

Consent for Psychological Evaluation

I understand that:

- My participation in a psychological evaluation at RNLF Counseling Services is strictly voluntary.
- All information obtained in psychological assessment data is confidential and can only be released with written consent. Exceptions to this legal safeguard are:
 - 1) If I am a danger to myself or others.
 - 2) Records are subpoenaed by a court of law.
 - 3) The therapist discovers abuse or neglect of any child or an adult who cannot physically or mentally protect themselves.
- The data from my evaluation may be used for research purposes and in the event of such use, I have been assured that my identity will remain totally anonymous in any research database that is derived from review of patient records at RNLF Counseling Services.
- Any questions that I have may be answered by my therapist or by contacting **Chaplain Leonard D. Tennart, Ph.D., DMin, MPA, LPC, BCCC** at (225) 810-3967.
- By signing this consent form I acknowledge that I have read the information about voluntary consent for treatment and that all of my questions have been answer.

Client Signature

Date

Parent/Legal Guardian Signature

Date

Witness Signature

Date