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Cognitive Remediation
Assessment
Neurofeedback
Psychotherapy

Faculty, NYU Medical Center
& Albert Einstein College of Medicine

ADD/LD Research Project Testing Policies

Appointments. Please keep appointments as scheduled, since there is little flexibility in my schedule. If you do not show up or give me less than 48 hours notice, you are expected to pay the fee. Please do not call to confirm, since I get more phone calls than I can return. Sign and return this form, with a \$200 deposit, and we will call you to arrange the appointment, usually for Saturdays, 10-5 pm. If you do not hear from me within a week, give me a call. A graduate student will do much of the testing. Sometimes there is time available during weekday daytime hours. If you would be interested in coming in some time Monday through Friday, 11 am-3 pm, and can be notified a day or two ahead of time, check here ____ . Note how late I can call you at night: _____

Insurance Forms/Letters/Reports. A simple receipt can be given, but insurance forms should be completely filled out so that only my signature is required. I need to have a copy of everything I sign, so if you take away an insurance form immediately, please send me a copy. If you want a receipt, inform me so I have time to do this before the session is over. Letters or reports are billed at my hourly rate, and payable in advance, except for the brief report included as part of this testing. Clerical work (i.e., work I don't do personally) is billed at \$40/hr. Preparation on your part will minimize or eliminate your expense. Specifically, you are agreeing that I do not write reports for insurance companies, managed care companies, or doctors without being compensated. Reports are generally completed within 2 weeks of the testing. Your signature below indicates agreement to these terms.

Fees. Testing in this Saturday clinic has specially reduced fees, and any time beyond this is billed at my usual rate of \$200 per hour. This testing, however, is meant to be complete within itself, and will satisfy many clinical needs. A deposit of \$200 is required to hold the time, and if the person does not show, or gives less than 48 hours notice of cancellation, the \$200 is not returnable.

Confidentiality. There are some exceptions to the principle of confidentiality between patient and doctor. If you tell me of a child being abused, whether by yourself or someone else, I must report this to the State authorities, according to law. Also, if you tell me you are going to harm someone, I must inform that person according to my professional ethical standards. A third exception is that if your records are subpoenaed by a court, I must turn over the records to the court. It should be noted that as a psychologist, I am subject to strict standards of keeping your records confidential, and if you want me to provide information to another professional, I can do so only with your written permission; but once information is sent to another party, they are under no obligation to keep your private information confidential. Insurance companies may share information among themselves, for example, without your approval.

Use of Data for Research. Your signature approves that test data can be used in research, and will be part of group data, or put together with other subjects' data. Your name will never be revealed.

Legal Cases. If your case is a forensic matter, the above noted fees are not applicable. Forensic matters are more exacting from the beginning, and the fees are compensated at a higher rate.

I understand and agree to these terms and approve of communications of my case between Dr. Thomas and the people noted below: [Please note their addresses, and consider keeping a copy of this form.]

Dr(s) _____

Signed _____ Date _____

Print Name _____

Address: _____ Phone _____

Send this agreement form with a deposit to Dr. J. L. Thomas, 19 W 34th St, Penthouse, NY, NY 10001