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Board Certified Clinical Neuropsychologist

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Informed Consent & Payment Agreement (PHS Referral)

You have been referred by the Physician Health Service (PHS) to Dr. Meghan Searl for a neuropsychological evaluation, which is an assessment of your thinking and information processing abilities.

WHAT HAPPENS DURING A NEUROPSYCHOLOGICAL EVALUATION?

A neuropsychological evaluation consists of two main parts: a clinical interview and administration of neuropsychological tests. The clinical interview usually takes 45 minutes to an hour. The administration of the neuropsychological tests typically takes 3 to 4 hours. Depending on the nature of the evaluation, the testing can sometimes take less time or can sometimes require more time than average.

In order to help Dr. Searl plan the evaluation to best suit your needs it is important for you to complete and send the intake form **prior to your appointment**. Dr. Searl will use the information that you provide to assist in deciding which tests are most appropriate to administer. If you have had neuropsychological testing in the past, please bring a copy of this report or make arrangements to have it sent from the office of the person who did the testing (fax to Dr. Searl at 1-888-378-6638 or send to Meghan Searl, Ph.D., Suite 320, 1415 Beacon Street, Brookline, MA 02446). You may also want to bring copies of previous medical records that you think might be relevant to the evaluation.

You will be given a number of different types of tests. Some of the tests will involve answering questions. Others may involve writing, drawing, listening, or using a computer. The tests may assess the following areas: *attention and memory, reasoning and problem solving, visual-spatial functions, language functions, sensory/perceptual functions, motor functions, academic skills, and emotional functioning*. All of the tests will be administered by Dr. Searl.

Unless otherwise specified, you should plan to spend *three to five hours* at your appointment. You will be allowed to take as many short breaks as you need to be comfortable. You should arrive at your appointment having had enough to eat and drink. Feel free to bring snacks if you think you might need them. Be sure to bring any medicines that you might need to take. You should also plan to bring your eyeglasses (including reading glasses) and hearing aides, if you use them. In addition, because the testing will require mental effort, you may feel fatigued when it is over and should take this into consideration when you plan your transportation to and from the appointment.

For some individuals assessments can cause fatigue, frustration, and anxiety. Try to get enough sleep the night before the assessment so that you feel at your best. For adults, Dr. Searl also recommends that you do not drink more than 1 glass of alcohol the night before the evaluation or consume any other substances that may interfere with your sleep or with your cognition the following day.

PRIVACY AND CONFIDENTIALITY

The nature of a PHS-referred neuropsychological evaluation is different from standard clinical neuropsychological evaluations in terms of privacy and confidentiality. It is a prerequisite for this type of evaluation that you give your written consent to Dr. Searl to release the evaluation results to PHS. **The evaluation cannot take place without this consent.**

This is not a clinical evaluation. Therefore, the evaluation report will not address questions or concerns that fall outside of the scope of the PHS referral. The report will only address questions related to fitness to practice.

FEES AND PAYMENT

My fee for a complete assessment is **\$3000.00**. A complete assessment includes:

- Initial information gathering
- Clinical interview
- Review of any background material
- Test administration
- Test scoring, analysis, and interpretation
- Written report detailing evaluation results

Pre-payment is required in order to start the evaluation. I accept personal check, credit card (Visa, MasterCard, American Express, Discover), and cash. The evaluation will not take place if payment has not been made first.

Name as it appears on Credit Card: _____

Credit Card #: _____

Expiration Date: ____ / ____ Security Code: _____ Billing Zip Code: _____

If you need to cancel your appointment and let me know 48 hours (2 days) in advance, I will not charge your card. If you let me know 24 hours (1 day) in advance, I will charge a \$200 cancellation fee. If you cancel less than 24 hours in advance, I charge a \$400 cancellation fee.

ELECTRONIC COMMUNICATION

There is often some amount of communication back and forth between Dr. Searl and individuals undergoing neuropsychological evaluations before and after appointments. Email is typically the most convenient way to communicate and Dr. Searl is available to communicate this way (msearl@gmail.com). However, please note that email is not considered to be a secure form of communication and anything you include in your message(s) cannot be assumed to be private.

For the purpose of expedience and convenience, Dr. Searl's practice is to use email as a primary means of communication about practical matters before and after the day of the appointment.

Your signature below indicates that you have read and understand the above information and have had an opportunity to clarify any questions and discuss any points of concern before signing.

By signing below, I:

- Agree that this is a PHS-referred neuropsychological evaluation and not a clinical evaluation. I understand that the evaluation report will address only issues related to fitness to practice.

- Allow Dr. Searl to communicate with PHS staff about my case before and after the day of my appointment. I also allow Dr. Searl to communicate the results of my evaluation to PHS staff.

- Agree to complete and fax the intake form to Dr. Searl at 1-888-378-6638 (or email as an attachment to msearl@gmail.com) prior to my appointment.

- Agree to pay the \$3000 evaluation fee on or before the day of my appointment, prior to the start of testing.

- Agree to have my credit card charged in the event that I cancel my appointment less than 48 hours in advance.

- Agree to communicate with Dr. Searl by email, even though email is not a fully secure form of exchanging information.

(patient signature)

(date)

*Please fax this page only along with the intake form to **1-888-378-6638**. Alternatively, you may scan and email these forms to Dr. Searl at msearl@gmail.com.*