CLIENT INFORMATION AND CONSENT FORMS

Please read and sign at the end stating you have fully read and understand the information below. After signing, please return the last page for inclusion into your record.

AVAILABLE SERVICES: Dr. Jennifer Huffman, owner of The ABLE Center, offers a wide array of neuropsychological evaluation services, including full neuropsychological evaluations, brief academic or medical-focused evaluations (at the request of a physician) and school evaluations and consultation. Full therapy services are available as well, including individual and family counseling and neuropsychological/cognitive rehabilitation services, occupational therapy and speech therapy on a limited basis.

NEUROPSYCHOLOGICAL EVALUATIONS: A full neuropsychological evaluation typically involves an intake appointment for the parents only (this appointment is typically 60-90 minutes in length), completion of parent/teacher information packets, 1-2 days of face-to-face testing by provider or technician (these appointments are half or full day appointments), scoring and interpretation of the testing and information packets, feedback with the family and/or child (this appointment is typically 60-90 minutes in length), and report writing summarizing all of the information gathered throughout the evaluation. A typical comprehensive neuropsychological evaluation typically takes on average 12-20 hours of Dr. Huffman and/or her clinical staff's time.

- **CHILD EVALUATIONS:** Dr. Huffman specializes in neuropsychological evaluations of children and adolescents. Based on her years of experience, she requests the following to ensure the comfort and safety of your child and to ensure the best quality of evaluation.
    - Please provide copies of your child's previous evaluations, if any, and their recent medical results, IEP or Section 504 plans, and grade report.
    - Please make sure that your child has slept well the night before the testing session and has had a good breakfast prior to testing.
    - Snacks are encouraged and the child will be allowed to enjoy their snacks during testing breaks. Please advise the clinic staff in writing if the child has a food allergy.
    - Children under the age of 10 must have a parent or other parent-authorized-individual in the waiting room during the course of testing. This helps younger children feel more secure and they are able to visit with their parents during testing breaks.
    - Children 10 and older may be left at the clinic with Dr. Huffman as long as the parent signs a sign out sheet indicating where they can be reached at all times. The parent must remain within 15 miles of the clinic and return 30 minutes before the scheduled ending time, as occasionally testing sessions are finished early.
    - Dr. Huffman believes that a child's evaluation should be shared with the pediatrician/physician, school and other individuals/providers actively involved in the child's care to provide the best integrated care for your child. You will be

asked to sign release of information forms for all providers/individuals with whom you allow her to share information about your child. No information will be shared without your consent.

- **ADULT EVALUATIONS:** Dr. Huffman is also fully trained and has years of experience in adult and geriatric neuropsychological evaluations. Based on her years of experience, she requests a copy of previous evaluations and current medical results, including full blood work up, prior to the evaluation to ensure the best quality of evaluation.

COUNSELING: Dr. Huffman provides short-term counseling designed to address many of the issues adults, children and families face. Your first visit will be an intake assessment session in which you and Dr. Huffman will determine your concerns, and if both agree that she can meet your therapeutic needs, develop a plan of treatment. At times evaluations are recommended to best inform the treatment plan that will best support your functioning. The evaluations will be billed separately from the therapy services as indicated by managed care guidelines.

- **CHILD COUNSELING/PLAY THERAPY:** Dr. Huffman will meet with you and your child separately during the intake process to determine the therapeutic needs of the child and family. She will then meet with the child and family to determine and discuss the recommended course of treatment. At times evaluations are recommended to best inform the treatment plan to support your child's functioning.
    - Children under the age of 10 must have a parent or other parent authorized individual in the waiting room during the therapy session.
    - Children 10 and older may be left at the clinic with Dr. Huffman as long as the parent signs a sign out sheet indicating where they can be reached at all times. The parent must remain within 15 miles of the clinic and return 30 minutes before the scheduled ending time, as occasionally therapy sessions are finished early.

SUPERVISION: Dr. Huffman supervises non-licensed trainees through the Neuropsychology Center. She supervises advanced graduate students from APA accredited graduate programs who specialize in neuropsychology. The advanced graduate students participating in this rotation are selected carefully by Dr. Huffman and receive direct supervision from her on all clinical work.

EMERGENCIES: If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.

CONFIDENTIALITY: Dr. Huffman and The ABLE Center staff follow all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your counseling and assessment. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between Dr. Huffman and/or her staff and the client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual

exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where Dr. Huffman has a duty to disclose, or where, in her judgment, it is necessary to warn or disclose; fee disputes Dr. Huffman and the client; a negligence suit brought by the client against Dr. Huffman or The ABLE Center; or the filing of a complaint with the licensing or certifying board.

If you have any questions regarding confidentiality, you should bring them to the attention of Dr. Huffman when you two discuss this matter further. By signing this Information and Consent Form, you are giving consent to Dr. Huffman to share confidential information with all persons mandated by law, the agency that referred you, and the insurance carrier responsible for providing your mental health care services and payment for those services. Dr. Huffman and her staff are not responsible for any departure from your right of confidentiality that may result as an exchange of sensitive information with these agencies.

DUTY TO WARN/DUTY TO PROTECT: By signing this form, if Dr. Huffman believes that you (or your child if child is the client) are in physical or emotional danger to yourself or another human being, you specifically give consent to Dr. Huffman to contact any person who is in a position to prevent harm to you or our child or another, including, but not limited to, the person in danger.

CONSENT TO VIDEO AND AUDIO RECORDING: Video and audio recordings are sometimes used to assist in gathering information during an intake and/or other therapy sessions. These recordings are used for training purposes, and to assist in documenting and gathering the most accurate information to give you and/or your child the best possible care. Any recordings will be viewed and/ or listened to with discretion and will not be released to another party. The ABLE Center will keep recordings in a safe location and will destry them as long as they are no longer needed.

The ABLE Center would also like your permission to take you and/or your child's photograph. This photograph is kept in you and/or child's chart for identification purposes only.

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, Dr. Huffman will not render services to your child until the Therapist has received and reviewed a copy of the most recent applicable court order.

CLIENT INFORMATION AND CONSENT SIGNATURE PAGE

Please sign and date to indicate that you have received, read, and understood The ABLE Center the information contained in this form. If you need assistance understanding this or other forms/documents, Dr. Huffman and/or her staff will be happy to assist you.

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Signature – Client/Parent Date

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Signature – Spouse/Partner/Parent Date

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Witness Date

Please sign and date to indicate that you have received, read, and understood the HIPPA /Notice of Privacy Practices Form. If you need assistance understanding this or other forms/documents, Dr. Huffman and/or her staff will be happy to assist you. Copies of the Notice of Privacy Practice are available upon request.

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Signature – Client/Parent Date

Please sign and date to indicate that you have received, read, and understood the Consent to Video/ Audio Recording detailed in this form. If you need assistance understanding this or other forms/documents Dr. Huffman and/or her staff will be happy to assist you.

I, the client (or his or her parent or guardian), consent to:

- ○ Video Recording
- ○ Audio Recording
- ○ Photograph for Chart
- ○ All of the Above

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Signature – Client/Parent Date