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**Licensed Psychologist**

Board Certified in Forensic Psychology

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**PSYCHOLOGICAL EVALUATION  
STATEMENT OF UNDERSTANDING  
(INFORMED CONSENT)**

You have been referred for a court-ordered psychological evaluation to assess your psychological functioning. It is critical that I have access to all available information. Please provide me with copies of any reports/materials pertaining to your case, such as past psychological evaluations, police reports, Protective Services documents, and any other relevant documents. You will also be requested to grant permission for me to contact other individuals or agencies. Furthermore, the Internet might be used to gather information about you.

This evaluation will involve the following components:

- Review of pertinent court documents and records
- Psycho-social history and clinical interviews
- Psychological testing
- Review of current and previous clinical material, reports, or contacts
- Collateral interviews with current/past spouses, and any other individual that might be pertinent.

The interview and testing appointments are scheduled in three-hour blocks.

During the evaluation process, much information will be gathered. Data collection begins at the time of the initial contact and encompasses all observations and contacts from that point on by the clinic staff or me. It is important that you be as honest and truthful as possible. It is also critical to note that all information gathered during the evaluation process might be utilized and included in the report. **Therefore, typical patient-therapist confidentiality does not apply.** Furthermore, if suspicions of abuse or neglect surface during the evaluation process, I am obligated by law to report it to Protective Services.

Your case may be used for training, research, and/or professional certification/association purposes. If this is the case, all identifying information will be removed. Consultation with colleagues at University Psychiatric Centers may occur regarding your case. Private secretarial services are used to type, format, and/or proof read reports. Such services are instructed to abide by confidentiality guidelines.

It is important to avoid multiple relationships. Therefore, I do not conduct forensic evaluations on past therapy clients or individuals that I know socially or professionally. This also applies when examinees' immediate or extended family members have been involved with me in the above-mentioned capacities. Your signature on this page indicates no knowledge of such an association.

During the evaluation process, I will not provide feedback or give advice because of my role as a neutral and impartial evaluator. However, feedback may be given at the final appointment and a comprehensive report will be provided to the judge and attorneys. It is important to note that no recommendations will be made regarding custody and/or parenting time; this is a psychological evaluation, not a custody or parenting time evaluation.

The cost of the evaluation and report is \$\_\_\_\_\_ per person. Half of this amount is due at the first appointment. The remaining amount is due at the final appointment. Payment may be made by cash or check; credit cards are not accepted. Expert testimony during a deposition or trial is charged at an additional rate of \$250 per hour. None of these fees are reimbursable by health insurance. Also, the Health Insurance Portability and Accountability Act (HIPAA) does not apply.

In the event of a deposition or trial, the case file is occasionally subpoenaed. If this occurs, a copy of the entire case file must be provided to the requesting attorney(s). A fee of twenty-five cents per page is charged.

I understand the above information and give my assent for the evaluation:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date