PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

Welcome to Princeton Neuropsychology at RSM and Sports Concussion Center of New Jersey

We look forward to meeting you at your first appointment. In preparation, please PRINT, SIGN, and RETURN either a scanned copy or a photo of the following forms, along with a photo ID (and insurance card if applicable), at least 48 hours before your appointment.

*Please Note: We **cannot** accept printed/typed signatures.*

If you have any questions about how to best complete these forms, please do not hesitate to contact us by phone or e-mail: 609-895-1070 / Manager@princetonneuropsychology.com

Sincerely,

Princeton Neuropsychology at RSM and SCCNJ

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

Informed Consent for Treatment:

After you have read the following, please sign below (for yourself, or on behalf of a minor) to indicate that you have understood and agree to the following:

Our Staff is looking forward to assisting you and will make a reasonable effort to address your needs. So that you may be fully informed about our services, please read the following about our practice policies. Please do not hesitate to ask any questions if any of the following seems unclear. Also, you can find additional information about our services on our website: www.PrincetonNeuropsychology.com. If at any time, you believe that your treatment is not meeting your needs, please discuss this with your doctor immediately.

*If you are undergoing **neuropsychological, psychological testing or school-related testing**, please be advised that such an evaluation typically begins with an interview/exam, followed by testing, and a follow up feedback session during which results, diagnoses, and recommendations are discussed. We will be able to explain the time and costs depending on the type of evaluation you are undergoing. Please note that you will be provided with a copy of your final report. There is a charge for future retrieval of copies of reports and records.*

*If you choose to engage in **psychotherapy services**, please be aware that such therapy can arouse difficult emotions and change the way you think, feel, and behave, thus affecting your relationships. Our most important mission is to help you make progress in reaching your goals. We will strive to utilize our best clinical skills and professional judgment to assist you. In the cases of minors, we ask that parents understand the need of young people to develop trust in their therapists by not requesting specific details of the treatment and respecting their child's privacy. However, we will be sure to address any important issues or concerns with parents regarding their child's treatment. Psychotherapy sessions may range from approximately 20 to 45 minutes, unless otherwise indicated. You are free to terminate therapy at any time, and we urge you to discuss your needs and concerns with your therapist so that termination may be mutually planned for. If you are involved in **group therapy**, we must insist that you not discuss the contents of sessions with any persons outside of the group or Center. Also, you must agree not to hold the Center or therapists liable for the actions or communications of other group therapy members.*

*If you are undergoing **baseline testing or post-concussion screening/testing**, please note that such testing involves tasks that measure brain-behavior relationships. This is not intellectual or achievement testing and alone cannot diagnose any medical or educational condition. If you are concerned that you may have a problem that should be diagnosed, then please let the doctor know, as this may require more comprehensive testing. Baseline test results will be kept on file and no formal report will be generated. These results can then be used in the future for comparison should you suffer a head injury or concussion.*

*Our Centers conduct scientific research to improve neuropsychological practice and treatment for patients. To do this, data we collect from testing and medical records may be used for research in an **anonymous** manner. All personal identifying information is removed from the data for research purposes. We believe that there is no risk or identified harm to patients for allowing us to use **de-identified, anonymous** data. If you have questions about this, you may talk to one of our doctors.*

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

Please initial here if you allow us to use your anonymous data for research purposes: ____

*If you choose to engage in **cognitive rehabilitation** services, please be advised that these services have been shown to assist in recovery from or improvement in brain disorders; however, we cannot guarantee any improvement in your condition or the extent to which you may improve.*

*If you choose to engage in **hypnotherapy** to enhance functioning or address pain, stress, or other symptoms, please be advised that such therapy is not aimed at uncovering past trauma memories, although in some cases, that may unexpectedly occur. This type of hypnotherapy is NOT intended for legal purposes.*

***Confidentiality:** Please be aware that we will safeguard your right to confidentiality as it is protected by law. There may be situations in which your confidentiality may be limited by law, such as in certain legal and court proceedings, insurance cases, claims of disability, threats of harm to self or others, or a suspicion of abuse. If you are involved in any legal case, where your physical or mental health is at issue, please let us know immediately as our role is to provide you with treatment and not to serve as expert witnesses, unless agreed to beforehand. Please understand that in the role of treating provider, we will resist serving as an independent expert witness, and as such will not act to provide child custody/visitation, divorce, capacity, fitness, injury, or other legal opinions.*

***Payment:** Payment in full is due at the time the service is rendered unless we accept your insurance plan. Our office manager can tell you which plans we accept. Co-pays and testing deposits are due at the time of service. We reserve the right to charge interest on accounts that are greater than 30 days overdue. There is a returned check fee of $50. There is a $150 charge for missed appointments or those cancelled with less than 24 hour notice. In cases in which the account has been neglected by the client/patient and there has been no show of good faith despite our repeated attempts toward resolution, we reserve the right to turn the account over to a collection service. In hardship cases, we are available to discuss payment arrangements. We are not responsible for any insurance or health care coverage. We strongly encourage you to clarify the extent of any coverage with your insurance carrier prior to your first appointment including any deductibles you may have. Also, please note that some of the staff doctors listed below may or may not be covered by your insurance plan. Ultimately, you are responsible for payment of the services rendered to you, whether or not they are covered by your insurance plan. Please note that Baseline Testing is generally NOT covered by insurance. Information regarding fees is available upon request and FEES ARE POSTED IN THE WAITING ROOM TABLE BINDER.*

***Mailings:** At times, our office may send you invoices, receipts, general information or necessary correspondence that has our return address noted. If you prefer not to receive mailings that display our Centers' names, please let our office know in writing. Please note that email or text communications with our office may not be totally secure and private. Our email server is HIPAA compliant but we do not have control over privacy at the recipient's end of the communication.*

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

Please note that as is often customary for neuropsychological/psychological/school assessments and baseline/concussion screening, we utilize the assistance of testing technicians and doctoral-level trainees who are well-versed in test administration and under the direct supervision of our doctors. Our doctors may be available by telephone at times other than your scheduled appointment, if there is a matter that cannot wait until your next appointment. For telephone calls that last greater than 15 minutes, we reserve the right to charge you a fee proportionate to the individual therapy rate. If you have an emergency and cannot reach your doctor, please contact your nearest hospital, emergency room or call 911.

Staff Doctors:

Bridget Mayer, PsyD, Staff Neuropsychologist (NJ Lic. 6624; APIT#11827) received her doctorate in Clinical Psychology from Widener University with a specialization in Clinical Neuropsychology. She completed her master's degree in clinical psychology with a concentration in children and adolescents, as well as her Bachelor of Arts in Psychology and Child Advocacy and Policy, from Montclair State University, where she graduated Magna Cum Laude. She has attained a Neuropsychology Certificate from Widener University, and Certificate in Cognitive Rehabilitation from ACRM.

Rosemarie Scolaro Moser, PhD, Director (NJ Lic. SI02148; PA Lic.PS004532L; APIT#3394) received her doctorate in Professional Psychology from the University of Pennsylvania where she also obtained her bachelor's and master's degrees. She is a certified diplomate of the American Board of Professional Psychology in Rehabilitation and the American Board of Professional Neuropsychology, and a certified school psychologist.

Marissa Pellegrino, PhD, Staff Clinical Psychologist (NJ Lic. 35SI00717900) received her master's degree and doctorate in Clinical Psychology from The Pennsylvania State University, specializing in child and adolescent psychology. She is trained in cognitive-behavioral therapy and has experience working with a range of concerns, including anxiety, depression, ADHD, behavioral disorders, and autism spectrum disorder, as well as providing parenting support.

Kaitlin Riegler, PhD, Post-Doctoral Fellow in Neuropsychology (NJ TP #233-069, under NJ Lic. of Dr. Moser) received her doctorate from Pennsylvania State University. She has a broad range of clinical experience in developmental disorders, ADHD, learning disabilities, dementia, memory disorders, concussion, and brain injury. Her research has focused on concussion, multiple sclerosis, sleep difficulties, and other factors that affect brain function. In addition to neuropsychological evaluations, she provides cognitive behavioral therapy, acceptance and commitment therapy, and executive function coaching.

***Notice to Consumers**: Any member of the consuming public may notify the Board of Psychological Examiners of any complaint relative to the practice conducted under the above licenses or permit at the Division of Consumer Affairs, Board of Psychological Examiners, Post Office Box 45017, 124 Halsey Street, Newark, New Jersey 07101.*

_____ _____

Signature of Patient if over age 13 | Print Name of Patient

_____ _____

Signature of Parent/Legal Guardian, if patient is a minor | Print Name

_____ _____

Signature of Other Parent/Legal Guardian | Print Name

_____

Today's Date

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

GOOD FAITH ESTIMATE

NPI: 1265446181 Tax ID: 22-3648850

By federal law, we are required to provide patients with an estimate of the costs of the services they are requesting and/or that we are providing. Our office can provide an estimate of the services. Our fee schedule is also posted at our office. Below are the fees for our most common procedures, as well as the Disclosure that accompanies our estimates. These fees do not apply to Independent Evaluations or contracted services. In addition, fees for services conducted by certain staff may be billed at a different rate. Please contact our office with any questions.

CPT Code(s)	Description	$ Per Unit Fee
90791	Diagnostic Interview	290
96116	Neurobehavioral Status Exam (for Neuropsych.Testing)	380
90832	Psychotherapy (20-30 minutes)	180
90834	Psychotherapy (approximately 45 minutes)	210
90837	Psychotherapy (53+ minutes)	275
96132	Neuropsych. Test evaluation by professional (first hour)	360
96133	Neuropsych. Test evaluation by professional (add'l unit)	360
96136	Test administration by professional (first half hour)	200
96137	Test administration by professional (add'l unit)	200
96138	Test administration by technician (first half hour)	180
96139	Test administration by technician (add'l unit)	180
97129	Cognitive Rehabilitation (first 15 minutes)	90
97130	Cognitive Rehabilitation (add'l unit)	90
	Baseline Testing	95

For testing, charges are incurred for time spent with the patient and for review of records, scoring, integration of results, consultation, feedback, report writing, and any other time spent for the evaluation. A comprehensive neuropsychological evaluation may range from $4,800 to $5,200. Other evaluations for shorter, abbreviated, or screening batteries will be less. The diagnosis or presenting problem determines what kind of test battery is chosen for administration. Baseline Testing charge may be different if with a sports group. Please note that at the time of this notice we accept standard Medicare, Workers Comp, Personal Injury, TRICARE, and Princeton University Aetna health insurance plans. Patients are responsible for ensuring that they have active, up-to-date coverage with those insurers and to pay any co-pays or deductibles required by those insurers. Otherwise, patients are responsible for payment at the time of service.

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

CONFIDENTIAL

INTAKE INFORMATION

(Depending on Child or Adult, Please Complete Where Applicable)

Name_____ Birthdate _____Today's Date_____

Gender _____ Age _____ Social Security # (last 4) _____

Home Address _____ City/State/Zip_____

Preferred Phone _____Alternate Phone _____

Preferred Email_____ Race/Ethnicity_____

Employer & Occupation-OR-School _____

Highest Grade/Degree _____Place of Birth _____ Religion, if applicable _____

Marital Status (circle one): Single / Married / Separated / Divorced / Widowed

For ADULTS: Spouse's Name, Age & Occupation_____

Children's Names & Ages_____

For CHILDREN: Parents' Names & Occupations _____

Siblings' Names & Ages _____

Emergency Contact Name & Phone _____

Name of Primary Care Physician, Pediatrician, or Psychiatrist_____

Nature of Assistance you are seeking: (Please circle)

Neuropsychological Testing / Psychological Testing / School Evaluation

Psychotherapy/Counseling / Baseline Testing / Concussion Exam

Bariatric Testing / Spinal Cord Stim. Testing / Career Counseling

Cognitive Rehabilitation / Academic Coaching / Other_____

How did you hear about this service? Who referred you? _____

Describe below the difficulties or symptoms for which you are seeking assistance:

Please list any significant past or present medical or health related conditions, treatments, injuries or surgeries. Are you now receiving treatment for any of these conditions?

Please note if you have ever sustained a head injury, concussion, or been in a work-related, sport-related, or motor vehicle accident. Please describe and list dates:

Have you ever been hospitalized for a medical, substance/alcohol abuse, or psychiatric problem? If yes, where and when?

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

Are you now receiving, or have you ever in the past received, any type of mental health or psychiatric treatment or personal or career counseling? If yes, please list diagnoses, dates, type of treatment.

Have *you* ever been diagnosed with a learning or attention or memory disorder? If yes, please explain.

Has anyone *in your family* ever received psychological/psychiatric assistance or been diagnosed with a learning or attention or memory disorder? If yes, please describe.

Please list name and dosage of any medications you are taking: Do you use other non-prescription drugs or substances? If yes, please describe.

Do you drink alcohol? If yes, how many drinks per week?

Do you smoke? If yes, how many cigarettes/cigars per day? Do you vape? Do you use cannabis?

Are you [or for children- is/are your parent(s)] a present or past military member? Yes__ No__

****

By signing below, I agree to accept full responsibility for all fees and payments of any services rendered to me or my child by PRINCETON NEUROPSYCHOLOGY at RSM/SCCNJ and its providers. I understand that payment is expected at the time services are rendered. I also understand that I will be charged $150 for any missed appointment which I do not cancel by phone or email with at least 24 hours notice prior to my scheduled appointment.

_____

Signature and Date

****

COMPLETE BELOW ONLY for patients with Medicare, Personal Injury, Workers Comp, TriCARE, Princeton Univ. Student Aetna. I permit Princeton Neuropsychology at RSM/ SCCNJ to bill my Third Party Payer/Insurance company and its affiliates/contractors for services provided and to provide those entities with the necessary information to process my bills. I agree to pay all co-pays promptly and to take responsibility for payment of any services that may not be covered by my health care/insurance plan. I understand that I am responsible to know my plans' coverage prior to treatment.

_____

SIGN ON LINE ABOVE: Signature & Date

Primary Insurance Carrier Address:_____

Insurance ID/Claim # _____ Group # _____

Secondary Insurance Carrier & Address:_____

Insurance ID/Claim # _____Group # _____

If Accident Case, please provide caseworker/adjuster name, phone, email address below:

_____

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

Disclosure for Princeton University Students

I have read and understood the following paragraph that is included in Neuropsychological Evaluation Reports for Princeton University students:

The recommendations offered here are to help maximize and facilitate the patient's best performance and functioning in school, work, or other activities of daily living. Please note that these recommendations may not always be considered necessary by specific academic or work programs and determination of granting of accommodations is conducted by the office of disability services or student services of the institution, which may review this report with proper release from the patient. Granting of accommodations may be based on standards different from those upon which this report is based. For example, the Average Person Standard may be employed by the institution as opposed to a Discrepancy Based model which is utilized in this report.

_____

Print Patient Name

_____

Signature of Patient

_____

Date

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PrincetonNeuropsychology.com

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

CREDIT CARD AUTHORIZATION FORM

I authorize Princeton Neuropsychology at RSM/ Sports Concussion Center of New Jersey to use my credit card number (indicated below) for payment of services rendered. This authorization will remain in effect until I provide a written notice to stop use of my credit card.

Today's Date _____

Print Patient Name _____

Print Cardholder's Name _____

Credit Card Number _____

Card Exp. Date _____

Security Code _____

Billing Address _____

Billing Zip Code _____

Phone Number _____

Cardholder Signature _____

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

As part of your evaluation/testing/treatment, we may engage in video-conferencing or other electronic communication. Please be aware of and agree to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are still responsible for full payment.
- As your psychologist, we may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
- We use a secure, HIPAA compliant video platform for conferencing and strive to safeguard your privacy. However, if needed, we may communicate with you via email, FaceTime, Skype, Zoom, Google docs, telephone, or other modes, all of which may not be fully secure, private, or HIPAA Compliant.

Patient Name: _____ Date_____

Signature of Patient if 13 yrs or older _____

If Patient is under 18 years of age:

Parent/Guardian Name _____

*Parent/Guardian Signature*_____

Other Parent/Guardian Name _____

*Other Parent/Guardian Signature*_____

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

Telehealth Call and Emergency Contact Form

Please complete all information

Date of Completion of Form: _____

Patient Name: _____

Preferred Phone: _____

Patient Address: _____

Preferred email address: _____

Place of Treatment: _____

Emergency Contact Person and Phone: _____

Local Emergency Services: _____

Please initial here that patient promises that they will not record the session and that the session will be private and secure, unless the patient indicates that there is someone else in the room and that the other person will be made visible to the treating doctor/staff. Yes____

Patient Name: _____ Date_____

Signature of Patient if 13 yrs or older _____

If Patient is under 18 years of age:

Parent/Guardian Name _____

Parent/Guardian Signature_____

Other Parent/Guardian Name _____

Other Parent/Guardian Signature_____

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

HIPAA: Notice of Privacy Practices

1/2024

Notice of Doctor's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. **YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY.**

Uses and Disclosures for Treatment, Payment, and Health Care Operations
We (heretofore Princeton Neuropsychology at RSM/SCCNJ and their staff) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"Treatment, Payment and Health Care Operations"

Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another doctor.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use" applies only to activities within our practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of practice group such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization
We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

- We will also obtain an authorization from you before using or disclosing: PHI in a way that is not described in this Notice. Psychotherapy notes · PHI for marketing purposes · PHI in a way that is considered a sale of PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization
We may use or disclose PHI without your consent or authorization in the following circumstances:

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

HIPAA: Notice of Privacy Practices

1/2024

Notice of Doctor's Policies and Practices to Protect the Privacy of Your Health Information

- Child Abuse: If we have reasonable cause to believe that a child has been subject to abuse, we must report this immediately to the New Jersey Division of Youth and Family Services.
- Adult and Domestic Abuse: If we reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, we may report the information to the county adult protective services provider.
- Health Oversight: If the New Jersey State Board of Psychological Examiners issues a subpoena, we may be compelled to testify before the Board and produce your relevant records and papers.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We must inform you in advance if this is the case.
- Serious Threat to Health or Safety: If you communicate to us a threat of imminent serious physical violence against a readily identifiable victim or yourself or to the public and we believe you intend to carry out that threat, we must take steps to warn and protect. We also must take such steps if we believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps we take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents
  if the intended victim is under 18, and warning your parents if you are under 18.
- Worker's Compensation: If you file a worker's compensation claim, we may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Patient's Rights and Doctor's/Staff Duties

Patient's Rights:

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may choose to provide you with a summary of your record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy: You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

HIPAA: Notice of Privacy Practices

1/2024

Notice of Doctor's Policies and Practices to Protect the Privacy of Your Health Information

- Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- Right to Be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- Right to Opt out of Fundraising Communications. You have a right to decide that you would not like to be included in fundraising communications that I may send out.

Psychologists' Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will post such a notice in our offices and give you a copy at your next appointment.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Dr. Rosemarie Scolaro Moser, Director, 609-896-1070 and/or the NJ State Board of Psychological Examiners in Newark, NJ, as posted in our office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on April 14, 2003 & September 23, 2013.
We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting in our office and giving you a copy at your next appointment.

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

Acknowledgement of HIPAA Rights

By your signature below, you indicate that you have received and/or read a copy of the "*Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information.*"

The notice is available on website: www.PrincetonNeuropsychology.com as well as in the offices of Princeton Neuropsychology at RSM and SCCNJ.

_____ _____

Signature of Patient (13 years or older) Today's Date

_____ _____

Print Patient Name Birthdate

_____

Signature of Parent/Guardian if patient is under 18 years

_____

Signature of Other Parent/Guardian if required

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394

PRINCETON Neuropsychology at RSM | Sports Concussion Center of New Jersey

1/2024

CONSENT FOR DISCLOSURE OF PATIENT RECORDS OR COMMUNICATION

(Only complete this form if you would like us to share your information with another person, another doctor, or your insurance company)

I hereby authorize **Princeton Neuropsychology at RSM/SCCNJ/** to disclose information and/or receive information to the extent or nature indicated to/from Recipient Name/Address/Contact Info: _____ _____ for the purpose of **case consultation, record release, and/or billing**. The information to be disclosed shall be limited to that information necessary to fulfill the above-stated purpose and may include the following items (unless crossed out by me):

Drug and/or alcohol abuse information
Information regarding Immunodeficiency virus (HIV) including laboratory test results
Diagnosis of AIDS or ARC, if applicable
History and physical examinations
Psychological & neuropsychological test results
Raw data from psychological and neuropsychological tests
Clinical notes, including correspondence and billing/insurance information
Psychological and neuropsychological reports
Other: _____

Regarding: **(Patient Name)**_____ whose date of birth is _____ and whose social security number is _____.

I understand that in New Jersey the communications between patients and psychologists are privileged and confidential and, in most instances, may only be released with my written consent. I also understand that I may revoke this consent at any time except to the extent action has been taken in reliance thereon. This consent is effective immediately and will expire after 365 days from the date of signature. However, I also understand that I may revoke my consent before 365 days elapses by writing to you and withdrawing my consent. This consent is for the above stated purposes only and specifically does not authorize the release of documents or information therein to any other party except as required in the filing of court documents in connection with the aforesaid purpose. I understand that treatment, payment, enrollment, or eligibility for benefits in an insurance plan that is not ERISA exempt cannot be a condition of authorization of psychotherapy notes (not progress notes as defined by HIPAA, federal law). I understand that once information is released, there is potential for that information to be redisclosed and no longer protected by HIPAA. A photocopy of this consent form is as good as the original. I hereby release Princeton Neuropsychology at RSM/SCCNJ and its employees, personnel, officers, directors, and professional health care providers from any and all legal responsibility or liability resulting from the release of the above information to the extent indicated and authorized herein.

Patient (13 years or older) Signature:_____

Parent/Legal Guardian (if Patient is under 18 years of age) Signature:_____

Other Parent/Legal Guardian Signature, *if required*:_____

Today's Date_____

manager@PrincetonNeuropsychology.com
609-895-1070 609-896-2030
100 Canal Pointe Blvd, Suite 210
Princeton, NJ 08540

Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP
Director
NJ Psychology License #SI 02148
PA Psychology License #PS 004532L
APIT #3394