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CONSENT FOR SERVICES AND PRIVACY POLICY

_____ (print name) will receive the following services:

_____ Testing Evaluation _____ Counseling/Therapy

_____ Please initial here ONLY if you want to receive email from Dr. Johnson and/or staff that may include information specific to you/your child's medical or mental health history, diagnosis, findings, treatments and/or recommendations.

Neuropsychological/Psychological testing evaluations include an interview, record review, testing and a feedback session. The testing portion involves various measures of attention, motivation, motor and sensory abilities, language and spatial skills, problem solving, memory, intellectual functioning and/or emotional or personality functioning. The evaluations can take 2-6 hours, and breaks are provided as needed. The evaluation may be spread across more than one day when necessary to give the best performance. The complete evaluation process is typically completed within 2 weeks based on both patient and clinician availability.

Regarding patients who are dependents

If you are giving consent for services as the guardian or parent of a child under 18, it is important that your child is able to trust the clinician. As such, the clinician will keep confidential what your child says in the same way that the clinician keeps confidential what an adult patient says in accordance with state and federal laws. This is true even when the parent is financially responsible. In general, specific information that the child provides will not be released; however, it is appropriate to discuss with you, the parent or legal guardian, your child's progress, your participation in the treatment and any issues that represent imminent safety concerns.

Generally speaking, unless you provide written consent for Johnson Neuropsychology, PLLC to release information regarding services, no information is released. Exceptions include:

- If you elect to use insurance for payment, information about your diagnosis is released to your insurer to determine eligibility, submit claims and provide information to support medical necessity for services to obtain reimbursement.
- If you have been referred to Johnson Neuropsychology, PLLC by a physician, facility, clinic or other professional, a report summary and/or clinical information will be provided to support your medical care and treatment.
- If you inform a mental health professional at Johnson Neuropsychology, PLLC that a member of a protected group (children, an elderly person, or disabled person) is being abused or neglected, the mental health professional will report that information to the appropriate agency.
- If you are an imminent danger to yourself or others, confidentiality may be breached.
- If you are in need of emergency medical services, appropriate personnel will be contacted.
- If a judge orders that your mental health records be released, the records will be released to the court.

In addition to the above general issues, please read the entire confidentiality and privacy regulations on the website at www.johnsonneuro.com (click on the link in the bottom right corner titled, PRIVACY POLICY). It is a federally required notice of your rights regarding personal health information. Feel free to make a copy for yourself or request a copy at your appointment.

I give my consent for services and understand my rights and restrictions regarding personal health information.

Signature of Patient (if 18 yrs. older or competent)

Date

Signature of Parent/Legal Guardian

Date