

Rachel Lacy, Psy.D., P.C.
Office of Rachel Lacy, Psy.D., ABPP-CN
Board Certified in Clinical Neuropsychology

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

INFORMED CONSENT FORM FOR EXAMINEE

Examinee Name _____ **Date:** _____

You have been referred for an independent aviation neuropsychological evaluation by:

- the Federal Aviation Administration (FAA),
- your Aviation Medical Examiner (AME),
- an FAA regional flight surgeon, or
- self-referral,
- other _____

to assist in determining your fitness to qualify for an airman medical certificate.

The evaluation is not covered by your regular insurance (for example, Medicare, BCBS). It is different than a clinical evaluation because it addresses specified FAA-related issues and is generally not considered medically necessary by third-party payers. The evaluation will require a comprehensive interview and psychometric testing that will typically include completion of the CogScreen-AE, a computer-based test battery. Other testing may be required according to FAA specifications and/or the clinical judgment of the neuropsychologist.

First, an independent evaluation will require a comprehensive interview and psychometric testing, as well as review of records such as your school records and transcripts, prior neuropsychological testing (if completed), occupational history and performance ratings, military records (if applicable), medical / psychiatric records and, possibly, interview of persons that know you (i.e., “collaterals” such as employers and family members) and Internet searches about you (e.g., Google). Second, information requested might include, but not be limited to, questions about your background, education, occupational history, legal history, medical history, previous injuries, psychiatric history, drug/alcohol use, abuse/dependence history, HIV status (if applicable), and current and past physical, cognitive, psychological, psychiatric, and emotional symptoms. Third, findings from the proposed evaluation may help your case, hurt your case, or have no effect on the disposition of your case.

In terms of the evaluation itself, you must understand three things. First, with your signed consent, the evaluation findings and report will be provided to the referring doctor, your AME, and/or the FAA. Second, if required copies of selected raw test data and associated scoring reports will be forwarded to an FAA-designated psychologist/neuropsychologist. Therefore this is not a private or confidential evaluation, and what you say and do here may be discussed with other individuals involved in this evaluation process. Lastly, you understand that it is up to you as to whether you want to complete this evaluation and provide all requested information. If you decline access to certain records, or refuse to complete some tests or answer some questions, this refusal will be documented in the report and it may affect how information is used or interpreted.

INFORMED CONSENT FORM FOR EXAMINEE Page 2

The evaluation includes the neuropsychologist's oral/spoken questions and your answers to them, as well as observations of your behavior, to aid in assessing your current mental, cognitive, and emotional state. It is important that you respond honestly to the questions and do your best at all times. Although some of the questions might appear to be unrelated to your situation, they are all part of the evaluation that help provide a clear picture of you.

The evaluation findings may help with your proceedings, have a negative impact on your proceedings, or have no impact on your proceedings, the purpose of the evaluation is to provide an objective and honest assessment of your status.

FEES: Services for which fees are assessed include: clinical interview, test administration, test scoring, test interpretation, interview of other parties as necessary (for example family members, friends, or co-workers), telephone contacts with the evaluating neuropsychologist, and review of documents and medical records. The examinee shall pay for all time and services, whether the time spent is initiated by the examinee, the FAA, the referring doctor, or the evaluating neuropsychologist, and regardless of whether the services are perceived to be adverse to the interests of the examinee. The charge for all time and services is \$200.00 per hour, and will be prorated for services of less than an hour.

DEPOSIT: A minimum deposit of \$200.00 is due at least 10 days in advance of the scheduled evaluation, in order to reserve the date and time for you.

The deposit is a credit balance against which fees will be charged. Should the consultation or evaluation be cancelled or not completed for any reason, we will refund that portion of the deposit that is due to the examinee (i.e., less accumulated charges and/or cancellation fee defined below).

The actual final cost of an aviation neuropsychological evaluation may vary depending on the amount of time spent by your evaluating neuropsychologist, the amount of records reviewed, and the degree of complexity in the matter. The cost of an aviation neuropsychological evaluation may range from \$550.00 to \$3000.00 or more. It is recommended that you speak with us to obtain an estimate of the anticipated cost of your specific evaluation and to discuss any financial limitations.

PAYMENT: Charges in excess of the deposit are due and payable at the time of service. The account balance must be paid in full and in no case later than ten (10) days after receipt of an invoice. Amounts that remain unpaid for 60 days will be sent to collection, and the costs of collection will be applied to your balance. No insurance will be billed for any aviation neuropsychological evaluation and no "Superbill" will be provided. If requested, a summary of the time and charges will be provided.

APPOINTMENTS and CANCELLATIONS: Because the scheduled appointment time is reserved exclusively for one person or task, once an appointment has been scheduled and the deposit received, there is a minimum cancellation fee of \$50.00. If Dr. Lacy has already begun work on your case (e.g., records review), additional charges may apply. Excess deposit funds will be returned to you within 10 business days.

INFORMED CONSENT FORM FOR EXAMINEE Page 3

RELEASE OF RAW TEST DATA and TEST PROTOCOLS:: Raw test data or copies of test protocols are not released to you or non-psychologists pursuant to:1) Sections 9.04 and 9.11 of The Ethical Principles of Psychologists and Code of Conduct (2002); 2) Attix et al (2007) Disclosure of Neuropsychological Test Data: Official position of Division 40 (Clinical Neuropsychology) of the American Psychological Association, Association of Postdoctoral programs in Clinical Neuropsychology, and American Academy of Clinical Neuropsychology. Copies of test protocols will only be released to a psychologist/neuropsychologist designated by the requesting party; or 2) forwarded copies of the protocols and data directly to the AME in a sealed envelope to be forwarded to the FAA psychologist/neuropsychologist unopened; or 3) directly to the FAA psychologist/neuropsychologist.

PILOT/EXAMINEE DUTY TO REPORT PSYCHOLOGIST VISIT: It is the pilot's or applicant's obligation to report any visit to a psychologist/neuropsychologist on the FAA form 8500-8 (Item 19).

I have read the above and have had the opportunity to ask the evaluating neuropsychologist any questions that I have about this evaluation and associated fees.

Examinee _____ Signature Date _____

Rachel Lacy, Psy.D., P.C.