



Collateral Reference Informed Consent Form

RELEASE OF INFORMATION AND CONFIDENTIALITY PROCEDURES, PROTECTIONS AND LIMITATIONS

By signing this Agreement, I give my consent for the psychologist to be at liberty to request and receive information from myself in the conduct of this assessment. This process will be deemed as open indicating that any information obtained while working with the individuals or family may be used by the assessor in the report that may be provided to both parties or the court through their counsel (if applicable) upon completion of the process.

All information provided will be deemed as on record including all statements or observations during any of the assessment process. This includes all communication directly to or copied to the therapist in any format as well as any information about session attendance, punctuality, behaviors during the sessions attended with the individuals doing the reference.

I understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, this psychologist is ethically and legally bound to take necessary steps to prevent such danger. This may include contacting relevant authorities even if I do not wish my therapist to do so.
- B. When there is a reasonable suspicion that a child or elder or any vulnerable person is being sexually, physically or emotionally/psychologically abused or neglected or is at risk of such abuse, this psychologist is legally required to take steps to protect the person, and to inform the proper authorities.
- C. All other requests for my personal information to be either released or obtained by this psychologist or other professionals (e.g., my family physician, lawyers, etc.) will be discussed as they arise and will require my written permission to comply, unless ordered by court.

RIGHTS AND RESPONSIBILITIES

I have a right to be treated with respect, dignity, and without discrimination regardless my of age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background. I can expect from my assessor to make their best effort to conduct the assessment as competently as possible. I have a right to ask questions at any time, be informed by my assessor as to their qualifications, areas of specializations and limitations, and the code of ethics which they follow. I have a right to be advised as to the limits of the assessment service, I understand that I may stop the assessment at any time.

I have read and understand the above information and agree to these terms.

This consent form expires upon completion of the intervention unless revoked by me in writing prior to that date.

Signature of Reference

Date

Print Name of Reference