Smith
PSYCHOLOGICAL SERVICES
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Consent for Evaluation and Release of Information

You have been referred you to this practice for a psychological evaluation. Information obtained during the course of the evaluation will be reported to the referring case manager.

Your signature below acknowledges your consent to participate in an evaluation, authorizes us to release a written report including photographs to the referring case manager and to consult with them as appropriate. Information obtained from you or others may not be released to any others without your written consent, unless we learn of risk to you or others, or we receive a court order or subpoena. I understand and agree that the examiner is not providing healthcare or any psychological or counseling services to me, and I fully understand that within the context of this evaluation procedure I am not a patient of the examiner or the practice of Smith Psychological Services. I understand that the report may not be legally released directly to me by the examiner (contact the referring case manager concerning their policy regarding these documents). You are not responsible for the cost of this evaluation.

Identifying Information

Name _____

Address: _____

City: _____ State: etsst _____ Zip: _____

Cell Phone: _____ Home Phone: _____

SSN # _____ DOB: _____

Medicaid/Medicare #:_____

Case Manager Name: _____ Phone: _____

I authorize Smith Psychological Services to receive and release information concerning me as appropriate, including confidential mental health treatment records, to complete a psychological evaluation. This authorization expires one year from the date hereof, unless I revoke it prior.

_____ _____
Signature Date