**Forensic Psychological Evaluation Consent**

***This Forensic Psychological Evaluation is being conducted at the request of:***

Therefore, it is different from other psychological services. It is important for you to understand how a forensic evaluation differs from more tradition psychological evaluations.

***This evaluation is specifically for the purpose(s) of:***

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about your psychological functioning to the individual or agency requesting the evaluation for use in a legal matter.

The purpose of the evaluation is for a legal proceeding. As such, the confidentiality of the evaluation and the results therein, is determined by the rules of that legal system. *Traditional doctor-patient confidentiality rules do not apply*. If your attorney has requested this evaluation, he/she will receive the copy of my report and will control how it is to be used and/or who will have access to it.

*Typically, the results of this evaluation are protected by the attorney-client privilege. However, exceptions to this rule could include:*

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

There may be other examples where the law requires me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis. Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it, will be admissible into evidence, as well as any other information that was provided concerning your mental health and functioning. If you have any concerns about the use or distribution of my report, you should discuss these issues carefully with your attorney.

If someone other than your attorney requested the evaluation, that individual is my client and he/she has complete authority over the results, including whether or not any information will be released to you, or to anyone else. In addition, because the evaluation was requested by another party, and was not conducted for the purpose of treatment or psychotherapy, the resulting confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that hired me, and has such authority, or if I am legally required to do so.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your consent and signature on this document. You also have the right to stop the evaluation at any time. There may be legal consequences if you stop the evaluation; therefore, it would be in your best interest to consult with your attorney before doing so.

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

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

Signature Date

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

Witnessed

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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