



Client / Parent / Legal Guardian's Agreement to Intervention Consent Form

Full Name of Client / Parent / Legal guardian: _____

Full Name of Child (if applicable): _____

Male Female

Address of Client / Parent / Legal Guardian: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Date of Birth of Client: _____

Contact Details:

Home Tel. Number:	Cell Phone Number:
Work Tel. Number:	E-mail Address:

Nature of the Intervention: (tick one)

- School readiness assessment
- Psycho-educational assessment
- Subject Choice assessment
- Career assessment
- Other: _____

Psychological Assessment

Through the use of a variety of standard psychological assessment procedures The ADD Lab will attempt to answer the questions relating to this assessment. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the assessment results, interpretations and recommendations, within the limits of the ethical code for psychometrists, and the relevant legislation that governs the use of psychological assessment.



Informed Consent

In knowledge and appreciation of the benefits and risks as made known to me by _____, and as reflected in this form, I hereby give consent to participate in assessment for the sake of addressing _____.

I further acknowledged that The ADD Lab must obtain my informed consent before changing or altering the nature of the intervention of psychological service provided to me.

Confidentiality and Limits on Confidentiality

I have been advised by _____ that all communications with me and all records relating to the provision of services to me are confidential and may not be disclosed without my written consent. I have also been advised that the law places certain limits on the confidential nature of the psychometric service provided to me. I have been advised that typically these limits on confidentiality may arise if the professional perceives that there is a risk of harm in situations such as the following:

- 1. If I present an imminent danger to myself or others the law requires that steps be taken to prevent such harm;
- 2. If a child is in need of protection a report must be filed with the appropriate agency or authority;
- 3. If a vulnerable adult is abused or neglected a report may be filed with the appropriate government agency;
- 4. If a court orders the disclosure of records.

Please note that written reports are only sent to official institutions. These reports are not suitable for court cases or appearances.

Waiver of Confidentiality

I understand that I have the right to confidentiality with respect to all communications with me and all records relating to the provision of psychological services to me. However, with my signature below, I waive my right to confidentiality in order to allow The ADD Lab to release or discuss relevant information with _____ (full names of individual/s) for the following purposes: _____.

I have been informed of the consequences of waiving the right to confidentiality.



Acknowledgement and Consent

I _____ (*Client/Parent/Legal Guardian*) acknowledge that I have had the opportunity to carefully read this document to ask, and have answered, any questions or concerns I have about it or arising from it. I further acknowledge that I have read and understood the information contained in this document.

Full Name of Client/Parent/Legal Guardian: _____

Signed: _____ **Date:** _____

Client/Parent/Legal Guardian