

Glen D. Greenberg, PhD. ABPP

DelawareNeuropsych.com

INFORMED CONSENT FORM

Information about Treatment, Confidentiality, Fees, and Financial Policies

This practice provides psychological testing services. The patient (or responsible party) needs to provide complete information to aid the assessment process. In addition to clinical services, I train advanced graduate students and conduct research. Therefore, I may ask your permission to involve an experienced student in an assessment, take a test being developed, or allow the use of archival data for research purposes (without patient identification in the data).

APPOINTMENTS

For crisis services, contact your physician or local emergency room. We do not provide crisis care.

Office hours are usually 9 am to 4:00 pm during the work week. Testing usually lasts 3-4 hours. If you cannot keep an appointment please provide 24-hour notice. You can leave a voice mail (610 566-0501) anytime to change an appointment. Missed appointment fees may apply with less than 24-hour notice (these fees are not covered by insurance).

CONFIDENTIALITY

Issues discussed are generally legally protected as both confidential and privileged. However, there are limits to confidentiality and privilege. These limitations include 1) suspected abuse or neglect of a child, elderly person, or disabled person, 2) when I believe you are in danger of harming yourself or another person, or you are unable to care for yourself, 3) if you indicate that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities, 4) if there is a court order release information, 5) when your insurance company will not pay for services unless documentation is provided when filing a claim, for insurance audits, case review or appeals, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. You may be asked to sign a Release of Information form so I may speak with other professionals or family members or send records.

RECORD KEEPING

A chart is maintained with treatment dates and progress notes. Billing information is computerized. Your records will not be released without your written consent, unless as outlined in the above Confidentiality section.

FEES

- An intake fee is \$300.
- Testing fees are based on an hourly rate (\$300) and include time for scoring, interpretation, and report writing. Scoring and report writing can extend over two days so dates of service and bills may include professional work when the patient is not present.
- The fee to complete forms is \$20 and is billed to the patient.
- The missed appointment fee for a service date is \$300.

OFFICE FINANCIAL POLICY

- Inform the office of all insurance and financial arrangements before a service. If you have been seen previously in this office but your insurance has changed let us know about the new insurance or you will be responsible for your bill. If your insurance changes during any service let us know or you may be responsible for charges after the period the insurance changes.
- For Workers Comp or accident claims, provide us with the WC Claim or accident information AND your regular health insurance information. If accident benefits are exhausted you will be responsible for your bill.
- We accept traditional Medicare only. If you have a non-traditional Medicare policy you will be responsible for the bill.
- We do not accept all insurance plans. Check with the office to see which plans are accepted.
- As with any healthcare practice, patients are responsible for their insurance company plan deductibles, co-insurance, and co-payments.
- Uninsured or out-of-pocket patients pay at the time of service. Payment arrangements can be made if there is a financial burden.
- If Dr. Greenberg is an out-of-network provider for your insurance, or you are paying out of pocket for a service, our office can provide you with a claim form to submit to insurance for possible reimbursement. However, you are responsible for the entire cost of the service.
- For an HMO you must have a referral even if our psychologist is contracted with that plan. If I am not contracted with your insurance company you must obtain a referral for an out-of-network provider (if your plan has that option) or pay out-of-pocket costs.
- Unpaid services will be sent to a collection agency.

TESTING

Testing requires full cooperation and effort by the patient to generate valid findings. The tests can detect poor effort so it is important to do your best. Furthermore, as the results of a testing cannot be pre-determined, there is no guarantee of any particular finding.

Please sign the next page indicating that you understand and agree to the above policies.

Keep this page for your records.

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INFORMED CONSENT FORM

By signing below, you are indicating that you have read the Informed Consent Form and agree to:

- The confidentiality policy
- The financial policy
- To provide full effort during testing
- Consent to treatment (if applicable)

PRINT Patient name

Signature of Patient or the Legal Guardian

Date