



Expert Psychological Evaluations

212 Center Street
9th Floor
Little Rock, AR 72201

phone: 501-444-2688
fax: 501-404-0390
office@psychological-evaluations.com

Consent for Psychological Evaluation

This authorization signifies that I have been provided with the following information:

1. The purpose of the examination;
2. The nature of the procedures (ex. pencil-and-paper tests, oral tests, clinical interview);
3. The intended use of the evaluation (ex. inform legal proceedings);
4. The information gathered may be available to the court, judge, and attorneys involved in the case;
5. The identity of the retaining party and client who is requesting the examination;
6. A report may be created. The report will be released to the referral source; the report cannot be released to me. To maintain test security, requests for information will be limited to the provision of a report and scores, with the exception that copies of raw test data sheets that can be released to another licensed psychologist;
7. The results of the evaluation may be unfavorable, and the evaluator is a neutral party regardless of the retaining party;
8. The limitations of confidentiality regarding data gathered during the evaluation, including the legal obligation to report information regarding child abuse, elder abuse, and threats of harm to self/others to appropriate authorities;
9. The evaluator may testify about me and this assessment in deposition and trial(s);
10. No treating relationship exists between the evaluator (i.e., there is no doctor-patient relationship) and me. The evaluator is not my therapist and will not provide therapy;
11. The importance of performing with my best effort on the testing. Although some might consider exaggerating or minimizing problems on testing, I have been informed that this, rather than helping my case, may actually make my results more difficult to interpret;
12. I am free to terminate the evaluation at any time and can refuse to answer any questions;
13. Even if I interrupt or discontinue the assessment, it is possible (depending on applicable laws, rulings by the court, and/or decisions by the attorney in this case) that the evaluator may be called upon to submit a report and testify about the assessment, even if the assessment is incomplete;
14. If I am signing for a minor or dependent adult, I attest that I am their rightful legal guardian or conservator;
15. The evaluator may consult with and exchange information with anyone that may be relevant to this legal matter, including collateral contacts;
16. Unless noted otherwise below, a photocopy of this form and my signature is as valid as the original.

By signing below, I am affirming that I fully understand and agree to the above-described terms and conditions. I give my consent to the evaluator to conduct the psychological evaluation.

Sign: _____ Date: _____

(Please Print Name)

(Name of Minor if Applicable)