

Lakeview Medical and Psychiatric Healthcare

Nikki Hernandez, Ph.D.

Informed Consent for Psychological Assessment

I _____, agree to undergo psychological testing administered by Dr. Nikki Hernandez, Licensed Clinical Psychologist, or by a test administrator supervised by Dr. Nikki Hernandez.

-----or-----

I, _____ as parent, legal guardian, or conservator with the understanding that I have the legal authority to grant consent for such psychological testing service on behalf of _____, agree to have him/her to undergo psychological testing administered by Dr. Nikki Hernandez, Licensed Clinical Psychologist, and I understand that Dr. Hernandez will complete a written report summarizing test results.

I have read, understood and agreed to the following statement as the conditions under which I have given this consent. I also understand that with written notice, I can revoke this consent at any time.

I understand that the testing process involves the completion of a variety of psychological assessment instruments and personal interviews. The total time of the evaluation may vary and will depend upon the questions I (or the referral source who made the testing referral) might have. I understand that I may experience emotional distress because of the personal nature of some of the information solicited by the testing process. I may interrupt or discontinue this testing process at any time. After the testing process is completed, a report based on the results of the testing and information provided by me and others will be written. A copy of this report will be kept in my treatment record with Dr. Nikki Hernandez. An appointment with Dr. Hernandez may be scheduled to discuss the results of the psychological testing.

Limits of Confidentiality: Like all treatment records, reports and results of psychological testing are confidential and can be released only with a written consent authorizing such release. However, I understand if I disclose information related to suspected threats of physical harm of self or others, occurrence of child, elder, or dependent adult abuse, or if commanded by court order, Dr. Nikki Hernandez will be required to disclose such information to appropriate authorities or parties mandated by law.

_____ I have read this form or had it read to me.
_____ My questions regarding this assessment, if any, have been answered.
_____ I understand the purpose and nature of this testing.
_____ I understand the testing process and procedure.
_____ I understand that I have the right to refuse this assessment.

Signature of Client or Personal Representative

Evaluator

Printed Name of Client or Personal Representative

Date