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Informed Consent for Mental Health Evaluation/Treatment

Initials

1. _____ I hereby voluntarily consent to a mental health evaluation including psychological testing. I understand that these are primarily pencil-and-paper tests and an interview given for my benefit to better understand my psychological make-up. I know that the results and issues discussed are private and cannot be communicated to anyone else without my consent.

(This is consent for your initial psychological evaluation)

2. _____ I hereby request that the results of this psychological evaluation be released to the following individual or agency: ***(This is your consent for me to release confidential psychological records)***

3. _____ I hereby acknowledge that test results provide only *estimates* of my current psychological functioning. No single psychological test is perfectly accurate. They may or may not be helpful in determining the outcome of my legal case. They may or may not be accepted in court.

(This confirms that you know that test results may or may not be helpful to your stated need or purpose)

4. _____ I hereby voluntarily consent to mental health treatment. I understand that this primarily includes psychotherapy (talk therapy), either individually or with my family. I know that the issues I discuss are private and cannot be communicated to anyone else without my consent.

(This is consent for your treatment if needed)

5. _____ I understand that all information shared with a psychologist is confidential. There are, however, limits to confidentiality. The following situations are ***exceptions*** to confidentiality (meaning that relevant information may have to be disclosed to another person or to authorities):

- a. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- b. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- c. When a valid court order is issued for medical records, the clinician and the agency are sometimes bound by law to comply with such requests.

Name of Client/Patient: _____ DOB: _____

Date ____ / ____ / ____

Signature of Client/Patient