Rachel Lacy, Psy.D., P.C.
Board Certified in Clinical Neuropsychology

1805 Herrington Road, Bldg. 3, Ste B
Lawrenceville, GA 30043
Ph:770-722-7827 Fax: 770-760-0624

Informed Consent for NFL BAP Neuropsychological Evaluation

The neuropsychological examination performed by Dr. Lacy has been requested by you, as part of the baseline standardized and quantitative assessment of retired NFL players, as outlined by the NFL Concussion Settlement. The purpose of this evaluation is to document your current level of cognitive functioning to determine if there is any cognitive impairment at this time. This evaluation does not establish a patient/doctor relationship, and no treatment will be provided. A report detailing the findings will be written and uploaded to the Baseline Assessment Program (BAP) Portal.

If you decide to return for further treatment, you will be responsible for the cost of any such treatment. Please understand that Dr. Lacy may not have availability to provide treatment if her current caseload is full, but she will be happy to provide you with referrals in the Atlanta area for therapy and/or medication.

Purpose of the BAP assessment:
The goal of a neuropsychological assessment is to determine the level of your ability in the cognitive areas of attention, memory, language, problem solving, and other cognitive abilities. The evaluation may also be used to determine if there has been a change in these abilities. A neuropsychological examination will include an interview, where questions will be asked about your medical and social background and current symptoms. Family members are encouraged to attend this hour of interview. Some interview questions will touch on personal and private matters, some of which may revive painful memories, or bring up uncomfortable subjects. Dr. Lacy has no intention of causing any personal discomfort, but she is simply carrying out her professional task associated with this evaluation. Even though some of the subject under discussion may not appear at first glance to have a direct connection with the issue at hand, there is a reason for every question.

Your task is to answer questions as accurately as you can; for example, when discussing your problems, do not minimize significant problems, but also do not exaggerate lesser concerns. We ask that you cooperate to the best of your ability. Although you are expected to give honest and accurate answers, you are free to refuse to answer any question you choose, or to terminate the evaluation whenever you wish. Please understand that whatever you state during this evaluation will be included in the final report. You should give your best effort during testing. This does not mean that you will be able to get every answer or problem correct, because no one ever does; however, you do need to give your best effort. Part of the examination will address the accuracy of your responses, as well as the degree of effort that you exert on the tests. Failure to give adequate effort, embellishment of problems, and symptom exaggeration may render your test findings invalid or inaccurate, and therefore, hinder any NFL or other claims of neuropsychological problems.

Foreseeable Risks, Discomforts, and Benefits:
For some individuals, neuropsychological examination can cause fatigue, frustration, and anxiousness. An attempt will be made to help you minimize these factors. The results of this examination may either support, or not support your claim. Dr. Lacy is required to render an objective opinion in accordance with the NFL Concussion Settlement guidelines.

Limits of Confidentiality:
The results of this evaluation will be accessible by individuals associated with the NFL Concussion Settlement and their representatives. Also, if your claim involves a lawsuit, at minimum the defense attorney and staff, and your attorney and staff will likely have access to the results of this examination.

Should your case proceed to trial, those involved in the trial will be exposed to the results of the examination, and the court record will be available for anyone to review.

Please be advised that if Dr. Lacy is deposed or requested to testify at any time, additional charges for her professional time will apply and must be paid in advance. The BAP agreement does not cover such costs.

Beyond the above, confidential information about you obtained during the examination can ordinarily be released only with your written permission. There are some special circumstance that can limit confidentiality, which include, but are not limited to, (a) a statement of intent to harm yourself or someone else, (b) statement indication harm or abuse of children or vulnerable adults, and (c) a court order.

Results:
Please be advised that a report will be written and submitted to Garretson Resolution Group who manages BAP assessments. You must follow-up with them if you, or your attorneys, wish to obtain a copy of the report. It will not be provided directly to you from Dr. Lacy. You are also responsible for providing an affidavit regarding your functionality, if one is needed for an impairment rating.

OTHER MATTERS OF POLICY:
Meetings:
Once a testing appointment is scheduled, you will be expected to pay $250.00 for no shows, unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control.] It is important to note that you will be responsible for the charge for a missed testing session.

One exception to our cancellation policy is in regards to illness. We prefer that if you are sick on the day of your appointment that you stay home and take care of yourself. In that case, we appreciate the fact that you do not want to risk spreading your illness to Dr. Lacy or others in our office. Though Dr. Lacy always dislikes having to, there have been instances when she has had to cancel due to illness on the day of scheduled appointments. So, if you have the flu, or you are vomiting, have diarrhea, or you are running a fever, please call and ask to reschedule your appointment. You will not be charged in these instances.

Matters of courtesy:
Please note that using cell phones is not permitted in our waiting room in order to ensure the comfort of others. Cell phones will not be allowed to be turned on during testing sessions either, as they are a distraction and many tests are timed and measure variables of attention. Also, due to today's technology you should be aware that confidentiality cannot be assured if your cell phone is turned on. For the protection of your confidentiality, the phone must be turned off (not just on silent). **There are no exceptions to this request.** If you choose to leave your cell phone on, any breach of confidentiality that occurs as a result is your responsibility and we will not be held liable for it. **You agree you will not video or audio record any portion of this evaluation- there are no exceptions.**

PERFUMES/COLOGNES: Many of our patients and staff are chemically sensitive, including Dr. Lacy, meaning that chemicals and perfumes may cause asthma or various allergic reactions. We ask that you do not wear cologne or perfume when you come to our office for the comfort of those with sensitive systems. Your consideration in this matter is much appreciated.

HOW TO CONTACT ME

Due to Dr. Lacy's work schedule, she is often not immediately available by telephone. Our primary business number includes her confidential voice mail, which she checks regularly throughout the day. We will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If it is a dire, life threatening emergency, you should go to the nearest emergency room and ask for the psychiatrist on call and not wait for Dr. Lacy's return call.

Electronic communications: The main office number is Dr. Lacy's mobile number. We ask that you refrain from texting personal information to that number, though if you are simply late and would like her to know, that would be fine. Dr. Lacy's email address should also be used only to arrange appointment times if you need to reschedule. **Please do not include personal confidential information in any text message or email**. This is for your protection. If you choose to include information that is private, we will not be held responsible for any use of such information by any third party that may gain access to your email or text information. It is ***your responsibility*** to be careful with what information you choose to put in an electronic communication.

I have read and agree with the nature and purpose of this examination and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing. I have read and understand the terms of this evaluation, and agree to undergo the evaluation requested.

Printed name:_____Date:_____
Signature:_____
Legal Guardian (if applicable): _____Date:_____
Dr. Lacy's signature:_____ Date:_____

RACHEL LACY, PSY.D., P.C.
NEW PATIENT INFORMATION SHEET

Name:_____ Date:_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street address (no P.O.) if different from mailing:

_____

City:_____State:_____Zip:_____

Home Phone: _____Work Phone: _____

Mobile: _____Email: _____

Date of Birth: _____Age: ____Gender:_____

Social Security Number: _____

Marital Status: __Single __Married __Separated __Divorced __Widowed

Occupation: _____Employer: _____

In case of emergency, contact: _____*Phone:* _____

Relationship to patient: _____

Are you currently involved in litigation? _____

Attorney's Name and phone number:_____

Do you have a legal guardian? _____ Name of guardian: _____

Phone number: _____ Relationship to Patient: _____

Is he/ she a guardian of person, property, or both? _____

AUTHORIZATION OF RELEASE AND ASSIGNMENT OF BENEFITS:

I hereby authorize Rachel Lacy, Psy.D., P.C. to provide information requested by the NFL Baseline Assessment Program, who is paying for this evaluation. I hereby authorize payment of benefits directly to Rachel Lacy, Psy.D.

X_____

Responsible Party Signature Relationship to Patient Date

Rachel Lacy, Psy.D., P.C.
1805 Herrington Road, Ste. 3-B
Lawrenceville, GA 30043

HIPPA ACKNOWLEDGEMENT

Please sign on BOTH lines:

1) I have received a copy of the Georgia Notice Form of the Psychologist's Policies and Practices to Protect the Privacy of Your Health Information.

_____

Signature of Patient/ Guardian Date

2) I have received a copy of the Informed Consent for NFL BAP evaluations. I have read this document have signed it stating I agree to its content.

_____

Signature of Patient/Guardian Date