

Disclosure and Informed Consent Statement

Overview

The agency that referred you for an assessment has given you an offer of employment conditioned, in part, on the results of a job-related psychological assessment. Altman Psychological Services, PLLC, employs licensed psychologists experienced in conducting such assessments who 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 hiring agency to conduct.

The assessment may also include a review of prior assessments, if the psychologist 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* job application procedure, *you have the right to terminate the assessment at any time.*

Limits of Confidentiality

Although the hiring agency is the client, *not you*, the psychologist will be mindful of his/her duty to conduct the evaluation with fairness and objectivity. You understand and agree that you are not receiving treatment or health care from the psychologist and that the psychologist does not consider him-/herself 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 the psychologist is conducting this evaluation at the request of the hiring agency and for reasons having nothing to do with treatment or health care, you do not have doctor-patient privilege in your communications with the psychologist. 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 selection process who have a need to know it. The hiring 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 hiring 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 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, Altman Psychological Services, PLLC, will give the hiring agency written and/or oral report of relevant findings and conclusions relating to his/her opinion about your suitability for this position, pursuant to the attached authorization. These reports are necessary to fulfill the purpose for which you have been referred. The reports necessarily will contain private information, but the psychologist 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/her findings, conclusions, and recommendations. If the findings, conclusions, opinions, or recommendations are challenged in an adjudicative forum, the psychologist 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 hiring agency in determining your qualifications for hire. You *will not* be provided a copy of any report the psychologist provides the hiring agency concerning your suitability. You *will not* receive any feedback regarding the results of the evaluation. Because the hiring agency is the client, your authorization will not permit the psychologist 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 the psychologist and Altman Psychological Services, PLLC, or their 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 hiring agency is compensating the psychologist for services. However, the psychologist will remain objective and neutral. As such, he/she will have sole control over the examination and his/her resulting opinions, conclusions, and recommendations.

Potential Outcomes and Uses of the Examination Results

As a result of this examination, the psychologist may conclude that you are psychological qualified for this position or psychologically unqualified for this position. The hiring agency has determined the standards and degree of suitability it requires for qualification. Regardless of the conclusions he/she reaches and communication in his/her report, the hiring agency may choose not to rely on his/her findings and recommendations, in whole or in part, when deciding on your status. Alternatively, the hiring agency may rely entirely on his/her report. Thus, depending on his/her ultimate conclusions and recommendations concerning your suitability, and depending on the hiring agency's consideration of his/her conclusions and recommendations, the results of this examination may have a significant impact on your candidacy.

The psychologist's opinion concerning your psychological qualification or 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 the revocation of the hiring agency's conditional offer of 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

The psychologist will advise the hiring 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 Altman Psychological Services, PLLC, to release this information to the hiring agency, there is the possibility that the hiring agency could redisclose this information. By signing the authorization, you will expressly release the psychologist 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 the psychologist, 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

☐ *I have read, understand, and agree to the terms of the informed consent statement and waiver of my access rights.*

I assert this is my electronic signature:

Applicant's Signature

Applicant's Printed Name

Date

Authorization to Release Protected Health Information

I hereby authorize the psychologist with Altman Psychologist Services, PLLC, to use and disclose his/her findings and opinions concerning my past, present or future physical or mental health or condition, as well as his/her conclusions, opinions, and recommendations as to my psychological qualification and suitability for the position I have applied for, 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 Altman Psychologist Services, PLLC, 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 the psychologist 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 hiring agency will be advised to maintain any written report provided by Altman Psychologist Services, PLLC, 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 Altman Psychologist Services, PLLC, has no control over how the hiring 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 Altman Psychological Services, PLLC, and any of their employees 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. This likely will result in the withdrawal of the conditional offer of 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:

Altman Psychological Services, PLLC
3939 W. 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