

Washington Psychological Services
Clinical and Forensic Psychology

Michael Crabtree, Ph.D.
87 E. Maiden Street, Suite 38
Washington, PA 15301
724-222-8525 Fax: 724-222-8545

Consent to Forensic Psychological Evaluation

I, _____, consent to undergo a psychological evaluation at the direction of this party: _____. I understand that the results of this psychological evaluation including the psychological report will be the sole property of this third party: _____. I agree to not hold the psychologist/Washington Psychological Services and/or the third party listed above responsible for any event resulting from this evaluation or the records created by it. I understand that the purpose(s) of this psychological evaluation is/are:

I understand that there is no psychologist-client relationship that will be established between me and the psychologist/Washington Psychological Services. I understand that I may withdraw my consent to this evaluation and to not transfer information at any time by means of a written letter signed by me. I also understand that my withdrawal of consent will not be retroactive, and therefore, will not apply to testing information that may have already been transferred.

I understand that my consent to this psychological evaluation will expire in 180 days after the date I signed this form. I understand that I have a right to request and receive a copy of this form from psychologist/Washington Psychological Services.

My signature below indicates my consent and understanding of the information outlined above.

Signature of Client (or custodian parent/guardian of child)

Date

Printed Name

Signature of Adolescent Client

Date

Printed Name

I, the psychologist/Washington Psychological Services, have discussed the issues outlines above with the client (and his/her parent/guardian, if applicable). My observations of this person's behavior and responses indicates to me that this individual is capable of giving informed and willing consent to this psychological evaluation.

Signature of Psychologist

Date