



INFORMED CONSENT FOR PSYCHOEDUCATIONAL EVALUATION

New Leaf Clinic provides Psychoeducational Evaluation services for children, adolescents, and adults. A Psychoeducational Evaluation provides intellectual, academic, behavioral, and emotional assessments for the purpose of making appropriate recommendations. All client information is confidential and will be released only under the following conditions:

- a) The 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 counselor deems it necessary to make an audio-recording of academic portions of the evaluation for the purpose of conferring with other NLC assessment counselors.
- c) The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person.
- d) The client discloses information regarding sexual contact with another mental health professional with whom the client had/has a professional relationship.
- e) The counselor is ordered by a court to disclose information.
- f) The client directs the counselor, in writing, to release the client's records.
- g) The counselor is otherwise required by law to disclose information.
- h) In the event of the counselor's death, custody and control of client records will be given to Dr. Jenny Dougherty or Dr. Tracy McClung, respectively.

I affirm that I am the parent or legal guardian (managing conservator) of _____ . I hereby authorize the personnel of New Leaf Clinic to administer their battery of assessments. By signing below, I acknowledge that I have received and reviewed the full Privacy Practice and Informed Consent for Counseling provided by my counselor and available at www.newleafclinic.com and I understand the specific limitations to confidentiality as stated above.

Signature

Date