

Informed Consent for Neuropsychological Evaluation

(Minor Under Age 13)

Purpose of This Consent

This document is intended to provide parents or legal representatives with information about the nature, purpose, procedures, potential risks, limitations, and alternatives associated with a neuropsychological evaluation. The goal of this document is to support informed and voluntary decision-making prior to participation in evaluation services.

Nature and Purpose of Neuropsychological Evaluation

A neuropsychological evaluation is a comprehensive assessment of a child's cognitive, academic, emotional, behavioral, social, and adaptive functioning. It is designed to help clarify a child's strengths and areas of difficulty, understand how different aspects of development interact, and determine whether observed challenges are consistent with a neurodevelopmental, psychological, learning, or medical condition. Acceptance or implementation of recommendations by schools or other institutions is outside the control of the evaluator.

The purpose of the evaluation may include, but is not limited to, diagnostic clarification, treatment planning, educational planning, and recommendations for intervention or support across home, school, and clinical settings. Evaluation results are intended to guide understanding and decision-making and are not a guarantee of specific outcomes or services.

Neuropsychological evaluation results are based on professional judgment and available data and do not guarantee specific diagnoses, services, educational placements, or outcomes.

Neuropsychological evaluations provided by Pediatric Neuropsychology Associates PLLC are clinical and educational in nature. They are not forensic evaluations and are not intended for use in custody disputes, litigation, or legal proceedings unless such use has been explicitly discussed and agreed upon in writing prior to the evaluation.

What the Evaluation Involves

A neuropsychological evaluation may include a combination of the following components, depending on the referral questions and the child's needs:

- Review of relevant medical, educational, developmental, and clinical records.
- Clinical interview with parent(s) or legal representative(s).
- Interview or observation of the child, as developmentally appropriate.
- Administration of standardized psychological and neuropsychological tests.
- Behavioral observations during testing.
- Completion of questionnaires or rating scales by parents, teachers, or other providers, when applicable and with appropriate consent.
- One or more testing sessions scheduled across multiple days, when clinically indicated.
- Interpretation and integration of test results with clinical history and observations.
- Preparation of a comprehensive written evaluation report.
- A feedback session with parent(s) or legal representative(s) to review findings and recommendations.

The written evaluation report is a clinical document prepared for the parent(s) or legal representative(s). Release or sharing of the report with schools, medical providers, attorneys, or other third parties will occur only with written authorization from the parent or legal representative, except as required by law.

The evaluation process may take place over multiple appointments. The length and structure of the evaluation are determined by clinical judgment and the referral questions.

Potential Risks and Limitations

Neuropsychological evaluation is generally considered low risk; however, potential risks and limitations include:

- Mental or physical fatigue during testing.
- Frustration, anxiety, or emotional discomfort when tasks feel challenging.
- Temporary stress related to discussing developmental, academic, emotional, or behavioral concerns.
- Time demands related to interviews, testing, and feedback sessions.
- Results reflect the child's functioning at a specific point in time and may change with development, intervention, or changes in circumstances.
- Test performance may be influenced by factors such as sleep, illness, stress, motivation, effort, mood, medication effects, cultural or language factors, and environmental conditions.
- In some cases, test results may be considered of limited validity due to factors such as inconsistent effort, emotional distress, behavioral dysregulation, fatigue, or external distractions. When applicable, such limitations will be noted in the evaluation report.

Confidentiality applies to evaluation services as described in the Notice of Privacy Practices. There are legal limits to confidentiality, including mandatory reporting requirements under Florida law (such as suspected abuse or neglect, or threats of serious harm to self or others), and compliance with court orders or subpoenas, as required by law.

Alternatives to Neuropsychological Evaluation

Participation in a neuropsychological evaluation is not required. Alternatives may include, but are not limited to:

- Choosing not to pursue an evaluation.
- School-based evaluations or educational testing through the school district.
- Medical evaluations or specialty consultations.
- Psychiatric or psychological evaluations focused on specific concerns.
- Therapeutic services without formal testing.
- Informal consultation or monitoring over time.

You may choose any alternative or decide not to proceed with an evaluation. Choosing not to proceed will not result in penalty or loss of access to other services.

Voluntary Participation and Right to Withdraw

Participation in neuropsychological evaluation services is voluntary. Parents or legal representatives have the right to:

- Ask questions before, during, or after the evaluation process.
- Decline to answer specific questions or decline specific testing procedures.
- Withdraw consent and discontinue the evaluation at any time.
- When developmentally appropriate, the child's willingness, comfort, and behavioral regulation will be considered during the evaluation, and reasonable breaks or modifications may be made. Meaningful results require sufficient participation, and limited cooperation may affect the validity or completeness of findings.

If services are discontinued after the evaluation has begun, fees may still apply for services already rendered, including record review, testing, scoring, interpretation, and report preparation, in accordance with the Financial Responsibility and Payment Policy.

If the evaluation is discontinued prior to completion, feedback and reporting may be limited or adjusted based on available data.

Telehealth

Certain components of the evaluation process, such as interviews or feedback sessions, may be conducted via telehealth when agreed upon. Telehealth services are provided in accordance with applicable privacy laws and professional standards. You have the right to request in-person services and may decline telehealth if preferred.

Questions and Communication

Parents and legal representatives are encouraged to ask questions and seek clarification at any point during the evaluation process. Questions may be raised prior to scheduling, during appointments, or during the feedback session. Open communication is encouraged to ensure understanding and comfort with the evaluation process.

Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement. A copy of this signed informed consent will be retained in the patient's health record.

Parent or Legal Representative Acknowledgement (for Minors or Individuals Lacking Legal Capacity)

By signing below, I acknowledge that I have received and reviewed this Informed Consent for Neuropsychological Evaluation. I understand the nature and purpose of the evaluation, what the evaluation involves, potential risks and limitations, alternatives to evaluation, and my right to ask questions or withdraw consent.

I confirm that I am the parent or legal representative of the child named below and that I have the legal authority to provide consent on the child's behalf. I voluntarily consent to neuropsychological evaluation services as described above.

Printed Name of Child:

Date of Birth:

Printed Name of Parent or Legal Representative:

Signature of Parent or Legal Representative:

Relationship to Child:

Date:

A copy of this signed form will be retained in the patient's health records.

For Office Use Only

Date Received:

Received By:

Staff Role:

Filing Method: ☐ Paper File ☐ Digital File ☐ Both

Notes: