

Disclosure and Informed Consent Statement

Overview

The agency that referred you for an assessment has questions about your ability to perform your duties and will likely base their opinions, in part, on the results of a job-related psychological assessment. Dr. Altman is a licensed psychologist experienced in conducting such assessments and will perform the psychological evaluation. The assessment will consist of standardized written psychological testing, and oral interview, and a review of collateral or third-party information made available by the hiring agency or by you. This may include information gathered during the background investigation you authorized the employment agency to conduct.

The assessment may also include a review of prior assessments, if Dr. Altman previously evaluated you. Both the written inquiries and interview will probe public and private aspects of your life. These inquiries are necessary to adequately assess whether your psychological traits and abilities satisfy the requirements of the position you have been conditionally offered. If at any time you wish to ask about the relevance of any questions asked in the interview, please ask and you will receive an explanation as to why the requested information is needed. As with *any* assessment procedure, *you have the right to terminate the assessment at any time*.

Limits of Confidentiality

Although the employment agency is Dr. Altman's client, *not you*, Dr. Altman will be mindful of his duty to conduct the evaluation with fairness and objectivity. You understand and agree that you are not receiving treatment or health care from Dr. Altman and that Dr. Altman does not consider himself to be treating you. You understand that you are not being examined for any purpose relating to your personal treatment or to your personal health care. Because Dr. Altman is conducting this evaluation at the request of the employment agency and for reasons having nothing to do with treatment or health care, you do not have doctor-patient privilege in your communications with Dr. Altman. Therefore, you understand and agree that anything you say and do during or in connection with the evaluation are entitled to disclosure, if relevant to the evaluation, and may or will be disclosed to others involved in the this process who have a need to know it. The employment agency requires a report of pertinent findings and conclusions, including a determination of your suitability for this position, following the completion of this assessment.

This employment agency may authorize release of the records associated with this assessment, including any written report, to any other qualified professional. Circumstances leading to such an authorization may include further mandatory *fitness-for-duty* evaluation, disability claim, or other medical evaluation. State law also may require disclosure of otherwise confidential information for reasons associated with, but not limited to, suspicion of child abuse, threat of serious harm to yourself or others, or court order.

Report of Findings and Conclusion

Following the completion of the examination, Dr. Altman will give the employment agency written and/or oral report of relevant findings and conclusions relating to his opinion about your suitability for your current position, pursuant to the attached authorization. These reports are necessary to fulfill the purpose for which you have been referred. The reports necessarily may contain private information, but Dr. Altman will make a good-faith effort to restrict the disclosure of private information to the minimum necessary to satisfy the purpose of the examination and to support his findings, conclusions, and recommendations. If the findings, conclusions, opinions, or recommendations are challenged in an adjudicative forum, Dr. Altman may make full disclosure of all information as may be necessary or required by law.

Waiver of Access to Report and Records

This assessment is conducted solely to aid the employment agency in determining your qualifications for your job position. You *will not* be provided a copy of any report Dr. Altman provides the employment agency concerning your suitability. You *will not* receive any feedback regarding the results of the evaluation. Because the employment agency is the client, your authorization will not permit Dr. Altman to release or disclose the report to you or any third party. You specifically waive any and all statutory rights to access and review personal health care or any other information as it pertains to this examination, if any, whether arising under state or federal statutory, regulatory or common law, including but not limited to, the Health Insurance Portability and Accountability Act of 1996, and therefore have no rights to access or review the notes, reports, tests, analyses or other information generated in connection with this evaluation of your suitability for employment. Therefore, you agree to exonerate, release, and discharge Dr. Altman and Altman Psychological Services or his employees or representatives for refusal to make available any and all information contained in this pre-employment psychological evaluation, other than the final determination (i.e., qualified or unqualified).

Payment for Services

The employment agency is compensating Dr. Altman for services. However, Dr. Altman will remain objective and neutral. As such, he will have sole control over the examination and his resulting opinions, conclusions, and recommendations.

Potential Outcomes and Uses of the Examination Results

As a result of this examination, Dr. Altman may conclude that you are psychologically fit for this position or psychologically unfit for this position. The employment agency has determined the standards and degree of suitability it requires for fitness. Regardless of the conclusions Dr. Altman reaches and communication in his report, the employment agency may choose not to rely on his findings and recommendations, in whole or in part, when deciding on your status. Alternatively, the employment agency may rely entirely on his report. Thus, depending on his ultimate conclusions and recommendations concerning your fitness for duty, and depending on the employment agency's consideration of his conclusions and recommendations, the results of this examination may have a significant impact on your employment.

Dr. Altman's opinion concerning your psychological fitness or continued suitability for this position is *not* a statement or opinion about your general psychological health or emotional stability, nor is it a statement about your suitability for this position with a different agency or for a different position with the same agency. Rather, it is a statement only about the degree to which the full range of assessment information available to him provides evidence at this time of the psychological traits and competencies required for the position.

Regarding Your Freedom to Decline Participation

You are free to decline participation in this examination. However, your decision not to participate in the examination likely will result in sanctions by the agency and could impact your current employment.

Expiration Date

This authorization may be revoked at any time, except when action has been taken in reliance on this authorization. Unless revoked earlier, this authorization will expire one year from the date of signing or will remain in effect for the period reasonably needed to complete this assessment.

Redisclosure

Dr. Altman will advise the employment agency to maintain the written report in a confidential medical file separate from other personnel information and that the information should be made available only to persons who have a bona fide need to know the information included in the report. Nevertheless, by signing the attached authorization and authorizing Dr. Altman to release this information to the employment agency, there is the possibility that the employment agency could redisclose this information. By signing the authorization you will expressly release Dr. Altman from any liability for the disclosure.

Genetic Information

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA, Title II, from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, you are asked not to provide *any* genetic when responding to any request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Recording and/or Photographing During the Evaluation

You are not authorized or permitted to photocopy, photograph, record or capture any portion of the evaluation, in whole or in part, including but not limited to written testing, personal history questionnaire, oral interview, and conversations with Dr. Altman, whether in-person or by telephone. This prohibition applies to all forms of recording, whether digital or analogue. By agreeing to proceed with this examination, you agree to accept this prohibition and any civil and/or criminal consequences for violating it.

Consent and Signature

Note: if you do not have adequate time to review this form, you do not understand it, or you require additional time to consult with an attorney or other advisor, you may reschedule this examination for a later time by checking the box below, initialing it, and immediately informing the psychologist or the assistant.

☐ *I require additional time to consult with my attorney or other advisor.*

☐ *I have read, understand, and agree to the terms of the informed consent statement and waiver of my access rights. I do not require additional time to consult with my attorney or other advisor.*

I assert this is my electronic signature:

Applicant's Signature

Applicant's Printed Name

Date

Authorization to Release Protected Health Information

I hereby authorize Dr. Altman to use and disclose his findings and opinions concerning my past, present or future physical or mental health or condition, as well as his conclusions, opinions, and recommendations as to my psychological qualification and suitability for the position I have, to the agency that referred me for this examination. *This authorization **does not** authorize any of my prior or current health care providers to disclose personal health care records to Dr. Altman or my prospective employer without separate and specific written authorization, except as permitted by law.*

_____ Mental health information (You **must** initial this item in order for the examination to be conducted)

_____ Drug/alcohol diagnosis, treatment, or referral information. (You **must** initial this item in order for the examination to be conducted)

I understand that Dr. Altman will make a good-faith effort to restrict the disclosure of private information to the minimum necessary to satisfy the purpose of the examination and to support the findings, conclusions, and recommendations. I understand that the employment agency will be advised to maintain any written report provided by Dr. Altman in a confidential medical file separate from other personnel information and that the information should be made available only to persons who have a bona fide need to know the information included in the report. I have been informed that I will not receive a copy of the written report, nor will I be able to authorize its release to any other person or party. I specifically waive any statutory rights to access and review personal health care information as it pertains to this examination.

I acknowledge that Dr. Altman has no control over how the employment agency uses the report once it is received. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected under federal law. I expressly release Dr. Altman from liability for that redisclosure. However, I also understand that federal or state law may restrict redisclosure of mental health information and drug/alcohol diagnosis, treatment or referral information.

You do not need to sign this authorization. However, your refusal will mean that the required psychological evaluation will not take place. If you refuse to sign this authorization, you are encouraged to find out from your employment agency if refusal will impact your employment.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any use or disclosure already made with your permission cannot be undone.

To revoke this authorization, please send a written notice, stating that you are revoking this authorization to:

Daniel R. Altman, Ph.D.
Altman Psychological Services, PLLC
3939 West Green Oaks Blvd., Suite 201
Arlington, TX 76016

I have read this authorization and understand it. Unless revoked, this authorization expires one year from the date below

I assert this is my electronic signature:

Applicant's Signature

Applicant's Printed Name

Date