



Anthony O. Wells, Ph.D.
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CONSENT FOR EVALUATION

This evaluation is requested by _____ for _____, who agrees to participate in an evaluation of psychological functioning which may include cognitive testing, personality testing, an alcohol and other drug use history, and parental capabilities. I consent for the results of this evaluation to be released to the **referral party**, as well as any **other professionals** or involved parties that I deem appropriate for release. I will receive a copy of the report if I participate in an evaluation feedback session so that the results can be explained and any questions I have can be answered.

I understand that no doctor-patient or therapist-client relationship has been established with this evaluator, and this consent does not refer to on-going treatment sessions. I understand that I may withdraw my consent for evaluation at any time by means of a written letter. I also understand that my withdrawal is not retroactive, meaning that it does not apply to testing or information transfer that has already occurred. A photocopy of this form is considered as valid as the original.

According to the Code of Virginia Section 37.2-1005c, "In the absence of bad faith and malicious intent, the person performing the evaluation shall be immune from civil liability for any breach of patient confidentiality made in furtherance of his/her duties under this section. For the authority of a covered entity to disclose protected health information without the authorization of the individual, see HIPPA 45 CFR 164.512(e)."

Signature of evaluatee

Date

Signature of guardian

Date

I, Anthony O. Wells, Ph.D., have discussed the above issues with the client (and guardian). My observations of this person's responses and behaviors give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of psychologist

Date