

Informed Consent Document  
Volunteer Adolescent Clients  
PSY 660

I, \_\_\_\_\_, hereby acknowledge that I have received and understand the *Disclosure Statement* and *Client Rights and General Information* documents which were given to me on \_\_\_\_\_. I further acknowledge that I understand that I am giving permission for my child, \_\_\_\_\_, to participate in a personality assessment which includes assessing cognitive ability, academic achievement, visual-motor skills, and characterological aspects of myself or my child. Specifically, I understand:

- \_\_\_\_\_ 1. My child will be assessed by a graduate student under the supervision of Frederick G. Grieve, Ph.D. I understand that Dr. Grieve has a doctorate in clinical psychology and is currently licensed as a Health Service Provider in the state of Kentucky.
- \_\_\_\_\_ 2. I understand that although personality assessments are a routine part of psychological services and pose a very minimal threat to those involved, in rare instances during the course of evaluation issues previously forgotten may be remembered with some psychological discomfort. Additionally, I understand that discussion of sensitive, and potentially upsetting, information may occur. I understand that the student examiners will approach such topics in a professional manner.
- \_\_\_\_\_ 3. I understand that I may contact Dr. Grieve at (270) 745-4417 if I have concerns that cannot be resolved with my student examiner.
- \_\_\_\_\_ 4. I understand that my child will be engaging in personality assessment purely for the training of graduate psychology students. The protocols used in this assessment may be used in the future for educational purposes. I understand that all identifying information other than age, sex, and ethnicity will be removed from all documents used in the future.
- \_\_\_\_\_ 5. I understand that, while this is not typical procedures, my child may be audiotaped or videotaped during the assessment. I understand that such audiotaping or videotaping is for the training of the graduate student. As such, I will not have access to the tapes; however, I also understand that these materials, if used, will be kept confidential between Dr. Grieve and the student examiner.
- \_\_\_\_\_ 6. I understand that the personality assessment will be conducted over at least five sessions, which is not how such assessments are typically performed. Assessments include a clinical interview, intelligence and achievement assessments, mental status assessment, the projective personality measure House Tree Person Projectives, and the self-report personality measures of the Minnesota Multiphasic Personality Inventory, the Behavioral Assessment of Children, and the Personality Assessment Inventory.
- \_\_\_\_\_ 7. I understand that I will not be provided feedback on my child's performance on the measures unless significant risks are discovered or I specifically ask for such feedback. I understand that any such feedback will occur at the end of the semester after the assessment has been completed and Dr. Grieve has had the opportunity to review the entire report. I further understand that if the results of this evaluation are shared with me, they will not be available for third party use.
- \_\_\_\_\_ 8. I understand there will be no charge for this evaluation and that I may discontinue my child's participation at any time.
- \_\_\_\_\_ 9. I understand that sexual intimacy is never part of a therapeutic relationship and that any such behavior should be reported to the Kentucky Board of Examiners of Psychology.
- \_\_\_\_\_ 10. I understand that information my child discusses with the evaluator under the supervision of Dr. Grieve cannot be held in legal confidence. I understand that the student evaluator cannot and will not disclose any information to any outside party without my written consent, **EXCEPT** for threats of harm my child makes toward others, suicide plans, or disclosures of serious harm to my child from others.

\_\_\_\_\_  
Mother's Printed Name

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Printed Name

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Printed Name

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

By signing below, I acknowledge that I have been told of the procedures to be followed in this assessment and I agree to participate in the assessment. I understand that I can quit at any time without any penalty.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date