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MRN: \_\_\_\_\_

## CONSENT TO ASSESSMENT

**Patient's Name: (print)** \_\_\_\_\_  
LAST FIRST

You have been referred for psychological assessment by yourself, physician, or third party insurer. If you have questions about any procedure or test being administered, you are free to ask for an explanation at any time. You may decline to take part in an assessment, procedure, intervention, or homework assignment at your discretion. You may decline to answer any question.

### Description of Psychometric Testing:

Psychometric testing is a means of describing human strengths and weaknesses when material is presented in a standardized administration. For this reason, the test administration may seem rather formal and impersonal. Your results will be compared to those of the standardization sample. Standardization is the scientific means of helping researchers and clinicians measure specific qualities about you while minimizing any interference from other qualities. This allows for a clearer picture of your abilities and aids in understanding your specific qualities as compared to other people of similar backgrounds. The test(s) you will complete may help your doctor(s) to know how to better treat you as a unique individual.

### Procedures:

Depending on the test(s) that you are asked to complete, you will be asked to perform a specific task. Tasks can range from solving word puzzles, drawing lines, looking at objects, answering direct questions, or even designing things with blocks. Depending on the test(s), your assessment may be as brief as 15 minutes or as long as several hours or days. Please understand for the sake of test security, Dr. Kovacs may not be able to give you much feedback on your performance until all the results are compiled. Some tests are copyrighted and kept under strict privacy. This means that you may not be able to review the specific test items or even your own answers at the completion of the testing without a court order.

### Risks or Discomfort:

Many people find the testing procedures interesting and enjoyable. Depending on the test(s) administered, you may develop a mild headache. If this happens, it is quite normal. Psychological assessment involves testing your thinking and perception. By nature of the procedure, you may feel some boredom or fatigue.

### Confidentiality:

There are legal and practical limits to confidentiality. For example, if your treatment is paid by a third party provider, they may have the right to request confidential material or require progress reports. A court may order disclosure of records. Administrative staff and the regulatory body of psychologists will have access to information on a need-to-know basis. On occasion, Dr. Kovacs may discuss your case with another psychologist colleague as part of routine practice. These individuals agree to keep material confidential, and any identifying information is withheld or disguised as much as possible. Records will be stored for seven years from the age of majority in a secured location as per requirements set under the Health Professionals Act.

Confidentiality will be legally breached if you:

- Threaten to harm yourself or are at-risk of incurring serious harm to yourself
- Threaten to harm others or engage in reckless behaviour that is likely to result in serious harm to others
- Disclose neglect, physical, emotional, or sexual abuse of a child, elder, or other vulnerable population
- If you have been told not to drive but continue to do so
- Court order

### Consent Statement:

I, \_\_\_\_\_ have been told and understand the limits of confidentiality, risks and benefits of assessment. This statement certifies the following: that I am 19 years of age or older, that I consent to assessment, and all my questions have been answered.

\_\_\_\_\_  
SIGNATURE OF PATIENT / GUARDIAN

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY