Randi Most, Ph.D., ABN
Board Certified Neuropsychologist

PERMISSION FOR SERVICES

I, _____, give Dr. Most permission to provide neuropsychological and/or psychological services to myself; or to my ward (if applicable) _____. I hereby attest to the fact that I have legal guardianship of the above named individual.

Limits of Confidentiality

You understand that psychological records are considered privileged and exempt from disclosure under applicable law. You further understand that Dr. Most is required by law to forgo confidentiality, and report to the appropriate state agencies, all instances of abuse to children or senior citizens. Confidentiality may also be broken in circumstances where an individual is considered a danger to themselves or another person. Furthermore, you understand that Dr. Most is required to release your records if court-ordered to do so by a judge.

Risks and Benefits

Neuropsychological evaluations can have benefits and risks. Since the evaluation may require discussing unpleasant aspects of your life or performing tasks that you find difficult, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, neuropsychological exams can help to clarify your diagnosis and result in beneficial treatment recommendations, which could reduce your distress. But there are no guarantees of what you will experience.

COVID19 Risk Notice

Dr. Most is committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in her office. Despite careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in her office. This risk may increase if you travel by public transportation, cab, or ridesharing service. If you or Dr. Most test positive for the coronavirus, each will notify the other immediately so that appropriate precautions can be taken. If you have tested positive for the coronavirus, Dr. Most may be required to notify local health authorities that you have been in the office. If this has to be reported, only the minimum information necessary for their data collection will be provided, and no details about the reasons for your visit. By signing this form, you are agreeing that Dr. Most may do so without an additional signed release. You are also agreeing to follow all safety protocols explained to you by Dr. Most.

This authorization is given voluntarily with mental competency and knowledge of purpose, and free from undue influence or duress.

_____ _____

Patient Signature Date

_____ _____

Guardian Signature (if patient is a ward) Date

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