



Consent for Psychological Testing

I, _____, agree to allow **Psychology Houston, PC** to provide me with psychological testing. I understand that I have the right to an explanation as to the nature and purpose of the tests administered and to have any questions about these tests answered.

I understand that all information is confidential and may not be made available to other individuals or agencies without my written consent. However, information about my case may be discussed with clinicians at **Psychology Houston, PC** for the purpose of diagnosis, assessment supervision, and/or the development of appropriate recommendations or remedial strategies. There are a few instances in which information concerning my case can be released without my agreement. Such a release of information could occur if:

- 1) I pose a serious danger to myself or others
- 2) There is evidence to suggest child or elder abuse
- 3) The court issues a subpoena concerning my records
- 4) A valid medical emergency occurs

I agree to pay the agreed-upon fee of \$ 3,500.00. I have read and understand what is written above.

Client's Signature

Date

Parent's Signature (if client is a minor)

Date

Evaluator

Date