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## Consent for Neuropsychological/Psychological Evaluation

(Effective 7/17/20 till further notice)

Changes in procedures till further notice following COVID-19 pandemic precautions

Neuropsychological evaluations are typically conducted in a one on one environment over the course of several hours or a few sessions. Due to the continued signs of COVID-19 pandemic and the social distancing requirements enacted by federal, state, and local authorities, as well as based on consultation with other professionals and professional organizations, the office of Katarzyna Lesniak-Karpiak, PhD has determined that this standard, face-to-face visit, is not feasible at the present time or for the foreseeable future. Therefore, majority of the testing will be completed using telehealth platform at <https://doxy.me/drkarpiak>. Only very limited part of the testing and that is deemed necessary will be completed in the office while wearing masks and following as much as possible social distancing and other precautions. This office has implemented a set of policies and procedures designed to balance the health and safety concerns of contracting COVID-19 with the integrity of the evaluation procedures and conducting an evaluation in an ethical manner. A full description of the policies and procedures that can be found at <http://neuropsychpractice.com>

The office of Katarzyna Lesniak-Karpiak, PhD reserves the right to modify these procedures at any time and without prior notification based on federal, state, or local authority guidance or regulation, virus trends or infection rates, or other factors yet to be determined. The signatures below indicate that all parties are in agreement with these policies and procedures and recognize that there may be limitations to testing conducted under these conditions.

Reports will be finalized and send between 8-16 weeks after the final testing session is completed. A copy(ies) of report will be provided free of charge when testing is finished. Any future requests of copies of report might require a fee. I understand that if I/my child cannot attend the appointment, I will notify Dr. Lesniak-Karpiak as soon as possible, but not later than 24 hours before the scheduled appointment. Failure to follow cancellation of appointment policy, might result in 40\$ fee.

**1) Typical costs.** An evaluation is comprehensive and includes not only the time spent directly with the client but also time spent reviewing records, scoring the tests administered, interpreting the results, and writing the report. If I am/my spouse/my child/client is covered by an insurance company that Dr. Lesniak-Karpiak is contracted with (e.g., Highmark Blue Shield, Cigna, Capital Blue Cross, Aetna, Medicare, Medicaid, Quest Behavioral, etc) and the testing is approved by the insurance as medically needed, then she will accept that contracted rate plus any copay or any other fees (deductible, coinsurance etc), if applicable. If I/my spouse/my child/client do/does not have benefits for the services under the insurance, if insurance covers only some portion of the assessment, or if insurance denies the payment for services that were rendered as eligible but upon submission of the claim denied by insurance as not medically necessary, I understand it will be/ my/agency responsibility to cover the costs of the evaluation. If the patient/or parent of the client fails to provide accurate insurance information which results in failure to submit claim within the allowed time frame or the insurance is inactive when testing is being completed, the patient/subscriber /parent will be responsible for payment. The final report will not be provided until the full payment is received. Additional information on fees or payments is available upon request.

**2) Payment-** due at the time of service. My portion of payment is due at time of service, unless other arrangements are made in advance.

**Copay-** due at the time of each service (intake, testing, or feedback) if applicable

**Assignment of benefits.** By signing below, I am authorizing the insurance company to pay benefits to Dr. Lesniak-Karpiak. When Dr. Lesniak-Karpiak bills the insurance company, payment for services is thereby directed to her; if the insurance company accidentally sends the check to

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me, it is my responsibility to turn the check over to Dr. Lesniak-Karpiak. Dr. Lesniak-Karpiak may need to communicate certain summary information to my insurance company in order to obtain authorization and payment for this evaluation.

**Self-Pay.** In a self-pay arrangement, Dr. Lesniak-Karpiak can assist me in billing my insurance company, if needed or applicable. The estimated half of the payment is expected at the time of the testing and the remaining balance for the evaluation is due when the report is completed. The acceptable payment options include check, credit card, cash.

**By signing below I consent and agree with the above.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian, if client is minor/Payer

\_\_\_\_\_  
Date