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CONSENT FOR FITNESS FOR DUTY OR FORENSIC PSYCHOLOGICAL EVALUATION AND CONSENT FOR RELEASE OF INFORMATION

Introduction

You have been referred for a psychological evaluation. The purpose of the referral may be part of a clearance process to determine your fitness for work or to attend an academic/training program, to aid a prospective employer regarding executive selection, to answer safety-oriented questions, to assess psychological competency, to respond to one or more specific referral questions. The evaluation will involve asking you questions about your physical health, mental health, interpersonal relationships, family history, academic/work history, etc. You may also be asked to complete either a paper-and-pencil or computer-administered personality assessment. The goal of this evaluation is to get an overall picture of your coping strategies, interpersonal behavioral patterns, and psychological functioning so the referral questions can be answered as accurately as possible. Thus, it is imperative that you be open and honest with the evaluating psychologist. You may be provided with additional information about the testing and interview process and are welcomed to ask questions or raise any concerns you may have.

Proclamations

- 1) I understand that Dr. Heitt is a contracted consultant to your employer, school or attorney ("Client"), and, unless otherwise designated, is paid by this Client to provide psychological evaluations and other related consultative services. I further understand that my interactions with Dr. Heitt do not constitute a psychologist-patient treatment relationship.
- 2) I understand that if I am believed to be a danger to myself or to another person(s), actions will be taken by Dr. Heitt and/or his designees to protect myself and/or others. Furthermore, I understand that if I disclose any child abuse or abuse of another dependent person, or if my mental health records are subpoenaed, Dr. Heitt may disclose otherwise confidential information.
- 3) I authorize Dr. Heitt to release to the Client a written and/or oral summary of his findings including, but not limited to, information about my health, background, psychological functioning, interpersonal and employment history and conclusions and recommendations.

4) I understand that as an objective, independent evaluator, Dr. Heitt will offer an objective forensic opinion, and that the conclusions reached will be made with a reasonable degree of psychological certainty, but may not be to my liking.

5) I agree to disclose to Dr. Heitt all relevant information requested and to do so honestly and completely. I agree to supply, at minimum, a copy of all my mental health and legal records from every hospitalization (involuntary and voluntary) as well as outpatient treatment, day hospital/program, IOP, individual therapy, etc.

6) I understand that if I have any questions about the purpose of this evaluation, the limits of confidentiality, or any other aspect of the process, I should ask Dr. Heitt to clarify these issues.

7) I understand that I am not required to sign this authorization nor am I required to participate in this evaluation.

8) By signing below, I am indicating that I understand and agree to the terms of this consent for assessment and release of information.

Acknowledgement

Signature: _____

Date of Signature: _____

Printed Name: _____

Date of Birth: _____