

Adult - Assessment Informed Consent

Please complete this form prior to first assessment appointment.

Informed Consent for Psychological Evaluation

I, the undersigned, agree to allow Mission Psychology to perform the following services (check all that apply):

- Psychological testing, assessment, or evaluation
- Consultation with my physician
- Consultation with school personnel
- Consultation with lawyers
- Deposition (that is, written testimony given to a court, but not made in open court)
- Testimony in court

I, the undersigned, understand that these services may include direct, face-to-face or remote contact, interviewing, or testing. They may also include the clinician's time required for the reading of records, consultations with other psychologists and professionals, scoring of tests, interpreting the results, and any other activities to support these services. I understand that the fee for this (these) service(s) will be about \$150 per hour. Although my health insurance may repay me for some of these fees, I understand that I am fully responsible for payment for these services.

I understand that this evaluation is to be done for the purpose(s) of:

I also understand the clinician agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accordance with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to the scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a secure place to maintain their confidentiality. I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

Patient's Signature

Date

Patient's Name

First

Last