Commonwealth Neurobehavioral Associates

Lori E. Azzara, Psy.D.
Clinical Neuropsychologist
Licensed Psychologist/Health Service Provider

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Consent and Agreement for Psychological Testing and Evaluation

I _____ agree to allow Dr. Lori E. Azzara to perform the following services:

- ☐ Neuropsychological testing, assessment, or evaluation ☐ Report writing
- ☐ Psychological evaluation (including personality testing)
- ☐ Consultation with attorneys
- ☐ Deposition (written testimony given to a court, but not made in open court)
- ☐ Testimony in court
- ☐ Other (specify) _____

This agreement concerns me or _____.

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring, interpreting the results, and any other activities to support these services.

I understand that the fee for this (these) service(s) will be $_____, and that this is payable in two parts: a deposit of $_____ payable before the start of this (these) services, and a second payment of the balance due on the completion and delivery of any report (or, for dispositions, testimony, or other services, at the time these services take place). Though my health insurance may repay me for some of these fees, I understand that I am fully responsible for payment for these services.

I understand this evaluation is to be done for the purpose(s) of:

1. _____

2. _____

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting and storing the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organization.
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.). These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.

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3. Tests and test results will be kept in a safe place.

I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

_____ _____

Signature of client (or parent/guardian) Date

I, Lori E. Azzara, Psy.D. Clinical Neuropsychologist, have discussed the issues above with my client (and/or his or her parent or guardian). My observations of this person' behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

_____ _____

Lori E. Azzara, Psy.D. Date

☐ Copy accepted by client ☐ Copy kept by psychologist