

Consent and Limits of Confidentiality – Form C

You have chosen to undergo a neuropsychological or psychological evaluation. You will be asked questions during this evaluation about personal and private matters. Dr. Pinkston and his staff do not want to cause any discomfort. You are free to not answer any questions or to stop the evaluation if you wish.

Dr. Pinkston is responsible for this evaluation. He has selected the tests, will interpret the results, and is responsible for the final report. Test administration and scoring may be conducted by a technician directly supervised by Dr. Pinkston.

A report summarizing results and recommendations will be sent to your referral source, as well as other qualified professionals at your written request. Dr. Pinkston & Pinkston Psychology will not bill your insurance. Unless otherwise contracted with a third party, you will be responsible for the full cost of this service. Billing rates are available by request. If the fee for this evaluation is being paid by a company or other agency, it may be necessary to send that agency a copy of the report. You hereby consent to the release of all necessary information regarding your evaluation to any agency paying for this service.

We are required to notify authorities if we learn of or suspect that a child or vulnerable person is being abused or neglected, or if we have reason to believe that you may harm yourself or another. If you are involved in legal action and claim mental health issues, your records may have to be released. Communications between you and this office are otherwise confidential.

By signing below, you indicate that you understand and agree to:

- **Give honest and accurate answers and do your best during the evaluation.**
- **Immediately tell Dr. Pinkston or his staff if you become unable to do your best.**

Having read, or been read, and understood the above, I agree to the limits of confidentiality.

Examinee Date

Parent/Legal Guardian Date

***By signing above I certify that
I am a legal guardian of the
patient and have full legal rights
to authorize this evaluation.***

Witness Date

09.09.2017