



FORENSIC EVALUATION INFORMED CONSENT CONTRACT

Randy Georgemiller, PhD is conducting a Forensic Psychological/Neuropsychological Evaluation of:

(Insert name of person being evaluated)

At the request of:

(Insert name of requesting party)

The requesting party is the client in this case and is:

- | | |
|---|---|
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Employer/Employer's Representative |
| <input type="checkbox"/> Workers Compensation Co. | <input type="checkbox"/> Court/Judge |
| <input type="checkbox"/> Governmental Agency | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Plaintiff Attorney | <input type="checkbox"/> Defense Attorney |

Therefore, this evaluation is somewhat different from other psychological/neuropsychological services. It is important for you to understand how a forensic evaluation differs from more tradition psychological/neuropsychological evaluations.

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about how your

psychological/neuropsychological functioning to the individual or agency requesting the evaluation.

In most cases, this evaluation is intended for use in some type of a legal proceeding. As such, the confidentiality of the evaluation and the results is determined by the rules of that legal system. If your attorney has requested this evaluation, he/she will receive a copy of the report and will control how it is to be used and who has access to it. As such, you should assume that the information gathered in this evaluation is not confidential and all of the information may be communicated to the party requesting the evaluation.

Normally, the results of this evaluation are protected by the attorney-client privilege. Exceptions to this might include a determination that you are dangerous to yourself or another person or if you reveal information that a child under the age of 18 has been abused. Information would also have to be released if a court so orders. There may be other examples where the law requires information obtained during the evaluation to be released.

Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will probably be admissible into evidence. If you have any concerns about the use or distribution of the report, you should discuss these issues carefully with your attorney.

If someone other than your attorney requested the evaluation, that individual is my client and has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that hired me or when I am legally required to do so.

You will not be provided with a copy of the final report or of material in the file. However, you may request a copy from the party requesting the evaluation.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. Any alteration of this contract without Dr. Georgemiller's approval will invalidate the contract. You also have the right to stop the evaluation at any time. There may be legal consequences if you stop the evaluation; therefore, it would be in your best interest to consult with an attorney before doing so. In addition, if appointments are not kept or are cancelled within 24 hours of the appointment time, the person requesting the evaluation will incur charges for the unused time that has been set aside for these services.

The evaluation itself consists of two separate parts: an oral interview and psychological/neuropsychological testing. In addition, it may be necessary for me to review other related materials such as court records, depositions, transcripts, medical records, etc. The interview and testing may be audio and/or video recorded in order to preserve an accurate record of the evaluation.

If, at any time, you have a question about any aspect of the evaluation process, please feel free to ask Dr. Georgemiller or a member of his staff. In addition, if at any time you need a break from the evaluation, please let the evaluator know and the evaluation will be paused.

I have read and agree to the above:

Signature of Person Being Evaluated: _____

Name of Person Being Evaluated: _____

Date: _____ / _____ / _____
Month Day Year

Date of Birth: _____ / _____ / _____
Month Day Year

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If person being evaluated, is a minor or legally disabled

Signature of Guardian: _____

Name of Guardian: _____

Date: _____ / _____ / _____
Month Day Year