

CONSENT FOR FORENSIC PSYCHIATRIC EVALUATION

I, _____, by signing below, acknowledge and agree to the following:

1. **CONSENT** - I agree and consent to an examination by _____, for legal or administrative purposes to which I am a party. I understand that the examination will consist of a personal interview. I understand and agree to additional repeat “follow up” or “update” sessions with Dr. _____ if needed to complete the evaluation. I understand that they will be part of the same evaluation and will follow all the rules stated below.
2. **ACKNOWLEDGEMENT OF NON-TREATMENT** - I acknowledge and agree that this examination is not treatment of any ailment or condition of any kind. I understand that although _____ is a psychiatrist, s/he is not acting as my personal psychiatrist by conducting this evaluation; I also understand that I am not his/ her patient connection with or because of this evaluation. Dr. _____ and I do not have a psychiatrist-patient relationship based upon this evaluation. Dr. _____ will not provide any medical or psychiatric treatment, nor will she suggest any treatment to me or for me. This evaluation is for administrative or legal purposes only and is not to guide clinical diagnosis or treatment.
3. **COMPLIANCE WITH THE EVALUATION** - I understand that I may refuse to complete any part of the evaluation and I acknowledge that my refusal to comply with any part of this evaluation will be documented and may be reflected in the final report.
4. **WAIVER OF CONFIDENTIALITY** – I understand that this evaluation is being conducted for a legal or administrative purpose to which I am a party or have an interest. I acknowledge that I have no expectation of privacy as to any communication or information I provide to Dr. _____. Further, I agree to waive any right to confidentiality I may have regarding any information I disclose to Dr. _____ during the evaluation process.
5. **DISCLOSURE** – I am aware that this examination is being done at the request of a third party, _____. I understand and I authorize Dr. _____ to disclose any information necessary and appropriate to explain and/or discuss the evaluation results to that third party. This includes but is not limited to Judges, attorneys, probation officers, school officials, police officers, insurance companies, employers, administration, or other individual associated with my legal case.
6. **NON-BIASED WITNESS AND REPORT** - Dr. _____ has explained to me and I understand that the written report and/or testimony in court may be favorable or

unfavorable to my case and that this will be discussed with my attorney and a written report will be prepared at his/her request _____. (initial)

Dr. _____ has explained to me and I understand that the written report prepared for administrative matter may be favorable or unfavorable to my administrative matter and that this will be discussed with the referring agency and a written report will be prepared at their request _____. (initial)

PLEASE INITIAL APPROPRIATE SENTENCE ABOVE.

7. **REPORT** – I understand that any report created as a result of this evaluation process for my legal case or administrative matter will not be delivered to me or accessible by me from Dr. _____. I understand that the report will be sent directly to the third party that requested the report. I understand and acknowledge that any request for access to the report must be directed to the third party and they may deny my request.
8. **HIPAA** – I understand and agree that I am not receiving health care services from Dr. _____ and that Dr. _____ is not a “covered entity” under the Health Insurance Portability and Accountability Act. I further understand that I will not have access to any records created by Dr. _____ as a result of this evaluation and will not require any accounting of disclosures of my information made by Dr. _____.
9. **INCOMPETENCY HEARING** – If this is an examination for incompetency due to criminal charges I understand that pursuant to 50 Pa. C.S. 7402e(3) I am entitled to have counsel present with me and am not required to answer any questions or to perform tests unless my counsel has moved for or agreed to the examination. If this is an examination for incompetency due to criminal charges I understand that nothing said or done by me during this examination may be used as evidence against me in any criminal proceedings on any issue other than that of my mental condition.
10. **SELF INCRIMINATION** – I am aware that other than as described in section 9, any self-incriminating statements made by me during this examination may be reflected in the report and result in criminal charges or civil complaint being filed against me.

Dr. _____ has provided me the opportunity to ask questions regarding this consent and has answered all of my questions _____. (initial)

PRINT NAME: _____ DATE SIGNED: _____

SIGNATURE: _____

WITNESS: _____

