

Informed Consent and Privacy Practices

Referral Source: You have been referred for a neuropsychological assessment by _____ (name of referral source).

Nature and Purpose of Assessment: The goal of neuropsychological assessment is to determine if any changes have occurred in your attention, memory, language, problem solving, or other cognitive functions. A neuropsychological assessment may point to changes in brain function and suggest possible methods and treatments for rehabilitation. In addition to an interview where we will be asking you questions about your background and current medical symptoms we may be using different techniques and standardized tests including but not limited to asking questions about your knowledge of certain topics, reading, drawing figures and shapes, listening to recorded tapes, viewing printed material, and manipulating objects.

Limits of Confidentiality: Information obtained during assessments is confidential and can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality including: a) a statement of intent to harm self or others, b) statements indicating harm or abuse of children or vulnerable adults; and c) issuance of a subpoena from a court of law.

Privacy Practices: This notice describes how protected health information about you may be used and disclosed and how you can gain access to this information. This notice covers all information in our written or electronic records which concerns you, your health care, and payments for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage our administrative operations.

The NJ Memory Center may use and disclose your protected health information (PHI) for: a) treatment- i.e., providing care services, sending information/coordinating care with other health care providers caring for you, ordering and obtaining off site tests/results, etc., b) payment- i.e., submitting insurance claims on your behalf for treatment rendered., c) health care operations- i.e., internal business planning activities and quality of care evaluation.

The NJ Memory Center is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization, including, but not limited to: a) disclosures required by law (i.e., court or administrative orders, subpoena, discovery request or other lawful purposes), b) disclosures to avert any serious threats to your health and safety or to the health and safety of another person (i.e., if we reasonably believe that you are a possible victim of abuse or neglect or if we reasonably believe that you will inflict serious harm to another individual), c) disclosures with reference to Workers' Compensation or Food and Drug Administration.

The NJ Memory Center will routinely contact patients via telephone at home, cell and/or work and, unless otherwise requested, may leave messages on the appropriate voicemail or answering service regarding appointments, general inquires, etc. We may also send faxes if you have designated this option. Please inform us if you do not want us to leave messages or if you want to restrict messages to a specific phone number.

Please Circle Preference

Home Voicemail:	Yes	No
Cell Voicemail:	Yes	No
Work Voicemail:	Yes	No
Faxes Allowed:	Yes	No

Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization at any time. NJ Memory Center is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. NJ Memory Center is required to abide by the terms of the Notice currently in effect.

NJ Memory Center reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains. NJ Memory Center will provide individuals or patients with a revised Notice by posting new regulations in the office. It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

I have read and agree with the nature and purpose of this assessment and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing. I also hereby acknowledge that a copy of privacy practices is available on the njmemorycenter.com website or available upon request in the office.

Patient Signature

Date

Parent/Guardian or Authorized Surrogate (if applicable)

Date

Witness Signature

Date