



PSYCHOLOGICAL EVALUATION CONSENT FORM

Patient Name: _____

This form contains information about a Psychological Evaluation. If you have any questions regarding the information contained in this form, please ask before signing.

Nature and Purpose of Evaluation

The goal of the Psychological Evaluation is to determine if you are experiencing any psychological disorders and if so, the likely diagnoses. The evaluation will also provide recommendations for treatment, if applicable, as well as suggestions for supportive services if needed. In addition to an interview where you (and family members, if you choose) will be asked questions about your personal background and psychological symptoms, you will be asked to complete various standardized tests (mostly paper and pencil) and asked to fill out questionnaires to assess the nature and extent of any medical and/or psychological problems that may be affecting your current level of functioning.

Confidentiality

Information obtained during assessments is confidential and can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality including:

- A statement of intent to harm yourself or others
- Statements indicating harm or abuse of children or vulnerable adults
- Issuance of a subpoena from a court of law
- Information shared with insurance companies for the purpose of payment

I have read and agree with the nature and purpose of this assessment and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing.

Patient Signature

Date

Guardian Signature (if applicable)

Date