



VIVO Clinical Forensic Psychological Services, Inc.

Miranda Dewitte, Psy.D., Clinical and Forensic Psychologist (PSY #30147)  
2021 Fillmore St. #2069, San Francisco, CA 94115  
(415) 894-9004  
mdewittepsy@vivopsychservices.com

### **Informed Consent to Conduct a Forensic Evaluation**

This Forensic Psychological Evaluation to be conducted by M. Dewitte, PsyD was scheduled at the request of a third-party, \_\_\_\_\_ and is different from other psychological evaluations. While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about your psychological functioning to the individual or agency requesting the evaluation. In most cases, this evaluation is intended for use in some type of a legal proceeding or employment concern. As such, the confidentiality of the evaluation is determined by the rules of the legal system.

### **Evaluation Process**

First and foremost, it is important to understand the following about the evaluation process (please initial to indicate understanding and agreement):

- \_\_\_\_\_ 1) Forensic evaluation is not psychotherapy. My findings, impressions, opinions, conclusions, and recommendations are based on the evaluation procedure and are independent. There is no doctor-patient relationship.
- \_\_\_\_\_ 2) Forensic evaluations can have benefits and risks. Since they may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. The client is responsible for all feelings that may arise before, during, and after evaluation.
- \_\_\_\_\_ 3) Forensic evaluations do not create new emotions, thoughts, or memories and that any and all emotions, thoughts, and memories are the my own. The client is responsible for any emotions, thoughts, and memories possibly experienced during the evaluation or as a result of contact with Dr. Dewitte or Vivo Clinical Forensic Psychological Services.
- \_\_\_\_\_ 4) Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document.
- \_\_\_\_\_ 5) You have the right to stop the evaluation at any time. If you become tired during the course of the evaluation, please do not hesitate to tell me so that you can be given an opportunity to stretch, walk around, or to take a break. Please let me know if you become hungry, thirsty, sleepy, or in any way uncomfortable. There are measures built in to the tests that assess the validity of the responses and level of cooperation. It is very important that you do your best with an understanding that these various validity measures will identify uncooperative, inconsistent, or purposely distorted responses. I will make every effort to have your evaluation be comfortable and ensure that the results will be valid.

- \_\_\_\_\_ 6) If your attorney or employer has requested this evaluation, he/she will receive a copy of the report and will control how it is used and who has access to it. If someone other than your attorney or employer requested the evaluation, that individual/organization is my client and he/she has complete authority over the results, including whether or not any information will be released to you or to anyone else. Because the evaluation was requested by another party, the confidentiality may have fewer legal protections. For example, there is no privileged communication for a Third Party Referred Testing Client. However, I will respect the privacy of all parties, and will not include information in the report that is not relevant.
- \_\_\_\_\_ 7) Normally, the results of this evaluation are protected by the attorney-client privilege. Exceptions to this might include a determination on my part that you are dangerous to another person or if you reveal information that an underage child has been abused or neglected by a caregiver. I would also have to release this information if a court orders me to do so. There may be other examples where the laws require me to release the information obtained during the evaluation.
- \_\_\_\_\_ 8) Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will be admissible into evidence as well as any other information that was provided concerning your mental health and functioning. If you have any concerns about the use or distribution of my report, you should discuss these issues with your attorney.
- \_\_\_\_\_ 9) The evaluation itself consists of two separate parts: an oral interview and psychological testing. It may also be necessary for me to review related materials such as court records, depositions, transcripts, medical records, etc. If that becomes the case, I will ask you to sign a release of information form so I can obtain information from other relevant individuals, such as family members, and physicians or other mental health providers. This information will help me obtain a complete picture of how you are performing in various aspects of your life and assist in providing the most accurate diagnosis and recommendations.
- \_\_\_\_\_ 10. Once the evaluation is complete, and with the permission of the requesting party, I may be able to have a meeting with you to explain the results and answer any questions you may have.

## **Methods of Psychological Testing**

There are two widely used modalities with which psychological testing may be conducted. The more traditional method for forensic evaluation is typically with the use of in-person pen and paper and/or computer administered assessment instruments. The second method of assessment is through the use of virtual HIPAA-compliant telepsychology platforms. Your psychological assessment may be conducted using a HIPAA-compliant virtual platform, thus eliminating the need for travel to an office. However, the use of a virtual platform for psychological testing creates an additional set of responsibilities for both the evaluator and the client that must be considered to ensure ethically valid and accurate results. If the assessment

is completed via virtual testing, the following factors must be considered (please initial to indicate understanding and agreement):

- \_\_\_\_\_ 1) There could be technological challenges with virtual assessment (technological glitches, interrupted connectivity, etc.);
- \_\_\_\_\_ 2) You will be required to use a viewing screen that is no smaller than 9-inches and you will need to have access to earbuds/headphones and a microphone;
- \_\_\_\_\_ 3) You must have adequate internet bandwidth that is conducive to streaming large video content (if you can stream Netflix or You Tube then it will suffice);
- \_\_\_\_\_ 4) You must have the latest software updates installed on the device that you will be using to participate in the evaluation;
- \_\_\_\_\_ 5) It will be best to choose a time of day for evaluation that is opportune for ensuring that your environment is safe, secure, and free of distractions;
- \_\_\_\_\_ 6) There is an expectation that you will not be multi-tasking during the evaluation and your sole focus will be on the evaluative tasks at hand;
- \_\_\_\_\_ 7) Some of the assessment measures that may be used based on your specific needs might require face-to-face administration.
- \_\_\_\_\_ 8) The copying, recording, photographing or any other form of duplication/ replication of the assessment materials is not allowed and will likely result in the termination of evaluation services and the person requesting the evaluation will incur charges for the unused time that has been set aside for these services.

This authorization signifies that Miranda Dewitte, PsyD has provided information on the following issues and I agree with all the following items (please initial):

- \_\_\_\_\_ 1. Has reviewed the purpose of the examination (i.e., objective measurement of my thinking skills, psychological symptoms, and personality traits).
- \_\_\_\_\_ 2. Has reviewed the nature of the procedures to be used (i.e., paper and pencil, computer testing, virtual evaluation using a HIPAA-compliant platform).
- \_\_\_\_\_ 3. Has explained the intended use of the evaluation (i.e., Evidence in a legal proceeding etc.), at the request of a third party (i.e., attorney, employer, etc.). These services are not intended for the purpose of therapy.
- \_\_\_\_\_ 4. Has revealed the identity of the retaining party that requested the examination, and explained that the requests for information will be limited to provision of a report and data summary sheet, with the exception that copies of raw test data sheets can be released to another psychologist, the court, attorneys, etc.

- \_\_\_\_\_ 5. Has explained the limitations on confidentiality regarding data gathered during the evaluation, including the legal obligation to report information regarding child abuse, elder abuse, and threats of suicide and or homicide to the appropriate authorities.
- \_\_\_\_\_ 6. Has informed me that no treating relationship exists between myself and Dr. Dewitte (i.e., there is no doctor/patient relationship).
- \_\_\_\_\_ 7. Has informed me of the policies and the right to refuse the evaluation and/or answer any specific question that may be raised.
- \_\_\_\_\_ 8. Has explained the importance of performing with my best effort on the testing. Some patients might be disposed to exaggerate problems on testing as a way to make sure their problems are well-documented. However, I have been informed that this response style may actually make my test profile more problematic to interpret.
- \_\_\_\_\_ 9. Evaluation sessions, including testing, are arranged by appointment. Dr. Dewitte may form and provide evaluation findings, impressions, opinions, conclusions, and recommendations regarding the legal issue(s) at hand.
- \_\_\_\_\_ 10. I agree to hold Dr. Dewitte and Vivo Clinical Forensic Psychological Services, Inc. blameless for any or all associated feelings that may arise from forensic evaluation, I remove all liability and I agree to not engage in any litigation with Dr. Dewitte or Vivo Clinical Forensic Psychological Services, Inc.

By signing below, I affirm that I fully understand and agree to the above terms and conditions. I also affirm that I have no important questions or concerns that were not discussed. I also understand that I have the right to consult with my attorney if I have any questions about this document. I voluntarily and knowledgably give Dr. Dewitte consent to conduct a forensic evaluation of me.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_