



**Rosemarie Scolaro Moser, PhD, ABN, ABPP-RP, Director**  
American Board of Professional Neuropsychology  
American Board of Professional Psychology-Rehabilitation  
NJ Psychology Lic. # SI02148  
NJ Certified School Psychologist

**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:* Thank you.

We are 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.rsmpsychology.com](http://www.rsmpsychology.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 or psychological 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. Our office manager 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 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 last 30 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. Also, data collected from this baseline (and any post-concussion) testing may be used for research to help further understand the nature of concussion and brain injury. All personal identifying information will be removed for research purposes. We believe that there is no risk or identified harm for such participation. If you choose not to let us use the de-identified, anonymous data for possible future research, please let us know in writing immediately.

**If you choose to receive biofeedback services,** please note that such treatment has been shown to be an effective tool for a number of medical conditions, but that there is no guarantee regarding how it will affect your course of recovery. If you suffer from a medical condition that requires medical clearance before participating in biofeedback, please let us know immediately.

**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, or injury opinions.

**281 Witherspoon Street • Suite 230 • Princeton, NJ 08540**  
**phone 609.895.1070 or 1076 fax 609.896.2030**  
[www.sportsconcussionNJ.com](http://www.sportsconcussionNJ.com) [www.rsmpsychology.com](http://www.rsmpsychology.com)



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**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 we resist communicating via email or text as these modes are not HIPAA compliant.

**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:**

**Rosemarie Scolaro Moser, PhD, Director** (NJ Lic. 2148) received her doctorate in Professional Psychology from the University of Pennsylvania. She is a certified diplomate of the American Board of Professional Psychology in Rehabilitation and the American Board of Professional Neuropsychology, a certified school psychologist, and certified in Alcohol and Substance Use Disorders by the American Psychological Association (APA). She is a fellow of APA, National Academy of Neuropsychology, and Sports Neuropsychological Society.

**Sarah Friedman, PsyD, Post-Doctoral Fellow** (NJ Permit #193-039) provides patient services under her NJ Permit and the license/supervision of Dr. Moser. She received her Doctorate in Clinical Psychology from Widener University with a specialization in Clinical Neuropsychology. She completed her Master's degree in Crisis and Trauma Studies at Tel Aviv University and her Bachelor of Arts in Psychology from the University of Pennsylvania, graduating Magna Cum Laude.

**Christina Zebrowski, PsyD, Post-Doctoral Fellow** (NJ Permit #183-059) provides patient services under her NJ Permit and the license/supervision of Dr. Moser. She received her doctorate in Clinical Psychology from the Philadelphia College of Osteopathic Medicine with specialization in neuropsychology. She completed her Bachelor of Science in Psychology from the University of Pittsburgh and her Master's degree in Clinical Psychology from Loyola University Maryland. She is a member of the Psi Chi National Honor Society for Psychology. She recently completed a certificate program in Cognitive Rehabilitation from ACRM.

**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.

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Signature of Patient if over age 13

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Print Name of Patient

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Other Parent/Legal Guardian,

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

**281 Witherspoon Street • Suite 230 • Princeton, NJ 08540**  
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