Informed Consent Document
Volunteer Adolescent Clients
PSY 562

I, _____, hereby acknowledge that I understand that I am giving permission for my child, _____ _____, to participate in an assessment of cognitive ability. 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 intellectual 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.

_____ 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 intellectual assessment purely for the training of graduate psychology students. The protocols, audio tapes, and video tapes of 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. I also understand that the audio or video tapes are not part of my child's clinical record and, as such, I will not have access to them.

_____ 5. I understand that I will not be provided feedback on my child's performance on the measures unless significant risks are discovered.

_____ 6. I understand there will be no charge for this evaluation and that I may discontinue at any time.

_____ 7. 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.

_____ 8. I understand that any information I discuss 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 |