

INTERPROFESSIONAL CENTER FOR COUNSELING AND LEGAL SERVICES

INFORMED CONSENT FOR PSYCHOLOGICAL ASSESSMENTS

This form will provide information about your services and about your rights and responsibilities as a client. You have the right to an explanation as to the nature and purpose of the assessments and answers to any questions you may have. Your signature at the bottom indicates that you understand the information and freely consent to participate in the assessment.

The Interprofessional Center for Counseling Services is a training clinic for doctoral students in counseling psychology. The students are under the supervision of a doctoral level licensed psychologist. In order to ensure the best possible service, your clinician will be discussing your assessments with their supervisor.

Nature and Purpose of Assessment

Foreseeable Risks and/or Discomforts:

For some individuals, assessments can cause fatigue, frustration, and anxiousness.

Fees and Time Commitment:

Assessments may take several hours of face-to-face testing and several additional hours of scoring, interpretation, and report preparation. This evaluation is estimated to take approximately _____ hours of face-to-face assessment time. Assessment is offered on a sliding fee scale based on the person's ability to pay for services. When it is appropriate, the services will be provided free of charge.

Third Parties:

I understand and agree that information pertaining to this assessment will be shared with

Interpreter:

I agree to have an interpreter assist me in completing the assessments. I understand that the results of the assessment will be held confidential.

Initial: _____

Confidentiality:

Information obtained during assessments is confidential and can ordinarily be released only with your written permission. State law and ethical standards *do* require that your clinician report information about you to the appropriate agency in the following circumstances:

- If there is a clear and imminent danger that you may harm yourself or others.
- If there is suspected or confirmed abuse or neglect of a child or a vulnerable adult.
- If you report or describe sexual exploitation by a previous therapist.
- If you are pregnant and abusing substances.
- Unless you are an emancipated minor, your parent or guardian may be able to access your records.

Recording and Observation

Your counselor is currently working on an advanced degree in counseling psychology or social work and is under the supervision of a licensed psychologist or licensed social worker on the faculty of the

