Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

NEW PATIENT REGISTRATION FORM

Please complete & return to Dr. Sim by email or fax before your appointment. Thank you.

Appointment:____

Location: ____

Patient Name:________________________ **Date of Birth:** __________**Age:** __________
[LAST Name, FIRST Name]

Gender: ________ **Ethnicity**: __________ **Handedness:** ☐ Left ☐ Right ☐ Ambidextrous

Address: ____

Home Phone: ____________ **Mobile Phone:** ______________ **E-mail:** ______________

Patient's highest level of formal education completed (i.e., last grade level completed, high school grad, trade, votech, associates, bachelors, masters, PhD, MD, other): ________________________

Patient's current occupation, if applicable: ______________________________

If not currently employed: patient's former primary occupation: ________________________

Name and phone # of referring doctor or referral: ______________________________

Primary reason for appointment (e.g., types of thinking problems, related medical condition or injury):

____

____

Date of onset or date of diagnosis of primary condition: ____________________________

What are the main diagnostic tests and treatments patient has had related to this current problem or condition? Please provide locations and approximate dates.

☐ MRI or CT scan of the brain__________________________________
☐ EEG: ____
☐ Prior neuropsychological, educational or personality testing ____________________
☐ Other tests, treatments __________________________________

Medical History:
Please list your current medical diagnoses:

____

____

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Have you had any of the following neurological problems? Please indicate all that apply.

❑Head injury with loss of consciousness or confusion ❑Seizures, epilepsy, or "fits" ❑Stroke, brain hemorrhage, "TIA's" or other vascular problem ❑High fever, meningitis, encephalitis, or other brain infection ❑Fainting or dizzy spells? ❑Brain tumor or cyst	❑Loss of oxygen, choking, drowning, or suffocation ❑Drug or alcohol overdose ❑Headaches or migraines ❑Parkinson's disease, tremors, or other movement problems ❑Alzheimer's disease or other dementia ❑Multiple sclerosis or other demyelinating disease

❑Other neurologic disease. Specify:

____

Have you had any of the following general medical problems? Please indicate all that apply.

❑Allergies or asthma. ❑Heart attack, heart failure, other heart disease ❑High blood pressure ❑High cholesterol ❑High blood sugar or diabetes	❑Liver disease, hepatitis, cirrhosis, jaundice ❑ Kidney disease or dialysis ❑Thyroid disease or other endocrine (gland) disorder ❑Vitamin deficiency ❑Cancer

❑Other medical problems. Specify:

____

Have you ever had any of the following problems? Please indicate all that apply.

❑Balance problems or falls ❑Tremors, dexterity problems, numbness ❑Broken bones or injuries ❑Vision problems (e.g. blurred/double/floaters/sensitivity) ❑Hearing problems (e.g. sensitivity/ringing/interference) ❑Taste changes (e.g. unusual/unexpected tastes)	❑Smell problems (e.g. difficulty identifying odors, unusual/unexpected smells) ❑Temperature regulation problems (e.g. feeling hot or cold all the time) ❑Changes in sexual interest, ability or activity ❑Incontinence with bladder or bowels

Current Medications

1. ____
   Name Dosage How many times per day
2. ____
   Name Dosage How many times per day
3. ____
   Name Dosage How many times per day
4. ____
   Name Dosage How many times per day
5. ____
   Name Dosage How many times per day

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Family Medical History

Mother: Alive? ❑No ❑Yes Age (or age at death):________Health problems?: ______________________________
Father: Alive? ❑No ❑Yes Age (or age at death):________Health problems?: ______________________________
Brother(s): #: ____Age(s): ______Health problems? ____
Sister(s): #: ____Age(s): _______Health problems? ____
Children: Names & ages:____

Do your children have any behavioral or medical problems? ❑No ❑Yes Specify: ___________________________

Does anyone in your biological family have a history of the following? Indicate all that apply

❑Seizures, epilepsy, or "fits" ❑Stroke, brain hemorrhage, "TIA's" or other vascular problem ❑Heart attack or heart failure or heart disease ❑Parkinson's disease or other movement disorder ❑Alzheimer's disease or other dementia ❑Multiple sclerosis or autoimmune disorder ❑Genetic disorders ❑Liver, kidney or lung disease	❑Diabetes, thyroid disease or other endocrine (gland) disorder ❑Cancer ❑ADD/ADHD ❑Learning disability ❑ Developmental delays or autism spectrum ❑Emotional problems (e.g. depression, anxiety, schizophrenia, bipolar, OCD) ❑Problems with drugs or alcohol

❑Other serious medical or emotional problem? Specify:
____

Developmental History
Which city/state/country were you born in? ____
If born outside the US, when immigrated to the US? ____________________________________
Do you speak, read, or write in any other languages? ___________________________________

Did you experience any of the following delays in your development as a child?

❑Walking late (after 1 ½ year of age) ❑Talking late (after 2 years of age) ❑Bedwetting (after 5 years of age) ❑"Tics" (involuntary movements/sounds such as grunting)	❑Social delays ❑Other delays ❑Typical developmental milestones ❑I don't know

Do you have a childhood history of any of the following (known or suspected)?

❑Head injury or concussions ❑Seizures ❑Speech problems	❑Learning disabilities ❑ADD/ADHD ❑Speech Therapy/Physical Therapy/Occupational Therapy

Are you currently involved in any legal action or proceeding? ☐ YES ☐ NO ☐ MAYBE

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Emotional History

Have you ever experienced any of the following?

❑Depression or sad mood	❑Eating disorder (e.g. anorexia, bulimia)
❑Suicidality or self-harm	❑Hallucinations (seeing/hearing/feeling things that others don't)
❑Angry outbursts or irritability	❑Delusions (strong beliefs that most others don't share)
❑Anxiety or stress	❑Elated mood or mania
❑PTSD or trauma	❑Relationship difficulties/stress
❑Obsessions/compulsions (OCD)	

❑Other emotional difficulties. Specify:

____

Have you ever been hospitalized for psychiatric reasons? ❑No ❑Yes. Specify: _____________________________

Have you ever had psychological or neuropsychological testing before? ❑No ❑Yes. Specify:__________________

Have you ever received psychological, psychiatric or counseling services before? ❑No ❑Yes. Please specify below:

When? From whom? For what? With what results?

Health Habits and Social History

Do you consume coffee, soda, tea, or other sources of caffeine regularly? ❑No ❑Yes. # cups/cans per day__________

Do you use tobacco? ❑No ❑Yes Amount per day_____ If no, did you quit in the past? ❑No ❑Yes. When?____

Do you drink alcohol? ❑No ❑Yes Did you quit in the past? ❑No ❑Yes. When?_____Current # drinks/week: _______

Have you ever used illicit drugs? ❑No ❑Yes. Specify

____

Do you have any DUIs or neglected work/family responsibilities due to your drug or alcohol use? ❑No ❑Yes

Do you eat healthy meals? ❑No ❑Yes

Do you exercise regularly? ❑No ❑Yes. If yes, how often? ________________What type of exercise? ____________

Are you satisfied with your sleep? ❑No ❑Yes. # hours of sleep/night ________________# daytime naps _________

Do you have any legal history (e.g. law suits, arrests)? ❑No ❑Yes. Specify:

____

Current living arrangement: ❑Independent ❑Roommate ❑With partner ❑With children ❑With parent ❑ Other ________

Are you currently in a romantic relationship? ❑No ❑Yes. How long?_____________

Are you married? ❑No ❑Yes. How long?: __________ Prior divorces? ❑No ❑Yes. # of times:_____ When?_______

Would you describe your current marriage/relationship as ❑Supportive ❑Neutral ❑Stressful ❑Destructive ❑Other

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

IN CASE OF AN EMERGENCY, CONTACT:

Name: ____Relationship: _________________________

Phone:_________________________Email: ____

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

CONSENT AND AGREEMENT FOR NEUROPSYCHOLOGICAL / PSYCHOLOGICAL SERVICES*

Name: ____________________________________
Date of Birth: ____________________________________

PROVIDER RESPONSIBILITIES

Confidentiality. Dr. Sim (hereafter referred to as "the provider" or "your provider") makes every effort to ensure that information about you ("patient") is kept confidential. However, there are certain legal and ethical requirements that specify conditions under which it may be necessary to for your provider to discuss your case with other professionals. Such situations include:

1. If the provider believes there is a risk or threat that you may harm yourself or others, or that you are incapable of taking care of yourself.
2. If the provider becomes aware of your involvement in the abuse of children, elderly, or disabled persons.
3. If the provider is ordered by a court to release your records.
4. (If applicable) If your insurance company requires records in order to verify the services received and determine compensation. (In these cases minimal information is released to satisfy this requirement.)
5. Your provider may discuss your case with another professional or professional trainee who will abide by the same confidentiality agreement.

If you are a patient who requires legal guardianship (such as a minor or mentally challenged individual), you will enjoy the same right to confidentiality as indicated above; however, you should know that all relevant assessment and treatment information will be shared with your legal guardian.

Record Keeping. Neuropsychological or psychological records are generated for each visit and document you have been seen, an overview of the topics discussed, any interventions that have been used, clinical formulations, your response to the session, recommendations, and/or any other considerations that may be relevant to your care. All paper and/or electronic records are maintained in secure locations either in a locked file cabinet and office or within HIPAA compliant Electronic Medical Record keeping system.

Limits of Relationship. You have the right to question and refuse neuropsychological or psychological services at any time. Dr. Sim does not, and will not, have social or sexual relationships with present or former patients. It is essential that the neuropsychological or psychological relationship and context be preserved such that these or any other factors that might interfere with Dr. Sim's ability to maintain the highest ethical standards and clinical objectivity will be avoided whenever possible.

Risks. It is important to understand that neuropsychological or psychological services do have risks. Trying to deal with difficult thinking problems, emotions, thoughts, behaviors, and/or functional challenges can be very upsetting. While the ultimate goal is to feel better and experience a greater sense of well-being, sometimes people may feel worse before they feel better. On rare occasions people may feel worse without feeling better; should this occur, it is important to tell your provider about it right away. It is important to consider these risks before entering neuropsychological evaluation or the psychotherapy process to decide if you feel the potential rewards outweigh possible risks.

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Safety. Your safety and the safety of others is a primary objective of clinical involvement with Dr. Sim. In fact, it is the foundation upon which all neuropsychological and psychotherapeutic interventions are based. **Your initials and signature at the end of this document reflect your commitment to remain free from self-harm or harm to others, and your agreement to call 911 or go to the nearest emergency department if you feel the need to harm yourself or others.**

Availability. Dr. Sim will generally return phone calls or emails within 2 business days. Emergency phone calls of less than 15 minutes in duration will not be billed. The exception to this is if the patient develops a pattern of calling that would warrant alternative fee agreements.

Audio and Video Recordings
I will never make an audio or video recording of our interactions without first informing you of the nature and purpose of such recording(s), and obtaining your permission and signature on a separate, written authorization document for audio/video electronic recordings. You do not have my permission to electronically record any conversations or interactions we have, in person or on the phone, without my prior informed consent and written authorization.

Social Media
I do not communicate or have contact with my patients through social media platforms (e.g., Facebook, LinkedIn, Twitter). This is done to prevent any invasion of privacy and other risks that may compromise our professional relationship and your treatment.

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists

PATIENT RESPONSIBILITIES

I, the patient, am responsible for keeping all scheduled appointments with Dr. Sim. All sessions will be paid by credit card, check, cash, or Ivy Pay before/on the appointment date.

I understand the exact amount of a comprehensive neuropsychological evaluation varies due to many factors (e.g., referral questions, neuropsychological test battery, number of testing sessions required, data scoring and analysis, report writing, treatment recommendations). All fees will be agreed upon by me and Dr. Sim, in writing (including email correspondence), prior to the start of any services.

For individuals with health insurance: Though my health insurance may cover some of these fees, I understand Dr. Sim does not accept any insurance and that I am fully responsible for payment for these services.

For individuals with Medicare: I understand Dr. Sim is not an enrolled Medicare provider. I am voluntarily entering into a private contract with Dr. Sim to obtain neuropsychological assessment services with the knowledge that I have the right to obtain Medicare covered services from providers who are Medicare enrolled providers but I am voluntarily choosing to waive this right. I agree not to submit a claim to Medicare or ask that Dr. Sim submit a claim to Medicare and agree to accept full responsibility for payment for these services. I understand that Medicare payment will not be made for any services received.

Except by prior agreement, all cancellations occurring less than 2 business days in advance of the scheduled appointment time will result in a 50% loss of pre-paid fees. The scheduling deposit will be forfeited by the responsible party.

Patient Consent for Neuropsychological and/or Psychological Evaluation and Other Services

I have read (or have been read) the above consent statement and have had all my questions sufficiently answered to my satisfaction. I agree to pay the fee(s) as indicated above. I (or my representative) understand my rights and responsibilities as a patient. I agree to participate in neuropsychological or psychological services with Dr. Sim. I understand I may terminate my relationship with Dr. Sim at any time for any reason. I know that I have the right to refuse any requests or suggestions made by my provider.

I agree to work with Dr. Anita Sim, who is a licensed psychologist (MN, VA) and board-certified clinical neuropsychologist. I recognize I am the final authority of what I want to incorporate into my life from this neuropsychological or psychological experience.

______________________________	______________________________
PATIENT'S NAME (please print)	PATIENT'S DATE OF BIRTH
______________________________	______________________________
PATIENT'S SIGNATURE	DATE

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

PLEASE "√" PAYMENT METHOD

☐ Ivy Pay with credit, debit, HSA, and FSA cards. It's HIPAA-secure and confidential. Your mobile number

____

☐ Mastercard
☐ Visa
☐ American Express
☐ Other ______________________________________

Full Name on Credit Card ______________________________________

Credit Card Number ______________________________________

Expiration Date ____________ Billing Zip Code ____________

Security Code for credit card: **DO NOT WRITE HERE.** Please email, call, or text it to Dr. Sim.

- Visa / Mastercard = last 3 digits on the back of the card Visa
- American Express = 4 digits on the front of the card

*Neuropsychological / psychological services include neuropsychological evaluation, individual psychotherapy with or without cognitive rehabilitation.

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

CONSENT FOR EMAIL OR TEXT COMMUNICATIONS

Dr. Sim is committed to providing optimal care and communications with treatment patients; this may sometimes include email and/or text correspondence, which is primarily used for scheduling purposes such as forwarding or confirming calendar appointments.

To communicate via email or text you must provide your consent and acknowledgement that email and text may not be a secure form of communication. There is a risk protected health information contained in such email or text exchanges may be disclosed to, or intercepted by, unauthorized third parties. Dr. Sim will always use the minimum necessary amount of protected health information to respond to your correspondences.

If you wish to be able to EMAIL with your clinician, please indicate your acceptance of this risk by your **Initials** here______.

If you wish to be able to TEXT with your clinician, please indicate your acceptance of this risk by your **Initials** here ______.

____________________________ PATIENT'S NAME (please print)	____________________________ PATIENT'S DATE OF BIRTH
____________________________ PATIENT'S SIGNATURE	____________________________ DATE
____________________________ PATIENT MOBILE NUMBER	____________________________ PATIENT EMAIL ADDRESS
____________________________ PAYOR'S NAME, IF NOT PATIENT (please print)	
____________________________ PAYOR'S SIGNATURE	____________________________ DATE
____________________________ "PAYOR" MOBILE NUMBER	____________________________ "PAYOR" EMAIL ADDRESS

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

INFORMED CONSENT FOR TELEPSYCHOLOGY AND TELENEUROPSYCHOLOGY

This Informed Consent for Telepsychology and teleneuropsychology contains important information focusing on psychological and neuropsychological services provided by phone and/or the Internet (e.g., video conference calls). Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telepsychology and Teleneuropsychology

Telepsychology and teleneuropsychology refer to providing psychological and neuropsychological services remotely using telecommunications technologies such as video conferencing or telephone. One of the benefits is the client and the clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. There are some differences between in-person sessions and telepsychology and tele neuropsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the clinician's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. You should participate in telepsychology only while in a private space or area where other people are not present and cannot overhear our conversation. On my end, I will always conduct my sessions in a private place and take reasonable steps to ensure your privacy. It is equally important for you to protect the privacy of our sessions on your cell phone or other electronic device used during our session.

- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to access our conversation, or stored data could be accessed by unauthorized people or companies.

- Crisis management and intervention. Telepsychology is inappropriate and will not be used if you are in a crisis situation (e.g., if you are at risk of hurting yourself and/or others). Crisis situations require higher levels of support and intervention than what's offered through telepsychology.

Electronic Communications

Telepsychology and teleneuropsychology require technical competence on both the client and the clinician's parts to be helpful and effective. We will decide together which kind of technology or service we will use. You may have to have certain computer or cell phone systems to use telepsychology services effectively. You are solely responsible for any cost to you to obtain the necessary equipment, accessories, or software to take part in telepsychology.

Fees

The same fee schedule applies for telepsychology and teleneuropsychology. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Records

All telepsychology and teleneuropsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with the terms and conditions in this document.

____ ____________________

Examinee’s Name and Signature Date

Anita Sim, Ph.D., ABPP ____________________________ ____________________

Examiner’s Name and Signature Date

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

Important Information Concerning Neuropsychological Services in a Possible Legal Context

The purpose of this document is to explain some of the important differences between neuropsychological services when they are offered as part of a patient's routine healthcare, as opposed to when services are provided in the context of potential legal proceedings. Each patient and his/her attorney (if applicable) should review this document very carefully and bring any questions or concerns to Anita Sim, Ph.D., ABPP.

Anita Sim, Ph.D., ABPP requests full disclosure of any current, pending, or possible legal action related to each patient's case. Every evaluation is considered either primarily medical "**or**" legal, not both. The following provides a distinction of medical from legal cases.

Neuropsychological Evaluation in a Clinical Setting ("Medical Cases")
Medical cases are those for which a referral is received from a healthcare professional seeking neuropsychological evaluation of the patient, or from a patient or his/her family members directly. Neuropsychological evaluation entails objective measurement of human brain functioning by means of standardized tests. Such evaluations are typically undertaken when patients seek our services directly, or when their physicians or other health care professionals refer them to us. Information resulting from the evaluation is then used to make diagnostic and treatment recommendations. The primary objective of the evaluation is to provide clinically useful information that will assist with improving patient care and quality of life. In medical cases, there is no reasonable expectation of litigious or legal embroilment. Health insurance or private pay is the means through which services are funded. The neuropsychologist acts as a treating doctor in medical cases, not as an expert witness.

Neuropsychological Evaluation in a Legal Setting ("Legal Cases")
By contrast, legal cases are those for which an evaluation is requested by the patient, his/her attorney, or other representative in which there is reasonable expectation of involvement with a legal case. The neuropsychologist acts as an expert witness in legal cases, not as a treating doctor. It is not possible to bill medical insurance for any of the fees conducted in a legal case on both ethical and legal grounds.

When an individual is involved in a lawsuit, or when there is a reasonable expectation that a lawsuit or other litigious issue will emerge, the purpose of neuropsychological evaluation (as well as the use of the resulting information) typically differs. Lawsuits involve adversarial scenarios between or among individuals appealing to a judge or jury. The opposing party's attorney will heavily scrutinize the evidence submitted. The attorney's goal is to win the case for his/her client, which may involve different tactics and motivations than the desire to promote the client's health care. In contrast, the typical healthcare context of neuropsychological practice is not adversarial.

When neuropsychological evaluation is undertaken for legal purposes, it is necessary to obtain and review a patient's medical, school, and other records. Specific documentation of claims asserted must be verified through records. A thorough investigation of the individual's history must be undertaken, which may include interviews with family members or others in the person's life. Such records and collateral information are significantly more time consuming to obtain and review than medical records received as part of a typical outpatient neuropsychological evaluation. Also, the length of the test session is greater when a patient is seen in the context of litigation. Should evidence of thinking problems be found, for example, the opposing side will

Neuropsychology Specialists, PLLC

Anita Sim, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Licensed Psychologist in MN, VA
Work: (612) 200-3375
Fax: (651) 461-9282
Email: asim@neuropsych-specialists.com

likely attempt to dismiss the deficits as having originated before an accident (for example), to result from emotional factors (such as depression), or even to be feigned by the patient. Needless to say, it takes considerably more time, testing, and elucidation of an individual's neuropsychological and emotional functioning to produce evidence at a level sufficient to address these concerns. The neuropsychologist can be considered an expert witness.

In summary, I require patients to specify the nature of the reason for their evaluation with me for the above-mentioned reasons. It is for the protection of my patients that this policy existPatients who seek my services and know they are involved in (or may expect to become involved in) litigation must inform me of their situation at the outset, when they first request an appointment. Withholding this information potentially jeopardizes the patient's legal case, as the neuropsychological evaluation that will be conducted will **not** have been designed to address the specific concerns present in a legal context. **Patients who withhold information about their legal affairs may be putting their case at risk.**

My signature below indicates that I have fully read and understood the information in this form. I hereby request services from Anita Sim, Ph.D., ABPP as **a medical or clinical case, not legal or medicolegal.** A faxed, scanned, or photocopied version of this letter shall have the same force as an original.

____ ______________
Signature of Patient/Authorizing Person Date Signed

____ ______________
Printed Name of Patient/Authorizing Person Date Signed