



NASM

Name: _____

Date: _____

Consent for Psychological Assessment

Consultation Source:

You have been referred for this psychological assessment by _____, and results will be released to them.

Nature and Purpose:

The goal of this psychological assessment is to determine the psychological impact of your injury. The current examination has been requested because of your claim of impairment or injury. When someone is injured in an accident and sees doctors for evaluation and treatment, it is common for the insurance company, attorneys, consulting physicians, or other agencies to request an examination by a psychologist of their choosing.

The examination will include an interview and psychological testing. During the interview, questions will be asked about your background and current symptoms. Standardized psychological tests will also be used.

During this process, you will need to answer questions as accurately as you can; do not minimize significant problems, but also do not exaggerate or magnify them. The tests we use are sensitive and will identify the problems you have. Please give your best effort during the testing. Failure to answer honestly may result in invalid results and could cast doubt on your condition, claims, or symptoms, and therefore affect your case. This could render the evaluation unusable, causing a waste of your time, effort, and expense to the one who is paying for the evaluation.

Foreseeable Risks, Discomforts, and Benefits:

For some individuals, psychological examinations can cause fatigue, frustration, and anxiousness. Attempts will be made to help you minimize these factors. If anything interferes with your ability to participate fully in the examination process, please tell us so we can correct or control for the situation. Once completed, the results of this examination might support fully, support in part, or not support your claim. There is no guarantee of outcome from this evaluation.

Psychologist - Patient Relationship:

This evaluation is being conducted under somewhat different circumstances than other psychological services or evaluations, and no psychologist - patient relationship is being established. This is a consultative examination only, and no therapeutic or treatment relationship exists or is implied. Thus, the rules of a traditional psychologist - patient relationship do not apply to this evaluation.

While the results of this evaluation may or may not be helpful to you personally, the goal is to provide information about how you are functioning psychologically to the individual or agency requesting the evaluation. In many cases, this evaluation is being sought for use in some type of legal proceeding. As such, the confidentiality of the evaluation and results are determined by the rules of that legal system.

Limits of Confidentiality:

Because of the nature of this evaluation, the results and interpretations of the psychological testing, interviews, or other services cannot be considered to be completely confidential. Depending upon the situation, if your claim involves a lawsuit, at minimum, your attorney, and/or the attorney or source that referred you, and the staff of those attorneys/source may have access to the results of this examination.

Should your case proceed to trial or hearing, the report and any information pertaining to it will probably be admissible into evidence, as well as any other information that was provided concerning your history, mental health functioning, and substance use background. Those individuals involved in the trial/hearing process will be exposed to such information from your examination, and the court record may be considered to be a public document available for others to review. If you have any concerns about the use or distribution of this report, you should discuss them with your attorney.

Beyond the above, confidential information about you obtained during the course of the examination can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality, which include, but are not limited to, a statement of intent to harm yourself or others, statements indicating harm or abuse of children or vulnerable adults, and a subpoena from a court of law.

If an insurance company or insurance company representative has referred you, in most cases, we must supply a copy of your report in order to be paid for our services. If you have been referred by a public agency, we will need to release a copy of your evaluation to that agency to help you with your case or claim and for us to receive payment for services rendered. If you have concerns about this, please discuss them with us prior to the beginning of the examination.

Whoever is referring you to this evaluation is considered to be the client and may have authority over the results and whether or not any information can be released to you. In addition, because the evaluation was requested by another party and is not for the purpose of treating or counseling, the confidentiality may have fewer legal protections, and NASM does not have control over where the referral source may release this information.

Participation in the Evaluation:

Your participation in this evaluation is voluntary. You may refuse to submit for the evaluation and may discontinue the evaluation at any time you so choose. In some cases, there could be consequences if you stop the evaluation; therefore, it would be in your best interest to consult with an attorney before doing so. You cannot be forced to answer questions, but if you choose not to answer a question, your response will be documented. You may be asked why you are not willing to answer questions, but you do not have to explain. That information will also be documented. It is up to you to make your own decisions about what to answer, what not to answer, and what you choose to reveal during the evaluation.

Signature:

Your signature indicates: I have read, understand, and agree with the nature and purpose of this examination and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing. I am signing this document of my own free will with no coercion to do so. I understand that I have a right to consult my attorney regarding my legal rights and/or what I should sign or do. By signing, I am giving consent for the evaluation to proceed and release to the referral source.

Examinee Signature

Date

Parent/Guardian or Authorized Surrogate Signature, if appropriate

Date

*Informed Consent based on the official statement of NAN board of directors as approved 10/14/2003.
Implemented by Neuropsychological Associates of Southwest Missouri, P.C. 7/1/2005, Revised 8/2/2016.*