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Consent and Agreement for Psychological Testing and Evaluation

I, _____, agree to allow the psychologist named below to perform the following services:

- ☒ Psychological testing, assessment, or evaluation
 - ☒ Report writing
 - ☐ Consultation with referral source as needed for completion of this evaluation.
 - ☐ Consultation with school personnel
 - ☐ Consultation with lawyers
 - ☐ Deposition (that is, written testimony given to a court, but not made in open court)
 - ☐ Testimony in court
 - ☒ Other (describe): Consultation with Dr.'s/Nurses/Staff as needed at CRM for completion of evaluation.
- This agreement concerns ☒ myself 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 of tests, interpreting the results, and any other activities to support these services.

I understand that the fee for this (these) service(s) will be \$ 475.00.

I understand that this evaluation is to be done for the purpose of:

1. Determining my suitability to be a surrogate.
2. _____

I also understand the psychologist agrees to the following:

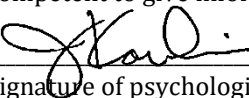
1. the procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out I accord with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. 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.
3. Tests and test results will be kept in a secure place to maintain their confidentiality.

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, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's 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.



Signature of psychologist

Date

☐ Copy accepted by client ☐ Copy kept by psychologist

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.