

Authorization for Assessment/Evaluation

Comprehensive Clinical Assessments - are conducted for a variety of reasons, including diagnostic clarification, qualification for services, and treatment/support recommendations. A Comprehensive Clinical Assessment is an intensive clinical and functional face-to-face evaluation of an individual's presenting mental health, developmental disability, and/or substance abuse condition that result in the issuance of a written report.

Psychosexual Evaluation - is an intensive clinical and functional face-to-face evaluation of an individual's sexual development, sexual history, paraphilic interests, sexual adjustment and recidivism risk level. This specialty evaluation is conducted in three sessions and utilizes various measures that are transcribed and analyzed within the assessment by the assessor. \

Addictions Evaluation - is an intensive clinical and functional face-to-face evaluation that determines if the individual has a drug or alcohol addiction. The evaluation assesses the extent of the substance use or addiction, distinguishes co-occurring conditions, including any physical or

mental health concerns, or any other drug use, evaluates the extent by which the substance use affects the individual's life and provides an understanding of the person and their circumstances.

Trauma Assessment - is an intensive clinical and functional face-to-face evaluation that measure the types of trauma an individual has been exposed to, or the degree of severity of the traumatic event the individual has experienced. The assessment assesses for a wide range of traumatic events, risk behaviors, functional impairments, and developmental derailments. The assessment determines origin of trauma in regard to developmental stages.

Autism Evaluation - is an intensive clinical and functional face-to-face assessment that is based on the individual's strengths and interests. The assessment describes the core and associated deficits of Asperger's Disorder and how those deficits impact the individuals functioning. This evaluation utilizes that determine the existence of Asperger's Disorder and appropriate course of treatment.

Informed Consent: The overall duration of all assessments and evaluations depend on the nature of the report. There can be no guarantees about the outcome of any type of assessment/evaluation. Additionally, the assessment and evaluation process may involve discussing unpleasant aspects of one's life and may lead to unanticipated results and/or conclusions that may be discomfoting. I understand that Clinical Counseling and Consulting Services, PLLC attempts to minimize these risks by thoroughly reviewing the nature and purpose of the assessment/evaluation with me and explaining the results in language that I can understand. I authorize, consent, and request that my treating provider administer the above checked assessment/evaluation(s). I understand that the purpose of these procedures and that the assessment/evaluation process is designed to be helpful, it may at times be difficult and uncomfortable

Confidentiality: We maintain strict and firm policy of confidentiality about your personal information and matters related to your treatment. No information about you or your family will be given to another individual or agency without your written authorization. The only exception includes life-threatening emergencies, a court subpoena of records, or instances involving our ethical and legal duty to report abuse of children, elder adults, or disabled individuals. I understand in all cases any personal identifying information will not be used without my written permission.

My signature below indicates that I have read, understand, and agree to the informed consent and confidentiality statement regarding the above assessments/evaluations. My signature also indicates that I consent to undergo the assessments/evaluations **"CHECKED"** in the appropriate boxes. I also acknowledge that a copy of the items listed above is available in my patient portal and can be retrieved for my reference at my leisure.

Legal Guardian Signature:

Date: