

Informed Consent for Forensic Evaluation

Daniel C. Claiborn, Ph.D.

Please read carefully and sign below indicating your understanding and agreement.

You have been referred for a psychological evaluation as part of a lawsuit or other legal proceeding. This evaluation will include being interviewed and tested, as Dr. Claiborn gathers information to come to conclusions and make recommendations about your personality, abilities, and limitations, and about the origins and nature of your problems or condition.

Dr. Claiborn will approach your situation as a neutral, unbiased investigator, regardless of the party paying his fee for the evaluation. The information you share with Dr. Claiborn, and the information he gathers in his evaluation of you is not confidential – everything Dr. Claiborn learns, observes, and concludes will be communicated to the party who has referred you and will likely become available in a hearing or Court proceeding. You are encouraged to offer Dr. Claiborn any information you think might help him understand your situation.

You will not receive Dr. Claiborn's report yourself – it will be released to (attorneys, court):

Dr. Claiborn considers your participation in this evaluation voluntary and that you are electing to cooperate willingly. An evaluation can sometimes be stressful, frustrating, or tiring, and questions asked of you can be personal. You are free to ask for a break at any time. You can also cancel this consent for the evaluation at any time prior to Dr. Claiborn's report being issued, by communicating your wishes to Dr. Claiborn in person or in writing.

I have read the information above and have had all my questions about this evaluation answered to my satisfaction.

Signature

Date

I understand the purpose, methods, and stresses of this evaluation, know it is not confidential, know it is voluntary, and agree to participate. I understand I have the right to cancel the evaluation at any time prior to Dr. Claiborn releasing his report.

Signature

Date

I authorize the release of Dr. Claiborn's report, including observations, test materials, opinions, conclusions, and recommendations, to the parties indicated above.

Signature

Date

INFORMATION I WOULD LIKE DR. CLAIBORN TO KNOW THAT MIGHT AFFECT THE WAY I CAN PARTICIPATE IN THIS EVALUATION: