



## INFORMED CONSENT FOR ASSESSMENT

*New Leaf Clinic provides psycho-educational assessment services for children and adolescents between the ages of 5 and 18. Client information, including case records, is confidential and will be released only under the following conditions:*

- a) The assessment counselor is using case records for purposes of professional development or research. In such cases, to preserve confidentiality, clients will be identified by a pseudonym.
- b) The assessment counselor determines that the client is a danger to himself/herself or to someone else.
- c) The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person.
- d) The client discloses sexual contact with another mental health professional with whom the client has or has had a professional relationship.
- e) The assessment counselor is ordered by a court to disclose information.
- f) The client directs the assessment counselor to release the client's records.
- g) The assessment counselor is otherwise required by law to disclose information.

I hereby authorize the personnel of New Leaf Clinic to administer their battery of assessments.

I affirm that I am the parent or legal guardian (managing conservator) of \_\_\_\_\_ and release New Leaf Clinic and the personnel at the clinic from liability.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date