

Consent For Psychological/Neuropsychological Evaluation

I understand that the purpose of this evaluation is to provide information about me for my physician or other health care provider, who has requested the evaluation in order to assist in their diagnosis and treatment of me. The material from the interviews(s) and psychological/neuropsychological testing will result in the generation of a report that will provide information related to diagnosis and treatment of me. The report generated by clinicians at Northwest Neurobehavioral Institute (NNI) will be sent to my physician or other health care provider and my NNI provider may also discuss the results of the evaluation with them. My NNI provider will also discuss the results with me and any others that I so designate by signing a release of information allowing my NNI provider to do so. If this evaluation is being covered or partially covered by my insurance NNI may be required to provide the insurance company with a report as well.

My clinician's questions will touch on personal and private matters that could cause me emotional discomfort and revive painful memories. I recognize that my clinician has no intention of causing any personal discomfort and that he/she is simply carrying out his/her professional task associated with this evaluation. Even though some of the subjects under discussion may not appear at first glance to have a direct connection with the issue at hand, I will cooperate to the best of my ability. I understand that although I am expected to give honest and accurate answers, I am free to refuse to answer any question I choose or to terminate the evaluation whenever I wish.

My clinician is required to notify authorities if he/she knows of or suspects that a child, dependent, or elderly adult has been or is being abused or if he/she has reason to believe that I may harm myself or others.

The terms of this evaluation had been reviewed, understood, and agreed to by me.

Sign: _____ Date: _____
(Age 13 or older)

(Please Print Name)

Parent/Guardian/
Legal Representative: _____ Date: _____

(Please Print Name)