written report may be rendered.
5. I understand that the report made by the evaluating neuropsychologist will contain information including, but not limited to, my mental status, cognitive abilities, psychological and medical diagnoses, and substance use/abuse history.
6. I understand that, if my attorney does want a written report generated, once this is part of the record, the evaluating neuropsychologist may be called to provide a deposition or testify in court, either by the defense or by the prosecution, as a result of this examination process.
7. I understand that the neuropsychologists at NCMA are mandated reporters of suspected abuse of a child or incapacitated elder and that they will release information other than to my attorney if abuse of a child or incapacitated elder is suspected or they suspect that I am at imminent risk of harming myself or someone else.
8. I understand that NCMA will release information as necessary to parties other than my attorney if ordered by a court to do so or if required to do so as part of defending any complaint or lawsuit.
9. I understand that I can terminate this examination process at any time but that a report may be written based on whatever information had been obtained up to that point.

_____ _____

Signature of examinee or parent/guardian Date

Printed name _____ Relationship to patient if not patient:_____

Name of patient if other than above: _____