



## LIFESONG FOR GROWTH AND WELLNESS, LLC

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### Psychological Evaluation Consent Form

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone \_\_\_\_\_ School/Work \_\_\_\_\_

#### Consent for Psychological Evaluation:

I, \_\_\_\_\_, hereby give Lifesong for Growth and Wellness, LLC and its affiliates permission to evaluate myself, my child or my ward as appropriate based upon a referral from \_\_\_\_\_. I understand that a portion of my testing may be conducted by a Psychometrist, but that final determination of findings in my evaluation are at the discretion of and signed off on by a licensed Psychologist.

I understand that the results of this evaluation will be shared with the referring agency in the form of a written report. I also understand that any evaluation that is being conducted for court purposes or is court ordered is not likely to be covered by insurance and that Lifesong will not bill my insurance for said evaluation, and will not complete said evaluation until financial arrangements to cover the cost of said evaluation are made. I have discussed, and agree to, any payment or payment plans regarding costs for this evaluation not covered by insurance or another fund source.

There are instances when the interview portion of a psychological evaluation may be required to be completed via Telehealth. The technology that is used in such evaluations is confidential and HIPAA compliant. I have been informed and understand that the evaluation being conducted today is via Telehealth. **(if applicable, initial here)** \_\_\_\_\_

#### Informed Consent

As a part of this evaluation, you will be asked to talk about many different topics. These may include current and past behavior, medical history, developmental history, family history, and other areas of importance. Sometimes information regarding physical and sexual abuse of children will be discussed, It may be difficult to discuss these issues, but if a child is at risk, it is always best to do so.

It is important that you understand that mental health professionals are mandated reporters of abuse. If you provide information about the abuse of a minor child, this information will be communicated to the Family Support and Children's Division.

In signing this document I agree that I have read and understand all of the above statements.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***If the client is under the age of consent (18 years of age) or has a court appointed guardian, this release must be signed by the client's parent or guardian.***