

Confidential Consent for Forensic and Court Services

Client Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Person Requesting  
Service: \_\_\_\_\_ Date: \_\_\_\_\_ Services  
Requested: \_\_\_\_\_

**Explanation of Consent Form**

This consent form covers all procedures that are not of a nature to require a special consent, and it provides protection for the procedures performed by the professional staff. This form documents that the identified client or guardian has consented to assessment and consultation with us including, but not limited to, interviews, review of records, and projective or other clinical testing and/or to provide professional testimony for deposition and/or court testimony. This form provides evidence that no guarantee is made by any professional concerning the outcome of this assessment or professional opinion given. There is no guarantee that findings will be in your favor. This form also provides evidence that consent is given only after a full explanation has been provided by the provider. If you have any questions concerning this or any other matters, it is your responsibility to ask the provider. By signing this form, you acknowledge that you understand your consent to services as explained in this form.

**Consent for Forensic &/or Court Related Services**

I \_\_\_\_\_, for \_\_\_\_\_

do hereby voluntarily consent to assessment by Dr. Carlene H. Taylor, LMHC, LPC, CPCS, NCC, her staff, assistants and/or designees. I am aware that the practice of behavioral healthcare/ psychotherapy and/or assessment by a licensed professional is not an exact science. I acknowledge that no guarantees have been made as to the result of evaluation, treatment or testimony. I am aware that I am an active participant in this process and that I share responsibility for the outcome based on my level of honesty and engagement in the process. My responsibilities in assessment include informing the therapist of any information that may be relevant to the problems, conditions or situation being assessed, assisting in setting goals, following therapeutic advice to the best of my ability, and ending the assessment process in a responsible way. Assessments prepared for legal purposes often take multiple sessions and/or multiple hours of research. I understand the identified patient, or his/her guardian, may terminate this process at any time by notifying the provider of that intent. Ultimately, it is my decision as to the use of the information gained in the assessment unless otherwise dictated by a legal order of the court. Standard policies and practices for services at this practice are being provided with this form and apply to forensic and court services as well, with the exception of differences noted in this disclosure document. If I am consenting to treatment or testimony for another person, I certify that I am legally responsible for that person and am entitled to consent to services for them. Children in joint legal custody must have both parents/guardians listed to be involved in this process. Both parents/guardians will be contacted as part of the assessment process. Fees for forensic services and court testimony are not covered by insurance and a deposit of 1/2 is due when services begin, the balance is due before the report is released.

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully. I am the party accepting financial responsibility for the assessment or testimony fees, I agree to pay the provider for fees billed as noted above.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date