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Clinical and Reproductive Health Psychologist

Informed Consent to Participate in Psychological Assessment and Evaluation

Please read this document carefully so that you can make an informed decision about participating in psychological evaluations. Evaluations and assessments will be administered by clinical psychologist, Katherine Ellis-Hernandez, PhD (PSY 24263). Feel free to ask any questions before signing this document and understand your participation in the evaluation is completely voluntary.

Qualifications: I am licensed by the Board of Psychology (PSY 24263) in the State of California. I received my bachelor's degree in Psychology from the University of North Carolina at Wilmington and my master's and doctoral (2009) degrees in School Psychology from Fordham University in New York. I have experience administering assessments and conducting evaluations for the purposes of assessing one's level of psychological health, diagnostic purposes, to determine fitness to participate in a health-related program or procedure, and the classification of learning disabilities.

Psychological Evaluations: The evaluation will consist of several screening assessment tools and clinical interviews. It may last between 3 to 5 hours and generally takes two sessions to administer assessments and interviews. Paper-based assessments are in self-report format and may be proctored at a secure test center. During this assessment, it is not uncommon to receive phone calls from the evaluator in order to ask follow-up questions as well. Please note, the completed report can only be interpreted by a trained professional and cannot be used for any other purpose.

Payment: Payment is due at the time of service. If a third-party is responsible for payment, this will be determined before any assessment takes place. The role of each party will be clarified at the outset, including access to the final report.

Contacting Me: Although I am not often available immediately by telephone or email, I do monitor my voicemail and email frequently and will make every effort to get back to you within 24 hours, with the exception of weekends and holidays.

Limits of confidentiality: By signing this agreement, you understand the results of the evaluation may be shared with the other parties and in some cases, school staff, medical doctors, or other health professionals who require a psychological evaluation before agreeing to accept or treat candidates. If it is agreed that you will not receive a copy of the report, you are free to contact me if you have any questions regarding the content of the report.

As part of the evaluation, persons you identify as members of your support system may be contacted in order to assess the level of emotional support each individual has and to verify significant others are duly informed of the process, their role and responsibilities as a primary support if applicable.

There are also several exceptions when evaluators are legally mandated under California law to break confidentiality. If there is reasonable suspicion a child, dependent adult, or elderly individual is being abused or neglected a report must be filed with the respective Protective Services agency. If it is believed you are making a serious threat of physical harm to another person or yourself, protective measures must be taken (e.g., notifying the potential victim, contacting the police or family members, and/or seeking hospitalization). During legal proceedings, written evaluations and assessment notes may be subpoenaed or court-ordered. If you sign a consent to release information to a third party of your choosing, (e.g., Authorization to Disclose Protected Health Information), disclosure of your records may also be made.

I understand that my participation is voluntary and that it is my right to ask questions at any time if I do not understand something. By signing this document you are indicating that you have read and understand the information. You have been given the opportunity to ask questions and agree to the terms described.

Client's Name (Print)

Client's Signature/Date

Identification Type and Number

Test Center Proctor's Signature/Date