

AARON N. JUNI, PH.D.

CLINICAL NEUROPSYCHOLOGIST

NEUROPSYCHOLOGY CENTER OF MARYLAND

2501 SMITH AVENUE

BALTIMORE, MARYLAND 21209-2505

TELEPHONE: (443) 379-0033

FAX: (443) 213-1502

EMAIL: DRAARONJUNI@GMAIL.COM

MARYLAND LICENSED PSYCHOLOGIST

WEB: WWW.MDNEUROPSYCH.COM

SPECIALIZING IN CLINICAL NEUROPSYCHOLOGY

CLINICAL CONSENT FORM

Patient Rights

I understand that I, or someone in my care, is being evaluated and/or treated by Dr. Aaron N. Juni, a clinical neuropsychologist with specialized training and expertise in understanding brain function and behavior. The terms detailed within this agreement outline the nature and scope of provided services, obligations and limitations. I am entering into this agreement willingly and recognize that I have the right to terminate this relationship at any time by informing Dr. Juni in writing.

Services

A typical evaluation includes review of medical records, clinical interview, collateral interview, testing with various measures of cognitive abilities, psychological functioning and behavior, and a follow-up feedback session. I understand that Dr. Juni's ability to provide useful insight and recommendations is highly dependent upon my willingness to be forthcoming in responses to questions, and exert maximum effort on all examination procedures. I understand a typical evaluation is comprehensive and includes not only face-face time, but also time spent reviewing records, contacting collateral information sources, scoring tests, interpreting test results, and writing a report. Depending on the complexity of the case, this can add 3-8 hours above the direct contact time.

Upon completion of the evaluation, results and recommendations are typically discussed in a follow-up feedback session. A written report is also be generated that is sent to the patient, referring health care provider(s), and any others designated in writing on the release of information form. If this evaluation is being paid for by a third party, such as a commercial insurance company (e.g. BCBS, Aetna, United HealthCare, Medicare...) information may also need to be shared with them, including copies of medical records and reports, clinical history and billing and diagnosis information.

I agree to inform Dr. Juni if services are being requested in a non-clinical litigation context and recognize that clinical services may be insufficient to satisfy forensic or medicolegal requirements.

Confidentiality

Records concerning the evaluation will be maintained in accordance with APA guidelines and Maryland State Law. No information about will be related to any person or institution without your written consent, except as permitted by law under the following conditions: 1) Subpoena or court order by a judge or court of law; 2) reported abuse or molestation of a child, elder or dependent adult; or revelation that such incidents have occurred by others; 3) indication of intent to harm or kill self or specific others; or 4) request for release of records by client's health insurance company. Please note that Dr. Juni has no means for protecting the confidentiality of information after it has been released to an insurance company or other third party.

Fees and Financial Responsibilities

Our office currently accepts Aetna, Blue Cross/Blue Shield, United HealthCare, Tricare and Medicare insurance plans. Attempts will be made to verify benefits and applicable fees as a courtesy, which are required to be paid in full at the beginning of each appointment. The office will submit insurance claims and accept assigned payment for all approved services as payment in-full. However, the patient ultimately bears responsibility for confirming eligibility and benefits, as well as paying all outstanding charges and fees, even in the event of eligibility errors or insurance non-payment.

Private-pay services, including denied insurance claims, are billed at \$250 per hour. This rate also includes time spent providing additional documentation and consultations greater than 10 minutes. 50% of the full cost for private-pay evaluation services are due during the first appointment, with the remainder of the fees required upon completion of testing. Please note that reports will not be written until payment for private-pay cases has been received in full.

In addition to service rates and insurance copays/deductibles, a \$65 materials fee (*not covered by insurance*) is required at the first testing appointment to cover the cost of assessment protocols and scoring programs.

Cancelled appointments with less than 48-hours advance notice and late arrivals are subject to a \$125 fee per hour of allotted time.

Please read and check each of the following items:

I bear the ultimate financial responsibility for all services rendered by Dr. Juni and agree to pay all bills and fees described in the above sections in a timely manner. In the event that my insurance company denies payment for rendered services for any reason, I agree to pay the billed amount within 15 days of being informed of non-payment. I further recognize that past due invoices are assessed a \$50 surcharge in addition to a 2% monthly fee, and may result in utilization of collection agencies and other legal proceedings for which I agree to bear the additional cost.

I understand that a \$125 per hour fee is assessed for cancellation of appointments with less than 48 hours advance notice.

Acknowledging Signatures

My signature below confirms that I have read and understood all the terms and conditions described within this document and agree to be bound by them for 12 months following the date of signature.

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date

Witness Signature

Date