

Todd Larsen, Ph.D., Licensed Psychologist
Informed Consent for Forensic Evaluations

Assessment Process and Confidentiality

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy, and will be brief and focused on the legal questions raised by the attorney who made this referral. The assessment process usually has two parts that require your participation; a structured interview, which normally takes between three and eight hours, and the administration of psychological testing, which normally takes from two to four hours. The times vary depending on how much information you have to share with me, and the complexity of the issues being assessed. I will also probably be reviewing your medical and psychological records, and other written materials relevant to your case. I may also ask you for permission to speak to other people who have known you well who may help me to understand you such as friends, family members, co-workers, or your therapist if you have one.

I am conducting this assessment process because you are, or are planning to become a party in a legal matter. If that is the case, I will be consulting with the attorney who referred you to me regarding my findings. Your consent to this evaluation includes a consent to release information to that attorney and/or their agents (for example, their paralegal). If I am called upon to testify in a deposition or courtroom proceedings, the findings of this evaluation and all supporting materials can be subpoenaed for examination by the opposing attorney, and it is very likely that this will happen. When you raise the issue of your mental status in a legal case, you most probably have waived your right to confidentiality of these records. The records of this evaluation do not constitute Primary Health Information as described under federal HIPAA guidelines because they have not been created to document your health care. If I am deposed by the opposing attorney, I will be required to respond to questions regarding my evaluation of you and my findings. I will take all possible steps to protect your privacy at any time when I am not required to render opinions or share information. It is important that you be as candid and open with me as you can possibly be during this assessment. Information that is concealed from me is potentially far more damaging than if it is revealed here so that I can integrate it into the complete findings of my evaluation.

I may be asked to write a report of my findings. If so, you will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes so as to more accurately reflect your perceptions. However, I retain my right to include those of my professional opinions and observations that I believe to best represent my findings in your case. You are not obligated to use any report that I write.

I may audio or video tape-record all of our meetings. This is standard practice in a forensic evaluation and preserves an absolutely accurate record of what you say to me. You have the right to request that I turn off the tape recorder at any time. However, I

cannot be responsible for the accuracy of my reporting of any information that you give me when the tape recorder is not running. In addition, I cannot base my opinions primarily on anything you say when the tape recorder is not running. If you recall something in between or after our evaluation sessions, please call the office and leave that information in detail on my answering machine, and I will record it onto tape. If during our evaluation you report information to me that causes me to suspect child abuse or vulnerable adult abuse, I must by law report my findings to the appropriate state agencies. I would inform you if I planned to take this step. If I learned that you were likely to harm another person, I must by law inform that person and the authorities. I would inform you if I took that step.

By my signature below, I certify that I have read and understood the forgoing and that Dr. Larsen has adequately answered any questions I may have about this evaluation. I understand that my responses during this evaluation are not confidential.

Signature of Client

Date

Printed Name

Signature of Witness

Date

Printed Name of Witness