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Cognitive Remediation
Assessment
Neurofeedback
Psychotherapy

Faculty, NYU Medical Center
& Albert Einstein College of Medicine

Neuropsychological Testing Policies

Appointments. Please keep appointments as scheduled, as I have little flexibility in scheduling. If you do not show up or give me less than 48 hours notice, you are expected to pay the fee. Please do not call to confirm, since I get more phone calls than I can return. Sign and return this form with the deposit of \$500, and I will call you for an appointment. If you do not hear from me within a week, give me a call. In the case of the moderate cost testing option, a graduate student will do the testing. Sometimes there is time during weekday hours. If you would be interested in coming in Monday through Friday, 11 am-3 pm, and can be notified a day or two ahead of time, check here _____. Also note how late I can call at night _____.

Insurance Forms/Letters/Reports. Assignment for being paid by insurance companies is not accepted. A receipt can be given, and insurance forms should be completely filled out so that only my signature is required. Also, I need to have a copy of everything I sign, so if you take away an insurance form immediately, please send me a copy. Specifically, I am not agreeing to write extra reports for insurance companies, managed care companies, or doctors without being compensated beyond the final report. Your signature below indicates agreement to these terms.

Fees. My fee is currently \$225 per hour for the time I spend on the case. This includes the interview, all time spent during testing and time to review the records and write the report. Testing usually takes about 8 to 9 hours, and report writing takes 6 to 7 hours. A \$500 deposit is necessary to reserve the first appointment, and clients are expected to pay as they go. Complete payment is due at the final testing session.

Confidentiality. In general, the information gathered in interview and testing sessions is confidential and cannot be revealed to others without the client's written permission. However, there are some exceptions to the confidentiality between patient and doctor. If you tell me of a child being abused, whether by yourself or someone else, I must report this to the State authorities, according to law. Also, if you tell me you are going to harm someone (including yourself), I must inform that person according to my professional ethical standards. A third exception is that if your records are subpoenaed by a court, I must turn over the records to the court. As a psychologist, I am subject to strict standards of keeping your records confidential, and if you want me to provide information to another professional, I can do so only with your written permission; but once information is sent to another party, they may be under no obligation to keep your private information confidential. Insurance companies may share information among themselves, for example, since they may not be restricted by professional confidentiality standards. I also approve of sending copies of my report to doctors noted below.

Use of Data for Research. Your signature below allows me to use testing data in research, and this will be part of group data, or put together with other subjects' data. Your name will never be revealed.

Legal Cases. If your case becomes a forensic matter, the above noted fees are not applicable. Forensic matters are more exacting from the beginning, and the fees are compensated at a higher rate.

I understand and agree to these terms and approve of communications of my case between Dr. Thomas and the people noted below: [Please note their addresses, and consider keeping a copy of this form.]

Signed _____ Date _____

Print Name _____ Phone _____

Address: _____

Dr(s) _____

Address(es): _____ Phone _____

Send this agreement form with a deposit to Dr. J. L. Thomas, 19 W . 34th St, Penthouse, NY, NY 10001