

Independent Consultative Examination

Date: _____

Client Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Referring Individual: Social Security Disability Determination Services

I understand and agree that I am undergoing an Independent Consultative Examination by Elaine Foster, Ph.D., at the request of the referring individual named above: Social Security Disability Determination Services. I understand that Dr. Foster will prepare a written report which will include (but may not be limited to) a reason for referral, background information, social history, alcohol and drug history (if applicable), mental status exam, behavioral observations, test results, clinical interpretations, diagnostic classification, prognosis, summary and recommendations. I also understand that New Mexico psychologists are mandated to report child neglect or abuse and to intervene appropriately when an evaluatee presents as a serious threat (aggression) to himself/herself or others. I further understand that Dr. Foster will not release the report to me but will release it to Social Security Social Security Disability Determination Services only. I understand that I am not a patient of Dr. Foster and that she cannot release this report to any legal representative, physician, or mental health care provider in the future. **Anyone wishing to obtain a copy of this report must do so from Social Security.**

Release of information. I specifically direct and authorize Dr. Foster to exchange information, release a written psychological report, and/or discuss her opinions with the referring individual named above: Social Security Disability Determination Services. I also hold Dr. Foster harmless for any secondary release or redisclosure of my report made by the interested third party agency, institution, and/or persons (named below) to whom the report is originally authorized for release.

Explanation of assessment results. APA Ethical Principle 2.09 requires that psychologists provide an explanation of assessment results unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of the assessment results (such as in some organizational consulting, preemployment or security screening, and forensic evaluations). Consistent with APA Ethical Principle 2.09, I understand and agree in advance that the nature of the relationship precludes the provision of an explanation of assessment results to me. In other words, I understand and agree that I will NOT have access to the results, findings, and opinions of Dr. Foster' evaluation. I understand and agree that the results and findings of this examination will become the property of the referring individual named above: Social Security Disability Determination Services. Should I ever request the results of findings of this examination from Dr. Foster, I understand that she will not release the information to me but that she will provide me with a copy of this agreement.

Voluntary informed consent. I acknowledge that I voluntarily consent to the above conditions and that this authorization form is valid during all related claims. I certify that I have read this form or that it has been read and explained to me in terms which I understand. My questions have been answered to my satisfaction and all the blank spaces on the form have been completed. By signing this form, I understand and agree with the terms and conditions of this form.

Evaluatee/Responsible Party: _____
(Signature)

Date: _____

Signature of Legal Guardian: _____

Date: _____