



Behavioral Health and Education Specialists

Psychological/Educational Testing Consent Form

I, _____, agree to allow Behavioral Health and Education Specialists (BHES) professionals to perform the following services:

- Psychological/Educational testing
- Report writing
- Other (describe): _____

I understand that this evaluation may include psychological and/or educational testing (administration, scoring, interpretation and report writing), review of records and/or a clinical interview. Additionally, BHES may request to obtain information from other sources (i.e., professionals, family members, etc.). This information will only be accessed with the written consent of the patient (parent/guardian if the patient is a minor).

I understand that the fee for this evaluation is \$_____.

The fee is payable in two parts: 1.) 50% is due at the time of the initial appointment, and 2.) the remaining balance is due on the completion and delivery of the evaluation report.

I understand that this evaluation is being conducted for the following reasons:

1. _____
2. _____
3. _____

Signature of patient (or parent/guardian)

Date

I have discussed the aforementioned with the patient (and/or his or her parent or guardian). Based on my observations of this individual, it is my professional opinion that this person is fully competent to give informed consent.

Signature of provider

Date