

UNIVERSITY of HOUSTON

Psychology Research & Services Center (PRSC)



Consent for Psychological Testing

I, _____ (client, parent/guardian) agree to allow the Psychology Research and Services Center to provide _____ (“Client”) with psychological testing. I have the right to an explanation as to the nature and purpose of the tests administered and to have my questions about these tests answered. I have the right to withdraw this consent at any time by submitting such withdrawal in writing to the Center.

The information concerning my case is confidential and it is not available to individuals or agencies without my written consent. Staff at this agency are clinical psychologists and advanced graduate students in the Clinical Psychology program. All students are supervised by Ph.D. level psychologists associated with this Center. As such, information about my case may be discussed by psychologists and other professionals within the Center for the purpose of diagnosis, assessment supervision, or the development of appropriate recommendations/remedial strategies. In addition, there are a few instances in which information concerning my case may be required to be released without my agreement. Such a release of information could occur if:

1. I pose a serious danger to my self or others.
2. There is evidence to suggest child or elder abuse.
3. The court issues a subpoena concerning my records.
4. A valid medical emergency occurs.

I have read and understand that the above stated conditions are necessary to receive services at the University of Houston Psychological Research & Services Center.

Client Signature	Date	Staff/Therapist’s Signature	Date
------------------	------	-----------------------------	------

If Client is under 18 years of age, Parent/Legal Guardian must complete information below:

Parent/Legal Guardian’s Signature	Date	Relationship to Client
-----------------------------------	------	------------------------

Note: Modification of this Form requires approval of OGC