SCNEURO
W. Howard Buddin Jr., Ph.D.
Neuropsychologist | Licensed Clinical Psychologist

PATIENT REGISTRATION

Patient's Name: _____ Maiden Name: _____

Date of birth: / / Age: _____ Gender: _____ Marital Status: _____

Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Employment Information

Employer Name: _____

Address: _____

Phone: _____ May We Contact You at Work? ☐ Yes ☐ No

Account Guarantor

Relationship to patient (if "self," you may skip the rest of this section): ☐ Self ☐ Other (please describe):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer: _____ Phone: _____

For child and adolescent patients, please complete the following:

Mother	Father
Name: _____	Name: _____
Phone: _____	Phone: _____

Referred to SC Neuro by: _____

29 Leinbach Dr, Suite D4
Charleston, SC 29407
Phone: 843.509.6521 | Fax: 843.636.3406
www.scneuro.com

Some insurance carriers require the following information for payment processing. Please select ONE choice from each of the categories below:

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined

Race:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Other ☐ Declined

Relationship To Insured:

☐ Spouse	☐ Child	☐ Significant Other	☐ Self
☐ Mother	☐ Father	☐ Life Partner	☐ Grandfather or Grandmother
☐ Grandson or Granddaughter	☐ Nephew or Niece	☐ Adopted Child	☐ Foster Child
☐ Stepson or Stepdaughter	☐ Handicapped or Dependent	☐ Dependent or a Minor of Dependent	☐ Employee
☐ Organ Donor	☐ Cadaver Donor	☐ Emancipated Minor	☐ Injured Plaintiff
☐ Child Where Insured Has No Financial Responsibility	☐ Ward	☐ Other	☐ Unknown

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OFFICE POLICY

Thank you for choosing me as your Clinical Psychologist/Neuropsychologist! I love what I do, and my goal is to deliver the most efficient, complete care that is available, anywhere. We will discuss assessment and possible treatment options during today's appointment, as well as any and all associated costs and fees. This office policy details some of these issues. Please ask about anything that is unclear.

Insurance, Fees, and Payments

We will pre-certify your benefits and estimate costs in advance of your appointment(s). Please note that this is an estimate, and not a guarantee. We will also submit your insurance claims for each appointment. We will not, however, negotiate on your behalf after your insurance carrier issues payment.

Please be prepared to pay the estimated charges for your appointment(s). Any payment for your care, including co-pays, deductibles, and non-covered services, is *due on the day of your appointment*. If your insurance company does not pay, *you are responsible for payment in full.* Payments can be made with cash, personal check, and debit and credit cards; we cannot accept American Express cards. Please note that there will be a $20.00 service charge on all returned checks. We encourage you to contact your insurance company to verify your coverage and determine the limits of your coverage.

I charge $100 for missed interview or feedback appointments, and $200 for missed testing appointments. These charges are neither billed to, nor covered by, your insurance carrier. You were charged a $200 deposit if you elected to have an interview and assessment appointment on the same date, the terms of which were covered when you scheduled your appointments. Please do not hesitate to ask if you have further questions about how this deposit is handled.

All evaluations requiring testing have an additional, one-time, non-refundable $50 fee added. This nominal fee covers the costs associated with the technology and instruments used during the course of the evaluation. This fee is not billable to/covered by your insurance carrier, is assessed separately, and is due on the date of your assessment (usually the appointment following the intake interview). Checks should be written to W. Howard Buddin Jr., Ph.D.

Scheduling & Appointments

Reserving time for your particular needs is our priority. Please be aware that your appointments will begin and end according to the scheduled time. We cannot add time if you arrive late. In the event of a late arrival, you will be charged for the full clinical hour. Please give us *at least* 24 hours' notice if you must cancel or change an appointment. This courtesy makes it possible for us to give your time to someone else in need. Repeated cancellations or missed appointments might result in loss of future appointment privileges. Lastly, we will not schedule you for another appointment if you twice cancel, reschedule, or miss your assessment/testing appointment.

For Divorced Parents of Children who are Patients

The custodial parent is always legally responsible for the entire case fee without regard to divorce decree or any separate agreement that might exist. In joint custody, one parent must be accountable for the fee. There is no situation where splitting the case fee or making two financial arrangements for one case fee is acceptable or appropriate. The custodial parent must always provide documentation to the fact that they are (a) the custodial parent and (b) legally responsible for medical, mental health, and/or psychiatric healthcare decision-making. If you do not have this documentation with you, we will not see your child and we will have to reschedule the appointment.

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Forensic/Legal Involvement

Please let us know, as early as possible, if you are involved in any sort of litigation, as it can have a significant impact on many aspects of the evaluation process. Dr. Buddin works only as an expert witness in forensic/medicolegal cases, not as a fact witness. Please ask if you are not sure about what this means.

Assignment of Benefits/Financial Responsibility

I assign all insurance benefits, if any, otherwise payable to W. Howard Buddin Jr., Ph.D./South Carolina Neuropsychology, LLC (SC Neuro) for services rendered. I understand that I am ultimately responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I have read the information stated above and I am in agreement with the policies and procedures as presented.

Confidentiality & Office Procedures

Information regarding treatment will not be released unless there is written consent from the patient or the patient's legal guardian or caregiver. Information *can be released without consent or assent* (assent is consent that is spoken) in the following cases: indication that immediate danger to self or others exists; a court order that directs the release of information; disclosure of sexual abuse, physical abuse and/or neglect of a child under the age of 18. If this evaluation is being conducted as part of legal proceedings, confidentiality may not apply, as information will be released to your attorney and may be discussed as part of a deposition and/or courtroom proceedings.

Communication Between Patient/Caregiver and Our Office

You have the right to request and have our office communicate with you by alternative means. For example, we can accommodate your request to receive appointment reminders by text or phone, or send a link to your evaluation report by e-mail. Email is an *unencrypted* form of communication. This means that SC Neuro, LLC/W. Howard Buddin Jr., Ph.D. have implemented policies and procedures to restrict access to, protect the integrity of, and guard against unauthorized access to electronic Personal Health Information (e-PHI). If you would like, we can send you a link to download an encrypted version of your report and other medical records containing your PHI.

Please choose one of the following:

☐ I understand the risks of using email to send and/or receive my PHI and do hereby give SC Neuro, LLC/W. Howard Buddin Jr., Ph.D. permission to communicate with me via email.

NOTE: Please *do not* give an email address associated with your employer/job. Please give only a personal email address (such as @gmail, @hotmail, @yahoo, etc.)

Email address: _____

☐ Please use the United States Postal Service to send my report and/or anything with my PHI.

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ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

I agree to have Dr. Buddin perform neuropsychological and/or psychological testing, psychotherapy, and/or related mental health treatments, but I may at any time decline specific recommendations. I also agree to allow Dr. Buddin to consult with other professionals deemed appropriate and necessary in providing quality care. Patients can file inquiries with the South Carolina Board of Examiners in Psychology. The Board of Examiners in Psychology offices may be reached at:

SC Board of Examiners in Psychology
P.O. Box 11329
Columbia, SC 29211-1329

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I authorize Dr. Buddin to release relevant/necessary information to my insurance company and the professional who referred me (or my child). This information is protected under the HIPPA Privacy Act. I have read the information stated above and I am in agreement with the policies and procedures as presented.

I acknowledge that I have received the HIPAA notice of Privacy Practices and Patient Services Agreement from W. Howard Buddin Jr., Ph.D./South Carolina Neuropsychology, LLC (SC Neuro).

I have read all information above, and I am in agreement with the policies and procedures as presented.

Signature (Patient/Guarantor or Parent/Guarantor)	Relationship to patient if other than self
Print Patient's name	Date

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