

Endeavor Psychology & Consulting



Krista Bacon, Psy.D.

Clinical & Forensic Psychologist in Vancouver, WA

4001 Main Street, Suite 218

Vancouver, WA 98663

(360) 777-6915

drbacon@endeavor-psych.com

www.endeavor-psych.com

FORENSIC EVALUATION INFORMED CONSENT

Your attorney and/or the court has asked that Krista Bacon, Psy.D. conduct a psychological evaluation in connection with your legal case. This form will give you information about the evaluation process. The evaluation usually contains a clinical interview and psychological testing. I will write a report based on the interview, testing, available records, and any collateral information I may be able to request. Any report written at your attorney's request will remain under attorney client confidentiality unless your attorney determines that it should be given to the court, at which time, it will not be confidential.

Any report that is ordered by the court may be available to your attorney, the prosecutor, and other parties of the court. Anything that you say to me may be used in that report to the court.

Additionally, I may be asked to testify in court and may be asked about anything that you have told me.

You have the right to choose not to speak with me. After you begin the interview, you may ask to stop the interview at any time. You also have the right to speak with your attorney about this evaluation. If you decide to not talk with me, this may be included in any report to the court or to your attorney.

This document is for the sole purpose of facilitating a forensic psychological evaluation and not for therapy. You are therefore not a patient of Dr. Bacon and the therapist-patient confidentiality and privilege is not applicable. The goal of this assessment is to answer questions about you and the difficulties you may be having. The assessment will contain multiple parts.

I may be giving you several standard psychological tests. We will discuss the instructions in detail when I give you the tests and it will be important that you understand them. If at any point, you are unclear as to the instructions, please let me know immediately so that we can make sure you understand.

I will also interview you. I will ask you about yourself and your life. I may ask about the circumstances regarding your legal case. If there are any questions that make you uncomfortable, please let me know so that we can talk about your concerns.

With your permission, I will also be reviewing records and talking with people, such as family members, friends, co-workers, physicians, clergy, and/or current/former therapists whose names I will obtain from you, to get more information about you. This is to help me in finding materials that would provide outside corroboration to what you have to tell me. Upon signing this form, you are providing me with a release

and giving me permission to contact people relevant to your case. I will only contact these people with your permission, and will not share information about you during those contacts.

It is important that you be as honest as possible during the entire process. Information that is withheld, incomplete, wrong, or misleading may be far more damaging than if I am able to find out about it now and put it in the context of my report or testimony. It is important for us to discuss any concerns you have in this area. I will try to be thorough when I interview you, but I may not ask about some areas or information that you believe are important. If so, please tell me so that we can discuss it.

Please read each item carefully and sign below indicating that you understand.

- I understand that Dr. Bacon has been hired by my attorney, _____ to conduct a forensic psychological evaluation in connection with my legal case.
- I understand that this release is not a waiver of any attorney work-product privilege or attorney-client privilege should either of such privileges otherwise be available or in effect.
- I understand that Dr. Bacon may write a formal report about me based on the results of this assessment.
- I authorize Dr. Bacon to send a copy of this formal report to my attorney and to discuss the report with them.
- I understand that Dr. Bacon will not provide me with a copy of this report but I may, if I choose, obtain it from my attorney.
- I authorize Dr. Bacon to testify about me and this assessment in deposition and trial(s) related to my legal case.
- I understand that even if I interrupt or discontinue with the assessment, it is possible (depending on applicable laws, on rulings by the court, and/or decisions by the attorney in this case) that Dr. Bacon may be called upon to submit a report and testify about the assessment, even if the assessment is incomplete.
- I understand that as part of conducting this forensic evaluation, Dr. Bacon may consult with and exchange information with anyone that may be relevant to this legal matter.
- I understand that state laws may require Dr. Bacon to disclose otherwise privileged information in situations of suspected child or elder abuse, of suspected potential harm to oneself or to another, in instances where the court shall order the disclosure of privileged information, or information to a subpoena for these records.
- In consideration of Dr. Bacon's agreement to perform this service, I release him and each entity from any liability that might directly or indirectly result from the exchange of any information covered by this agreement.
- I take sole responsibility for the information exchanged may be detrimental and damaging to me or to my legal position.
- I agree that this is a legally binding document and that I fully understand the rights, privacy, and privileges that I waive by signing this agreement.

By signing below, I indicate that I understand and agree to the nature and purpose of this evaluation, to the ways in which it may be reported, and to each of the points listed above.

Client Name: _____ Date: _____

Client Signature

Date