

Client Consent to Psychological Testing

I, , hereby give my consent to undergo psychological testing administered by .

I understand that the purpose of the testing is to assist in assessing my psychological well-being and to guide appropriate treatment or recommendations.

I acknowledge that:

- The testing may involve answering questions, completing tasks, or other forms of psychological assessment.
- All information obtained will be kept confidential, as required by law.
- I may withdraw my consent and discontinue testing at any time without penalty.
- The results will be discussed with me and may be shared with other professionals only with my permission.

I have had an opportunity to ask questions about the testing process and my questions have been answered to my satisfaction.

Signature of Client:

Date:

Signature of Psychologist:

Date: