Consent for neuropsychological assessment
Sparrow Neuropsychology Inc.

You have been referred for a neuropsychological evaluation. The goal of this evaluation is to clarify your thinking skills (e.g., concentration, memory). We also consider your emotional well-being, personality style, and ways of coping. The results will help your team understand your thinking, how your brain is functioning, and possible diagnoses and treatment options. I briefly describe what neuropsychological assessment is, at: www.sparrow.clinic/services

Why this form?
Receiving care from a psychologist requires you to be informed about the service before assessment. This form describes the assessment so you can decide if you would like to go ahead.

• Are you able to provide consent? If someone else usually provides consent for you, let us know.

What will happen during the evaluation?

• Days 1-2. Assessment.

Interview *Zoom*	60-90 mins	We will discuss your background, medical history, and the questions or concerns that led to the referral.
Testing *In person*	~4 (3 to 5) hours	Computer and paper-based tasks. People often experience the tasks as ranging from straightforward or enjoyable to difficult or frustrating.

Potential additional components.

Collateral history	With your consent, I may speak with a family member or other person who knows you well to obtain additional information.
Additional testing	Additional testing (typically by Zoom) may occasionally be required.

• Day 3. Results

Feedback	60 mins	An included (optional) session to review the assessment findings, discuss their implications, and answer any questions.
Report	–	A written report will be forwarded to you and your referring physician.

Confidentiality
Your privacy is very important. I follow the rules of the College of Psychologists of BC, as well as BC's privacy law (PIPA). When information is stored or shared outside BC, Canada's federal privacy law (PIPEDA) may also apply.

• Are my data stored safely?
- I protect your information using multiple security measures, including disk encryption (FileVault). When I use other services, I protect your privacy through contracts, though information remains subject to these platforms' security practices.
- Your reports, test results, and other information are stored securely using Proton (proton.me) and Microsoft 365. Data are encrypted on servers in jurisdictions with strong privacy protections, such as Canada and Switzerland.
- Our emails are secure when you request a secure email link. If you use unencrypted email or text, you acknowledge and accept that these may be intercepted or accessed by third parties.
- Tests may be administered or scored using secure third-party platforms (e.g., Q-global, PAI Connect, MHS). I de-identify information where possible (e.g., using "e4r-2i1," not your name).
- For scheduling and billing minimal information is entered into Microsoft365 and QuickBooks.
- Services including phone calls, faxes, bookings, and video calls are via Zoom.

- I keep a backup of your encrypted records on secure, encrypted physical drives.

• Video visits. Video conferencing can be used for many appointments (e.g., interview). When used:
- You must be in BC, and you agree to inform me if you are not.
- You agree to identify all others present (in person or otherwise).
- You agree not to record, screenshot, or otherwise document the session.
- Although I use secure platforms, absolute privacy of video sessions cannot be guaranteed due to factors outside my control (e.g., internet service providers, and as detailed above).

• Do you use artificial intelligence tools (AI)? Yes, if you consent, as AI tools can improve care. Only de-identified or minimally necessary information will be used and no full reports will be uploaded. I will make reasonable efforts to use AI services that state they do not train on submitted data (e.g., Lumo by Proton; zero-training-on-user-data policy). AI tools are not used to diagnose, determine test scores, or make treatment decisions. All clinical opinions, diagnoses, and reports are mine.

Limits to confidentiality. Your confidential information will not be disclosed without your consent in any but a few specific cases. These include if –

- You intend to harm yourself, or someone else.
- You disclose past or intended harm of a child or vulnerable adult.
- It is legally required, as with a court order, or if you may be unable to drive safely.
- The board licensing psychologists is required to audit the case/the clinic.
- We need to determine our disclosure obligations or rights (e.g., to a solicitor).

- Theft: It is possible, but extremely unlikely, that your data could be obtained by a third party through hacking (e.g., of the storage company, above).
- Consultation: to provide the best care I may discuss anonymized details of your case with another clinician to obtain a second opinion.

Neuropsychological reports and test scores.
- Do not share your report or test scores with others without careful thought. Providing them to others, especially unqualified individuals, carries the potential for harm.
- Test scores and reports are complex and easy to misunderstand. Only review them with a qualified professional (such as a psychologist).
- An optional feedback session is included to go over your results. If you wish, your clinician can also send your results to another professional (e.g., a psychologist) to explain them.

Other.
- Psychologists are registered with the CHCPBC, who monitors the services we provide. You can obtain information from or make a complaint to them via www.chcpbc.org or 604-742-6715.
- Records are destroyed at least seven years after the professional services. You have the right to access and request a copy of your existing records at any time, subject to legal exceptions.

- Fee. Note that extended health insurers typically reimburse part of the cost. Payment is due on the day of assessment via e-transfer.

- The report will be forwarded within 4 weeks of assessment, unless otherwise agreed.

Optional consents (leave blank if you do not consent). Initial only if you agree.

- I consent to the limited use of AI tools to assist with aspects of my care, as described above. *You may decline consent for AI use without affecting your care.*

  Initial: _____

- I authorize Sparrow Neuropsychology to release my neuropsychological report to my referring clinician.

  Initial: _____

- Collateral history. If I provide the name and contact information of a family member or other person who knows me well, I authorize Sparrow Neuropsychology to contact that person solely for information relevant to this assessment.

  Initial: _____

Required acknowledgements. Please initial to confirm you have read and understood the following.

- This assessment is not court ordered and is not intended for legal proceedings. Initial: _____

Is my report accurate? For me to provide an accurate evaluation, it is crucial that I have a clear understanding of your background and prior assessments, and that you apply full effort.

You agree –

- To be open and honest in providing your history; Initial: _____
- To provide your best effort; and Initial: _____
- To tell me about previous psychological or neuropsychological assessments and provide copies where possible. Initial: _____

Signature. I have been informed regarding, and understand, the relevant and significant information provided here and decide to accept psychological services from Sparrow Neuropsychology. I have the legal capacity to accept these services, and have not been unduly influenced to accept the service. I understand I can withdraw my consent at any time, without impacting my future care or treatment.

Note: An electronic signature has the same legal effect as a handwritten signature.

Client: _____

Name, signature, date

Psychologist: _____

Christopher Benjamin, PhD