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NEW YORK STATE LICENSED PSYCHOLOGIST  
BOARD CERTIFIED IN FORENSIC PSYCHOLOGY

**INFORMED CONSENT FOR FORENSIC PSYCHOLOGICAL ASSESSMENT**

Your attorney has asked that I conduct a psychological assessment in connection with your court case. This form was written to give you information about this assessment process. This release is for the sole purpose of facilitating forensic consultation and not for therapy. You are therefore not a patient of Dr. Hughes and the therapist-patient confidentiality and privilege is *not* applicable. The goal of this assessment is to answer questions about you and the difficulties you may be having. The assessment will contain several parts.

In the first part, which may take more than one session, I will be giving you several standard psychological tests. We will discuss the instructions in detail when I give you the tests and it will be important that you understand them. If at any point, you are unclear as to the instructions, please let me know immediately so that we can ensure that you understand.

In the second part, I will interview you. I will ask you about yourself, your life and circumstances regarding your legal case. If there are any questions that make you uncomfortable, please let me know so that we can talk about your concerns.

In the final part of the evaluation, I will be reviewing records and talking with people, such as family members, friends, co-workers, physician, clergy, and/or current/former therapist whose names I will obtain from you, to get more information about you. This is to help me in finding materials that would provide outside corroboration to what you have to tell me. Upon signing this form, you are providing me with a release and giving me permission to contact people relevant to your case. I will only contact these people with your permission, and will not share information about you during those contacts.

Upon the completion of all parts of the assessment process, I may describe my conclusions to you either in written or oral form. This is contingent upon the advice of your attorney. It is possible, of course, that we may disagree about certain conclusions or other aspects of the case.

It is important that you be as honest as possible when responding to the items on the standardized tests, providing information during the interview, and your response to the assessment. Information that is withheld, incomplete, wrong, or misleading may be far more damaging than if I am able to find out about it now and put it in the context of my report or testimony. It is important for us to discuss any concerns you have in this area. Although I will try to be thorough when I interview you, I may not ask about some areas or information that you believe are important. If so, please tell me so that we can discuss it.

**Please read each item carefully and sign below indicating that you understand.**

- \$ I understand that my psychological status is being evaluated in connection with my court case.
- \$ I understand that this release is for the purpose of facilitating forensic consultation and not for therapy and there is no therapist-patient privilege or confidentiality.
- \$ I understand that this release is not a waiver of any attorney work-product privilege or attorney-client privilege should either of such privileges otherwise be available or in effect.
- \$ I understand that Dr. Hughes may write a formal report about me based on the results of this assessment if my attorney requests it.
- \$ I understand that Dr. Hughes may testify about me and this assessment in deposition and trial(s) related to my legal case.
- \$ I understand that even if I interrupt or discontinue with the assessment, it is possible (depending on applicable laws, on rulings by the court, and/or decisions by the attorney in this case) that Dr. Hughes may be called upon to submit a report and testify about the assessment, even if the assessment is incomplete.
- \$ I understand that Dr. Hughes uses professional copying and test scoring services and that documents from my file may be made available to such services.
- \$ I understand that Dr. Hughes consults with other professionals as part of her evaluation practice for mutual professional consultation. I understand that she engages in research and professional conferences in which anonymous evaluation material that I provide may be utilized for these purposes. I understand that my name and unique identifying characteristics will not be disclosed in any research or professional presentations.
- \$ I understand that as part of conducting this forensic evaluation, Dr. Hughes may consult with and exchange information with anyone that may be relevant to this legal matter.
- \$ I understand that state laws may require Dr. Hughes to disclose otherwise privileged information in situations of suspected child or elder abuse, of suspected potential harm to oneself or to another, in instances where the court shall order the disclosure of privileged information, or information to a subpoena for these records.
- \$ I understand that, unless noted otherwise below, a photocopy of this form and my signature is as valid as the original.
- \$ In consideration of Dr. Hughes' agreement to perform this service, I release her and each entity from any liability that might directly or indirectly result from the exchange of any information covered by this agreement.
- \$ I take sole responsibility for the information exchanged may be detrimental and damaging to me or to my legal position.
- \$ I agree that this is a legally binding document and that I fully understand the rights, privacy, and privileges that I waive by signing this agreement.
- \$ By signing below, I indicate that I understand and agree to the nature and purpose of this assessment, to the ways in which it may be reported, and to each of the points listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_