



### **Informed Consent for Testing**

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you and your child for this assessment. These questions generally concern learning styles, academic functioning, and executive functioning. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment process generally involves an informational interview followed by the administration of a variety of educational, neuropsychological and cognitive tests. Both parents and teachers will also be asked to complete ratings of the child's behavior and performance across settings. By signing this document, there is consent to send these forms to teachers and communicate with teachers as needed in order to gather all helpful and relevant data for the child. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with the psychologist to discuss the results and receive a copy of the report. Please note that full reports are only released when payment has been authorized.

The information obtained in this evaluation is confidential and will not be released to any person or organization without the written permission of the patient/parent/guardian. The only exceptions to this policy are rare situations in which you are required by law to release information with or without permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if there is concern that the child/adolescent/family member is in danger of harming him/herself or another individual; and 3) if records are subpoenaed by the court. In the rare event of any of these situations, there would be an attempt to discuss intentions before any action is taken, and disclosure of confidential information would be limited to the minimum necessary to insure safety.

By my signature below, I acknowledge that I consent to a psychological evaluation for my child by Myers Park Pediatric Psychology/Michele Mannering, Ph.D. and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at the MPPP and I freely agree to this assessment.

Patient/Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_