



## INFORMED CONSENT FOR PSYCHOEDUCATIONAL EVALUATION

New Leaf Clinic (NLC) provides Psychoeducational Evaluation services for children, adolescents, and adults. A Psychoeducational Evaluation includes intellectual, academic, behavioral, and emotional assessments for the purpose of making appropriate recommendations. All client information is confidential, but the following limitations and exceptions do exist:

- If anyone discloses information about or suspicion of abuse, neglect, or exploitation of a child, elderly adult, or a disabled person.
- If anyone discloses information regarding sexual contact with another mental health professional with whom the client had/has a professional relationship.
- If there is a concern that someone may harm himself/herself or others.
- If the counselor is ordered by a court to disclose information.
- If the client or parent directs the counselor, in writing, to release the client's records.
- If the counselor deems it necessary to consult with other NLC assessment counselors.
- If 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.
- If 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.
- If the counselor is otherwise required by law to disclose information.
- NLC operates utilizing a team and training approach. Some counselors are LPC-Interns operating under the direct clinical supervision of an LPC-Supervisor here at NLC. Counselors at NLC will consult on cases as required by the Texas State Board of Examiners for Professional Counselors.
- In the event of the counselor's death, custody and control of client records will be entrusted to Dr. Jenny Dougherty or Dr. Tracy McClung, respectively.

By signing below, I acknowledge that I have received and agree to the full Privacy Practice and Informed Consent for Assessment provided by my counselor and available at [www.newleafclinic.com](http://www.newleafclinic.com), and I understand and agree to the specific limitations to confidentiality as stated above. If the client is a minor, NLC requires documentation of conservatorship/guardianship. I will furnish my counselor with a copy of the cause page, the page specifying conservator(s), and the signature page from the divorce decree or custody document.

I affirm that I am the parent or legal guardian (managing conservator) of \_\_\_\_\_.  
With an understanding of the above requirements, I do grant permission for my child to participate in assessment services and release the counselor and NLC from liability for same.

\_\_\_\_\_  
Signature of Parent/Managing Conservator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client 18 and over

\_\_\_\_\_  
Date