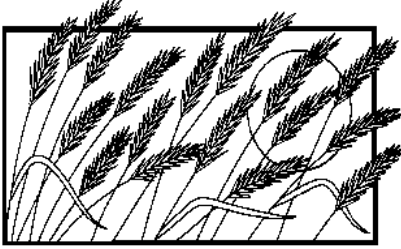


# GREAT PLAINS PSYCHOLOGICAL SERVICES



4105 S. Carnegie Place  
Sioux Falls, SD 57106  
Telephone (605) 323-2345  
Facsimile (605) 323-2822  
E-mail: gppssf@aol.com

## INFORMED CONSENT TO PARTICIPATE IN A FORENSIC EVALUATION

I understand that my psychological status is being forensically examined, that litigation may be anticipated in this matter, and that this release is for the purpose of facilitating a forensic evaluation and consultation, and **not** for therapy. I understand that in a forensic evaluation or consultation, the evaluator is not acting in the role of a therapist. I also understand I am not being provided health care. Therefore, the therapist-patient privilege is not applicable to this service, and the records being created of me are not health care records in the sense that therapy and patient records would be. Since this is not considered to be medical treatment, insurance will not be utilized for this service.

I understand that as part of conducting this forensic evaluation or consultation, the evaluator may conduct collateral interviews and exchange information with persons who may have information that may be relevant to this matter. If I do not have a legally protected relationship with these persons, such exchanges may occur without my specific consent. With my consent or through the legal discovery process, the evaluator may obtain confidential records from professional persons who may have information that may be relevant to this matter. With my consent, or by virtue of court order, the evaluator may conduct collateral interviews with persons with whom I have a legally protected relationship, such as my therapist or physician.

I understand that the State of South Dakota may require or permit disclosure of otherwise privileged information in the following situations:

- abuse or neglect of a child (person under age 18)
- suspected abuse, abandonment, exploitation, or neglect of a vulnerable adult.
- suspected potential harm to oneself or to another person
- in instances where the court shall order the disclosure of otherwise privileged information
- in response to a subpoena for these records

I understand the evaluator may utilize professional transcription, copying, test scoring and test interpretation services and that documents from my file may be made available to such services. I understand these services may engage in research and provide continuing professional education to other professionals in which anonymous evaluation material may be utilized.

I have read and fully understand the preceding description and conditions of participating in a forensic evaluation. I agree to participate in the examination, and consent to the conditions described herein. I similarly agree and consent to the examination of minor child(ren) for whom I am legal guardian. I have had the opportunity to consult with an attorney on this matter if I desire. I understand that I can withdraw from the examination at any time and/or consult with my attorney at any time before proceeding. I fully understand the rights, privacy, and privileges that I waive by signing this agreement. In consideration of the evaluator's agreement to perform this service, I release them, and release each person and each entity, from any liability that might directly or indirectly result from the exchange of any information described in this agreement.

I agree that this is a legally binding document.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

GPPS WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_