

NEUROBEHAVIORAL ASSOCIATES

Specializing in Attention, Learning, and Neurodevelopmental Differences

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Neuropsychological Consultation & Evaluation
Forensic Evaluation
Referral Services
Educational Consultation

DATE: _____

CONSENT FOR TREATMENT OF AN ADULT

I, _____ consent to neuropsychological consultation and evaluation to be provided by NeuroBehavioral Associates.

I give permission for NeuroBehavioral Associates to use de-identified test data in research studies. **YES/NO (circle one)**

I understand that all data interpretation, diagnosis, and report preparation are provided by a licensed psychologist. Psychological associates, supervised by a licensed psychologist, may administer standardized assessment measures.

PATIENT (or Guardian if applicable)

RETURNED CHECK CHARGE

All returned checks are subject to a \$25.00 returned check charge. All payments must then be made in cash or by money order.

PATIENT (or Guardian if applicable)