



FITNESS FOR DUTY EVALUATION INFORMED CONSENT CONTRACT

Randy Georgemiller, PhD is conducting a Fitness For Duty Psychological/Neuropsychological Evaluation of:

(Insert name of person being evaluated)

At the request of:

(Insert name(s) of requesting party(ies))

By signing below, I consent to participate in a psychological/neuropsychological evaluation to assess my functioning and fitness for duty in my position as:

(Insert name of position/job title)

At:

(Insert name of employer)

I understand that (Initial each after reading):

_____ My employer has raised questions about my fitness to meet the requirements and needs of this position. The results of this evaluation should be used only in regard to the current matter.

_____ I will be administered a battery of psychological/neuropsychological tests and interviewed for information that will include but not be limited to personal, legal, developmental, financial, educational, and employment history, and that additional information may be obtained from my employer, union, supervisors, coworkers, and collateral informants, etc.

_____ The party(ies) requesting the fitness for duty evaluation is/are Dr. Georgemiller's client(s). I will not be his patient or his client but rather the subject of this evaluation. All findings pertinent to answering the referral question(s) will be disclosed to the referring party(ies). This evaluation is performed at the request of and paid for by the requesting party(ies).

_____ I will not receive a copy of the written report or data obtained during the evaluation. I am not entitled to receive results, copies of reports or data, or to authorize the release of information to anyone other than the requesting party(ies) for this evaluation, unless the requesting party(ies) and I authorize release.

_____ The results of this evaluation may have a significant impact on my employment status, promotions, professional licensure, and employment responsibilities, etc.

I request that Randy Georgemiller, PhD conduct and direct this evaluation and that he prepare a report and recommendations based upon his findings.

I agree to answer all questions posed in paper and pencil measures, questionnaires, computer administered tests, professionally administered tests, and interview honestly and forthrightly to the best of my ability. I attest that all of the responses to the tests administered are mine and that I did not consult with nor was I coached by any other individual. Also, I did not read any print or electronic reference material pertaining to these materials before or during the completion of these instruments. All responses to psychological/neuropsychological tests and self-report instruments are exclusively mine. I will inform the examiner if I have been coached on how to take the tests in the past.

I agree that if I am under the influence of any drug, medication, or substance at the time of testing I will inform the examiner. If I have need for accommodation of physical, cognitive, or language special needs or medical conditions I will inform the examiner.

I understand I have no right to confidentiality and any rights I may have under HIPAA are waived such that this contract and consent take precedence. If information is revealed during the course of the evaluation that requires notification of governmental agencies (e.g., child abuse, elder abuse, threatened harm to self or others, etc.) Dr. Georgemiller will notify appropriate authorities or target(s) of threats if in his judgment this is necessary based on legal, ethical, and professional standards.

I understand that if I miss appointment(s) or cancel with less than 24-hour notice (except for sudden illness or verifiable emergency), the responsible paying party will be charged in full for the time allotted in addition to any contracted fees.

I have read and agree to the above:

(Signature of person being evaluated)

(Printed name of person being evaluated)

Date: _____ / _____ / _____
Month Day Year