



**SID BINKS, PhD**  
& ASSOCIATES

FORENSIC NEUROPSYCHOLOGICAL SERVICES

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## **INDEPENDENT NEUROPSYCHOLOGICAL EVALUATION (INE) INFORMED CONSENT CONTRACT**

The purpose of this evaluation is to provide the referring agent (or “the Agent”) with information about how you are functioning neuropsychologically. As such, the Agent will receive a copy of my evaluation report, and will likely use the results of this evaluation in determining benefit eligibility, or, continuation of benefits.

This neuropsychological evaluation is being conducted at the request of the Agent. It is therefore somewhat different than other neuropsychological services. It is important for you to understand how this evaluation differs from more traditional neuropsychological evaluations. Specifically, any information obtained during the course of this evaluation may be summarized in a report that will be provided to the Agent. In this way, the information you provide is not confidential. By signing this contract, you are waiving your rights to privileged communication as it relates to all information obtained, directly or indirectly in the evaluation, including but not limited to, reports of third parties, any medical records reviewed, interview and test results, and conclusions.

Because the Agent requested this evaluation, the Agent is my client and therefore has complete authority over the results, including whether or not any information will be released to you or to anyone else. You should be aware that it is a legal requirement that the report be kept in a locked medical file, separate from other personnel documents and with restricted access.

Your participation in this evaluation is voluntary. I will not conduct it without your signature on this document. You also have the right to discontinue your participation in this evaluation at any time. However, if you choose to decline or discontinue participation in this evaluation, I have a responsibility to inform the Agent. If you decline to waive your privilege, I will not release any information but must inform your employer of your unwillingness to waive privileged communication. Likewise, you may at any time rescind a waiver of confidentiality, after which time I will not disclose further information without your written consent. However, I would notify your employer of your decision.

The evaluation itself consists of two separate parts: an oral interview and neuropsychological testing. In addition, it may be necessary for me to review other related materials such as your personnel records, medical or mental health records, etc. I may also interview other parties to obtain information relevant to the evaluation.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if at any time you need a break from the evaluation, please let me know and we will stop. The only exception to this would be if we were in the midst of a particular test that requires completion without disruption in order for the test results to be valid. Once the evaluation is completed, and with the permission of the Agent, I may be able to have a meeting with you to explain the results and answer any questions you might have.

Be advised that if appointments are not kept or are cancelled within 7 days of the appointment time, the Agent will incur charges for the unused time that has been set aside for these services. Charges will be incurred beginning at the scheduled appointment time, regardless of your punctuality.

I have read and agree to the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date