

Center for Therapeutic Services and Psychodiagnostics

Please reach each point below carefully and sign below indicating that you understand:

- I understand that my psychological status is being evaluated either through self-referral, parental referral, or via another professional/third-party that I have received services from or am applying for a job with.
- If I was referred via a third party for this evaluation I understand that I may not be the primary client and as such may have very limited access to any verbal feedback or access to any written report based on the results of this evaluation.
- I understand that this release is for the purpose of facilitating consultations with other providers, a potential employer and/or treatment implications/recommendations and not for therapy.
- I understand that there may be verbal feedback or a formal report about me based on the results of this assessment.
- I understand that as part of conducting this evaluation, the evaluator may consult with and exchange information with anyone that may be relevant to this matter. An appropriate release of information form will be requested and information obtained from third parties upon signing of release (by client or legally authorized individual).
- I take sole responsibility for the information exchanged that may be detrimental and damaging to me or to my legal position.
- I understand that unless noted otherwise, a photocopy of this form and my signature is as valid as the original.
- I understand that state laws may require the evaluator to disclose otherwise privileged information in situations of suspected child, elderly, or disabled persons abuse; or of suspected potential harm to oneself or to another. I also understand that state laws may require the evaluator to disclose otherwise privileged information when so ordered by a court or other adjudicative body or when record information is ordered via a subpoena.
- I acknowledge that I have been explained all fees resulting from this evaluation and my fiscal responsibility.
- I acknowledge that I have been explained the nature and purpose of this evaluation.
- I acknowledge that if I breach this contract or act in a way that would require the evaluator to violate ethical, legal, or professional obligations, the evaluator may terminate the relationship.
- In consideration of the evaluator's agreement to perform this service, I release the evaluator and each entity from any liability that might directly or indirectly result from the exchange of any information covered by this agreement.
- I agree that this is a legally binding document and that I fully understand the rights, privacy, and privileges that I waive by signing this agreement (where applicable).
- By signing below, I indicate that I understand and agree to the nature and purpose of this assessment, to the ways in which it may be reported, and to each of the points listed above.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask. Once the evaluation is completed, and with the permission of the requesting party (if applicable), the evaluator may be able to have a meeting with you to explain the results and answer any of the questions you might have.

Signature: _____ **Date:** _____

Printed Name: _____

Legal Guardians (s) Signature: _____ **Date:** _____

Printed Name: _____