

Consent to Participate in Psychological Examination

I hereby consent to participate in a psychological examination conducted by the assigned clinician or psychologist. I understand that the purpose of this examination is to assess my psychological functioning, and that any information obtained will be kept confidential within the limits of the law.

I have been informed of the nature, purpose, and possible risks and benefits of this examination. I understand that my participation is voluntary and that I may withdraw my consent at any time without any penalty.

I acknowledge that I have had the opportunity to ask questions regarding this examination, and that my questions have been answered to my satisfaction.

Participant Name:

Date:

Signature: