

INFORMED CONSENT TO ASSESSMENT

Disclosure for Independent Examination

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I will be undergoing a comprehensive, objective and impartial examination as it relates to my reported injury(ies). I am unaware of any clear conflict of interest with respect to this assessment being conducted.

Dr. Watson is independent of the referring source. As this is an independent evaluation, there is not a traditional patient-doctor relationship and that I will not receive any treatment provided by Dr. Watson.

Information shared with Dr. Watson will not be shared with others without my written informed consent, with the exception of the following:

- 1) A written report prepared on the basis of the assessment which will be released to the referral source,
- 2) Any records (including interview notes taken by Dr. Watson) that may be required for further legal procedures (such as trials and arbitrations or LAT Hearings).

There are the following limits to confidentiality:

1. Dr. Watson must comply with court ordered requests for information.
2. In situations where I may present a serious risk of harm to myself or to another person
3. When there are reasonable grounds to believe that I have been sexually abused by another member of the same or a different college (as per the Regulated Health Professions Act).
4. When there are reasonable grounds to suspect that a child or vulnerable adult has, may have, or is likely to have, suffer(ed) abuse (including emotional abuse and neglect) (as per Ontario Law).
5. When required to comply with the Quality Assurance Review process (as per the College of Psychologists of Ontario).

At a later date, if I or my lawyer asks for a complete copy of my file, Dr. Watson will send all information related to this assessment, with the exception of medical file that was forwarded by the referral source and I will ask for that file directly from the referral source as this file is not Dr. Watson's to release.

To maintain test security, requests for information will be limited to a provision of the report and any interview notes that were taken (if any). The exception to this is copies of the raw test data (and/or related scoring) which can be released to another licensed psychologist.

My file will be stored securely (electronically or physically), and have been told that my file will be stored (as per the requirements of the College of Psychologists of Ontario) for 10 years, after which point it will be destroyed.

The assessment that I am consenting to includes the following:

- A) A clinical interview which will be completed by Dr. Watson.
- B) A review of all materials provided to Dr. Watson by the referral source.
- C) Testing, which will be done by Dr. Watson and/or the psychometrist of Dr. Watson's choosing. I am fully aware that at no time does the psychometrist offer any clinical or medical opinions, conclusions or medical recommendations, and that the psychometrist is supervised by Dr. Watson. The psychometrist may provide Dr. Watson with observations.

I would prefer that Dr. Watson use the following pronouns when writing his report. Please chose one of the following: He/his/him She/her They/them Other: _____

Name of Evaluee

Signature of Evaluee

Witness's Name

Signature of Witness

Date

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After the assessment has been completed, Dr. Watson will complete a written report based on the interview, the medical file, and what was told him. I may choose to decline to discuss details of something and may refer Dr. Watson to the medical file provided to him. I am aware that the medical file could be incorrect. Dr. Watson will document that he asked, and I declined to provide details/discuss the same. I am aware that interview may need to include referees to past events that may have affected my psychological or neuropsychological state. But if so, the events will not be discussed in any more detail than required, as it pertains to this incident and the sequelae (and if required to clear up any discrepancies).

Dr. Watson is the professional who is solely responsible for the content of the report, which will be based on the interview, the review of the medical file, and testing, and any other relevant information. A document list may have been provided to him by the referral source (if so, will be attached as an appendix at the end of the report).

All opinions and diagnosis(es) and any answers to the referral questions are solely completed by Dr. Watson. After reviewing the report, if I feel that there is additional medical information that is relevant to my case, I will provide Dr. Watson with a copy of the same. If other relevant information is forwarded after the assessment has been completed, Dr. Watson may review the same, and complete an addendum report which will be released to the referral source, (who may pass it on to others such as my insurance company, and my legal representative).

I am being explicitly instructed to complete all test measures in an accurate and honest manner. It is being stressed that I should not answer any questions, test items, or stimuli that I do not understand and have been told that I should seek clarification. I am aware that the ultimate decision on what the questions/tasks is asking is up to me. I am being told of the importance of performing with my best effort on testing. Although some patients might be disposed to exaggerate problems on testing as a way of making sure their problems are well documented, this, rather than helping my case, may actually make my test profile more problematic to interpret.

My participation is voluntary and that I may withdraw my consent at any point. In the event that I decline to complete testing today and/or provide sufficient information regarding my life history, Dr. Watson may not be able to render a diagnosis or an opinion with respect to any referral questions provided by the referral source and the assessment may not proceed. I am able to discontinue the assessment at any time, and take breaks whenever I choose. I will let Dr. Watson (or the psychometrist) know if I need a break after my interview with Dr. Watson (as he has to ask me about events that I may upsetting).

I agree that I will not utilize a recording or transmitting device, without the written consent of the assessor. I agree that specific test items are protected by copyright and will not be copied.

Any contact after the assessment date should be in writing, cc'd to the referral source and/or insurance company. If Dr. Watson receives anything after the fact that was not cc'd to the referral source and/or insurance company, I am giving permission for him to forward a copy of the same to the referral source and/or insurance company.

Signing this form indicates that I had a chance to ask questions and understood the above information.

Name of Evaluee

Signature of Evaluee

Witness's Name

Signature of Witness

Date