

Consent and Agreement for Psychological Testing and Evaluation

I, _____, agree to allow the psychologist named below to perform the following services:

- Psychological testing, assessment, or evaluation (including **online testing**)
- Report writing
- Consultation with school personnel
- Consultation with lawyers
- Deposition (that is, written testimony given to a court, but not made in open court)
- Testimony in court
- Other (describe):

I understand that this evaluation is to be done for the purpose(s) of:

1. _____
2. _____

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a secure place at Harvard Counseling Center (HCC) to maintain their confidentiality. I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

This agreement concerns myself or _____

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring of tests, interpreting the results, and any other activities to support these services.

I understand that the psychologist may assign a Psychological Assistant or Testing Technician to administer various testing protocols; however, a licensed psychologist will conduct the interpretation of the test results, diagnosis, and the final report writing, if needed.

I understand that the testing process involves the completion of a variety of psychological assessment instruments and personal interviews. The total time of the evaluation may vary and

will depend upon the questions I or the testing subject or the referral source who made the testing referral might have. I understand that I or the testing subject may experience emotional distress because of the personal nature of some of the information solicited by the testing process. I or the testing subject may interrupt or discontinue this testing process at any time.

After the testing process is completed, a report based on the results of the testing and information provided by me or the testing subject and others will be written. Unless I indicate otherwise in writing to the psychologist or psychological assistant who administered the testing, this report will be given to the person or agency who referred me or the testing subject for this service and a copy of this report will be kept in the testing subject's treatment record at HCC.

I also understand that it is the referral person or agency who will make the final decision based on my test scores and the diagnosis (or no diagnosis) of disabilities. I also understand that the psychologist will only provide diagnosis (or diagnoses) based on the test scores and evaluation of me. Therefore, this assessment may or may not find disability or disabilities from my psychological profile. **Furthermore, I understand that the psychologist has no decision-making authority over the referral agency, organization, or person on how to interpret and use the assessment results, and his/her report does not guarantee the approval of my request for benefits, employment, accommodations, or services that I am seeking.**

I understand that the fee for this (these) service(s) will be about \$_____, and that this is payable in two parts: a deposit of \$_____ payable before the start of this (these) services, and a second payment of the balance due on the completion and delivery of any report (or, for depositions, testimony, or other services, at the time these services take place). I understand that I am fully responsible for payment for these services.

Signature of client (or parent/guardian) _____ Date _____

I, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of psychologist _____ Date _____

Copy accepted by client Copy kept by psychologist

This is a strictly confidential client record. Re-disclosure or transfer is expressly prohibited by law.