

Buckman Psychological Consultants, PLLC
Lindsey R Buckman, PsyD
818 E Osborn Road, Ste 107
Phoenix, Arizona 85014
442-500-5851

Consent to Evaluation

I, _____ agree to undergo a complete psychological evaluation at the direction of this third party:

_____. I understand and agree that the results of this evaluation are to be the sole property of this third party. I agree that I will not hold this third party legally responsible for any events resulting from this evaluation or the records created by it.

I understand that the purpose(s) of this evaluation are:

I understand and agree that no doctor–patient or therapist–client relationship exists or will be created between the evaluator and myself.

I understand that I may withdraw my consent to this evaluation and to the transfer of information at any time by means of a written letter. However, I also understand that my withdrawal will not be retroactive (that is, it will not apply to testing and information transfer that have already taken place). If I do not withdraw my consent, it will automatically expire in 90 days from the date I signed this form.

I understand I have the right to receive a copy of this form upon my request.

Signature Date

Printed name

I, the psychologist, have discussed the issues above with the client. My observations of this person’s behavior and responses gives me no reason to believe that this person is not fully competent to give informed and willing consent.

Lindsey R Buckman, PsyD

Date

This is a strictly confidential patient medical record. Law expressly prohibits redisclosure or transfer.