

Ray Hand, Ph.D.
PSYCHOLOGIST

3106 Norcrest Drive
Oklahoma City, Oklahoma 73121
voice 405-557-1989

www.rayhand.net
email rayhand@rayhand.net
fax 405-525-8477

This Forensic Psychological Evaluation is being conducted at the request of:

and is therefore somewhat different from other psychological services. It is important for you to understand how a forensic evaluation differs from more traditional psychological evaluations.

The goal of this evaluation is to provide information to the individual or agency requesting the evaluation about how you are functioning psychologically. The results of the evaluation may or may not be helpful to you personally.

In most cases, the evaluation is intended for use in some type of legal proceeding. As such, the confidentiality of the evaluation and of the results is determined by the rules of the legal systems. If your attorney has requested this evaluation, he/she will receive a copy of my report and will control how it is to be used and who has access to it.

Normally, the results of the evaluation are protected by the attorney-client privilege. Exceptions might include a determination on my part that you are dangerous to another person, or if you reveal information that a child under 18 years of age has been abused. I would also have to release information I have gathered about you if the Court orders me to do so. There may be other examples where the law requires me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis.

Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will probably be admissible into evidence, as will 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 carefully with your attorney.

If someone other than your attorney requested the evaluation, that individual or agency is my client and has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality of the information gathered may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that hired me, or unless I am legally required to do so.

Your participation in this evaluation is voluntary (unless you have been ordered by the Court to be evaluated). I will not conduct the evaluation without your signature on this document. You have the right to stop the evaluation at any time. There may be legal

consequences if you stop the evaluation; therefore, it would be in your best interest to consult with an attorney before doing so. In addition, if appointments are not kept or are canceled less than 24 hours before the scheduled meeting time, the person or agency requesting the evaluation will incur charges for the unused time that had been set aside for the provision of services.

The evaluation itself consists of two separate parts: a face-to-face interview and psychological testing. In addition, it may be necessary for me to review other related materials such as court records, depositions, transcripts, and medical and mental health records.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if you need a break at any time, please let me know and we will stop. Once the evaluation is completed, 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 might have.

If you are giving consent on behalf of a minor or someone else who is unable to consent on his or her own behalf, then your signature is required as the legally responsible person.

My signature below further authorizes me to release the report described above to the party requesting this evaluation.

I have read and agree to the above:

Print Client Name	Signature	[Client, Guardian or Authorized Representative]	Date
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Mailing Address	City	State	Zip Code
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Contact Phone Numbers	Home	Work	Cell
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