

After Scheduling Compliance Checklist (13-17)

Checklist

- ☐ After Scheduling Compliance Checklist

Parent Intake Questionnaire

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Review Only – No Acknowledgment Required

- ☐ Confidentiality & Its Limits
- ☐ Understanding a Neuropsychological Evaluation
- ☐ Directions to Our Office

Signed Acknowledgment and/or Consents

- ☐ Communication Preferences & Consent
- ☐ Consent to Telehealth Services
- ☐ Consent for Evaluation & Treatment (13-17)
- ☐ Custody & Legal Decision-Making
- ☐ Emergency & Crisis Procedures
- ☐ Emergency Contact & Limited Emergency Information Release
- ☐ HIPAA Notice of Privacy Practices
- ☐ Informed Consent for Neuropsychological Evaluation (13-17)
- ☐ Language Preference Form
- ☐ Notice of Privacy Practices
- ☐ Patient Bill of Rights
- ☐ Respect & Inclusion Policy
- ☐ Social Media & Online Communication Policy
- ☐ Client Rights & Responsibilities
- ☐ Zoom Visit Preparation Guide for Families