Thank you for choosing Nystrom & Associates, Ltd. for your care. It is important for you to read each item carefully and initial in the space provided to the left of each item. By initialing you are indicating you have read, understand, and agree to the content of each item. If you have any questions about the items below, please discuss with your provider at your appointment.

General:

_____ (initial) I am consenting to participate in a mental health evaluation, and may be recommended to participate in other forms of mental health care such as psychotherapy or chemical dependency treatment.

_____ (initial) NAL does not have after hour services. If you have a concern, please contact the clinic during working hours.

_____ (initial) If you have an emergency, such as severe suicidal thoughts, thoughts to hurt someone else or a severe drug reaction you should call 911 or go to your local urgent care or emergency room.

Appointment Scheduling and Cancelations:

_____ (initial) Appointments canceled without a 24 hour notice may be assessed a late fee based on the length of the scheduled appointment.

_____ (initial) If you arrive late to your appointment, you may not be able to be seen and may be assessed a late fee.

_____ (initial) Many of our providers work closely with a supervisor. You must inform registration if you do not want a supervised provider.

Billing and Insurance:

_____ (initial) You are responsible for understanding your insurance coverage.

_____ (initial) Co-pays are due at the time of check-in.

_____ (initial) Your insurance will be charged for services received. You are responsible for all patient balances due to co-pays, co-insurances, deductibles, tax, billing charges, late or no show charges, psychological testing, etc.

Adult and Minor Patients with Guardians:

_____ (initial) Guardians and parents must accompany the patient to all appointments, unless the provider notes that the guardian or parent is not needed at testing sessions. An exception would be if an adult patient with a guardian is accompanied by staff from a group home; however, paperwork needed to be signed will have to be sent to the guardian to complete.

_____ (initial) Children under the age of 12 do not need to attend the intake and result session, but need to attend the testing sessions. Children over 12 may attend all sessions.

Duty to Warn:

_____ (initial) All information discussed during the intake and evaluation process is confidential. However, if harm to yourself or harm to others is noted the provider has a duty to warn and report this.
Substance Use, Medical Cannabis (Marijuana), and Medications:

_____ (initial) If you are using cannabis, not prescribed, consistently you will not be able to participate in testing for ADHD or to assess other attention or cognitive issues until a 48 hour or longer period of sobriety has occurred prior to your testing session. However, if you acknowledge chronic use of any chemical substance you will be informed that it may be dangerous for you to abruptly stop your use, and therefore, you would not be able to participate in testing at this time. In this case, participation in a substance use evaluation would be suggested and testing may be readdressed once you have been safely detoxed. This will be discussed further with your testing provider. If the cannabis is prescribed, please check with your prescribing provider about ceasing the use of this medication for a 48 hour or longer period prior to each testing session, and if your doctor has any concerns about this, please let your testing provider know.

_____ (initial) If you are using alcohol or any illegal substance consistently you will not be able to participate in testing for ADHD or to assess other attention or cognitive issues until a 48 hour or longer period of sobriety has occurred prior to your testing session. However, if you acknowledge chronic use of any chemical substance you will be informed that it may be dangerous for you to abruptly stop your use, and therefore, you would not be able to participate in testing at this time. In this case, participation in a substance use evaluation would be suggested and testing may be readdressed once you have been safely detoxed. This will be discussed further with your testing provider.

_____ (initial) If you are currently taking medication for ADHD, but are to be assessed for an attention disorder, you will likely be instructed to either contact your medication provider about ceasing the use of this medication prior to and the day of testing, or instructed by the provider themselves about not taking the medication on the day of testing.

_____ (initial) If you are participating in an evaluation in regards to a possible attention disorder, please note that being given a diagnosis of an attention disorder based on testing does not guarantee that your medication provider will prescribe you with medication for an attention disorder.

____________________________________                __________                         _______________________________
Patient or Parent/Legal Guardian Signature                  Today’s Date                                      Witness Signature

____________________________________                __________
Printed Patient Name                     Date of Birth