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Informed consent psychological testing

[illegible][illegible][illegible]

I understand and agree to the following statement as the terms under which this consent was given. I understand that this consent is voluntary. I understand that the testing process involves completing a variety of psychological assessment tools and interviews. The total evaluation time may vary and will depend on the questions I test subject, or referral source that made the referral for the test. I understand that I or the subject of the test may experience emotional distress due to the personal nature of some of the information requested by the test process. I or the test subject may interrupt or stop this test at any time. After this test is processed it complete, a report based on test results and the information provided. The test theme and the other will be written. Unless I refer otherwise in writing to the psychiatrist or psychology teacher who administered the test, this report will be given to the person or agency that referred me or the subject of the test to this service and a copy of this report will be kept in the test subject treatment record at RAMS. An appointment with my therapist (my child) and the person who took the test will be scheduled to discuss the results of the psychological test. Confidentiality limits. As all treatment records, reports and results of psychological tests, they can only be issued with written consent to allow such release. However, I understand whether I or the subject of the test discloses information regarding suspected threats of physical harm to oneself or others, or the abuse of children, the elderly or dependent adults, or if ordered by a court order, RAMS will be required to disclose this information to appropriate authorities or parties provided by law. Name of print date name, signature Signature signature, print date signature name

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