**Fit-For-Duty Examination /Psychological Evaluation Consent**

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

**The City of Fort Collins**

Therefore, it is different from other psychological services. It is important for you to understand how a forensic or fit-for-duty 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, cognitive or adaptive functioning directly and solely to the individual or agency requesting the evaluation, and for use in an employment-related matter only. Full cooperation with all aspects of this evaluation is likely a condition of your continued employment.

The purpose of this evaluation is for an employment proceeding. As such, the confidentiality of the evaluation and the results therein, is determined by the rules of your employer. *Traditional doctor-patient confidentiality rules do not apply*. If your employer 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 these evaluations are protected by occupational and sometimes medical 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 an occupational proceeding, the report and any information pertaining to it, will be released to your employer, 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 or HR Director.

If someone other than you requested this evaluation, that individual or agency is legally my client and he/she/it 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 healthcare, treatment or psychotherapy, the resulting confidentiality may have fewer legal protections. I will not release confidential information unless it is directly relevant to the evaluative question, I am 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. However, there may be legal or occupational consequences if you choose to stop the evaluation at any point in time before it has been completed or fail/refuse to comply with any aspect of the evaluation; therefore, it would be in your best interest to consult with your attorney/HR Director before doing so. ***In most cases, when a fitness-for-duty evaluation has been ordered by your employer, complete cooperation with the entire evaluative process is a requirement for your continued employment.***

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

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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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