**DVR Psychological Evaluation Consent**

This Psychological/ Neuropsychological Evaluation is being conducted at the direct request of **the Colorado Division of Vocational Rehabilitation** (DVR)**.** Therefore, it is different from other, more common psychological services.

It is important for you to understand how this evaluation differs from more tradition psychological evaluations. While the results of this evaluation may or may not be helpful to you personally, the primary goal of this evaluation is to provide information about your psychological and/or neuropsychological functioning to the Division of Vocational Rehabilitation.

The purpose of this evaluation is to assist with eligibility determination, or to guide your rehabilitative services. Therefore, the confidentiality of this evaluation, and the results therein, are determined by the rules of the Division of Vocational Rehabilitation; ***regular “doctor-patient confidentiality” rules do not apply***. Your DVR counselor has authorized this evaluation, which will be paid for by the state of Colorado. He/she alone will receive a copy of the report, and maintain the authority to control how it will be used, and/or who will have access to it.

***Exceptions to the above could include:***

* A professional determination on my part that you present an immediate danger to yourself or another person
* You reveal information that suggests a child has been or is being, abused
* A court of law orders me to release information

There may be other examples where the laws require me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis. Your participation in this evaluation is voluntary, and I will not conduct the evaluation without your consent. You also have the right to pause or terminate the evaluation at any time.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , read, understood and consented to all aspects of this document

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The practice of licensed psychologists in Colorado is regulated by:**

Department of Regulatory Agencies

Mental Health Section

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