



5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

Developmental Evaluation Informed Consent

Name of Patient: _____

Patient DOB: _____

Referral Source: The above named child has been referred for a developmental assessment by:

Parent/Guardian: _____ Medical/Treatment Provider: _____

Nature and Purpose of Assessment: The purpose of a developmental assessment is to determine a child's *current* developmental progress. Assessment may include determination of functioning in relation to established milestones/trajectories or determination of *changes* in the aftermath of a confirmed or suspected neurological insult (e.g., after a traumatic brain injury). Typically assessed milestones include cognitive functioning, language functioning (receptive and expressive language) and motor functioning (fine and gross motor functioning). Assessment findings will elucidate relative strengths and weaknesses and may point to specific intervention/rehabilitation strategies. In addition to a clinical interview where information regarding the child's background and current symptoms will be collected, the child will participate in a standardized testing procedure utilizing various protocols. The assessment procedure may include but is not necessarily limited to observing the child in play and learning settings, asking questions about the child's knowledge of certain topics, asking the child to engage in modeled activities or to draw figures and shapes, view printed material and manipulate presented objects.

Foreseeable Risks, Discomforts, and Benefits: Assessments can contribute to fatigue, frustration and/or anxiety in some children. Assessment sessions may be spread across multiple service dates accordingly, in order to minimize the likelihood of these risks/discomforts. Regular breaks will also be offered, and assessments can be discontinued at any time at the request of the child's parent/guardian and/or the evaluator.

Fees and Time Commitment: By signing this form, you are attesting that you have been provided specific information relating to the fees for this service. You are also acknowledging that you are ultimately responsible for any and all fees not covered by the fee arrangement, by pre-payment or by insurance. Assessments generally require an hour or more of diagnostic interviewing time, several hours of face-to-face testing and/or direct observation, and several additional hours of scoring, interpretation and report preparation. An hour-long summary feedback session with the evaluator is also offered.

Limits of Confidentiality: Information obtained during assessments is confidential, and can generally be released only with your written permission. If the listed child was referred by an existing medical treatment provider, your signature on this form indicates your permission for the summative evaluative report to be released directly to this provider in order to facilitate continuity of care. The report will not be released to another party without your written permission, except in the case of special circumstances as delineated below. If the listed child was referred by an attorney, the attorney is the official custodian of record. A report will be released directly to the attorney, and can be made available to you or other sources only through attorney written permission or in the case of special circumstances as delineated below. If this was a self-referral, the report will be released only to you as parents, with further release limited to cases of your written permission except in the case of special circumstances as delineated below.

There are some special circumstances that can limit confidentiality. When present, these circumstances render the evaluator *legally required* to release information that would otherwise be considered confidential. These circumstances include: (a) given a statement of intent to harm self or others, (b) given statements suggesting ongoing harm or abuse of children or vulnerable adults, and/or (c) given legal requests for records or information release either through subpoena (where release may be more limited in scope) or court order (where all information is generally vulnerable for release) as issued formally by a court of law.

Statement Regarding the Voluntary Nature of the Present Assessment: Your and your child's participation in this evaluation is completely voluntary. The evaluation will not be completed without your signature on this document, and you have the right to stop the evaluation at any time. You also have the right to decline to answer specific questions asked by this writer during the evaluation, though depending on the purpose of the evaluation the evaluator may indicate in the evaluative report those questions you declined to answer.

I have read and agree with the nature and purpose of this assessment and to each of the points listed above. I have also been given ample opportunity to clarify any questions I have and to discuss any points of concern directly with the evaluator before signing.

Parent/Guardian or Authorized Surrogate Signature

Date

Printed Name of Person Providing Consent

Relationship to Patient

Witness Signature

Date