



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?

- Day 1. Assessment. This can, optionally, be split over multiple days.

Interview	45-60 mins	We will discuss your background, including medical history and any difficulties you are having, in detail. In person or on video.
Testing	~4 (3 to 5) hours	Puzzles, computer and paper-based tasks to assess your thinking. People often experience the tasks as varying between easy or fun, & hard or frustrating. In person.
Collateral history	10-30 mins	<i>Optional. With your consent, I may speak with someone who knows you well to better understand any difficulties.</i>

- Day 2. Results

Report	–	A written report will be forwarded to you and your referring physician.
Feedback	30-60 mins	An included (optional) session in which the results and implications are conveyed to you. Typically ~four weeks after testing.

- Is my report accurate? For me to provide the most accurate evaluation, it's important I have a clear understanding of your background and any prior assessments. Please notify me of any previous assessment reports you may have had and be open and clear in providing your history.

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?

Your reports, test results, and basic information (such as your phone number and billing details) are stored securely using Proton (proton.me), which I control exclusively. Proton uses end-to-end encryption, which means no one else — not even Proton — can read your data. The encrypted data and backups are stored on servers in Switzerland, Germany, and Norway, which have strict privacy laws. I also keep a copy of your records on a secure, encrypted drive that I control directly.



• **Are our emails secure?**

Yes, when the provided (free) Proton (proton.me) email address is used communication is confidential (end-to-end encrypted) as required by BC law. If you choose to communicate by unencrypted email or text, you acknowledge and accept that these may be intercepted or accessed by third parties.

• **Video visits.** Video conferencing can be used for history or feedback appointments. If 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). If you wish, consider using a free VPN (e.g., proton VPN) to improve privacy.

• **Do you use artificial intelligence tools (AI)?** Yes, if you consent, as AI tools can improve care. I may consult a secure AI to check report clarity; generate alternative formulations; identify patterns; and identify appropriate referrals. 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., through using a service like 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.
- 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).
- You will be offered a feedback session 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 7 years after the last date of professional services. You have the right to access and request a copy of your records at any time, subject to legal exceptions. If I leave the profession (e.g., retire), you will be notified of the opportunity to obtain your report if you have not already done so.



This assessment is not court ordered or for legal proceedings. Initial: _____

I consent to the limited use of AI tools to improve care as described above. Yes No
You may decline consent for AI use without affecting your care.

Collateral history. An important part of the assessment is speaking with another individual (e.g., a partner, family member or friend) who knows you well to understand any changes in your thinking. I will only contact people with your consent for the purpose of providing background information for your assessment.

Name, relationship: _____ Phone: _____

Name, relationship: _____ Phone: _____

Consent to release report. You consent for us to release the report to you and (name, address):

- Your referring physician: _____
- Other: _____

Feedback session. A feedback session is included. If you prefer not to have one, please write an X.

- Details: _____

Fee. The cost for this assessment is \$ _____. Some extended health insurers may reimburse part of the cost; fees are typically not covered by the MSP. Payment is due on the day of assessment via e-transfer (236 501 5099) or credit card with a 2% surcharge (card fees).

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.

_____ (client) Date: _____

Psychologist:

Christopher Benjamin, PhD

Date: _____