



Hazel Approach Psych Services

Informed Consent for Risk Assessment

***Before beginning the evaluation process, it is important for you to understand and agree to the following terms of participation and limits to confidentiality:**

You or your child has been referred to Sasheen Hazel, Psy.D. to participate in a psychological evaluation to inform and guide treatment.

The assessment process will include a series of interview questions and some standardized psychological tests, which will amount to a written report. **Information shared during this evaluation process is NOT completely confidential.** At the conclusion of this evaluation, the written report will be provided to my client, the individual/agency that hired me to conduct the evaluation. **The results of this evaluation will be released directly to the client.** If the referral was not initiated by the child's parent/guardian, a copy of the evaluation may also be provided to the parent/legal guardian upon request.

There are a few **exceptions to confidentiality**. I am mandated by law (MGL c119 & c123) to report sufficient information to protective agencies (e.g., DCF, local police) to ensure the safety of your child or others in the following situations:

- If your child reveals information that a child, elderly person (60+), or disabled person has been abused or neglected.
- If your child makes a specific or explicit threat to kill or seriously injure a reasonably identified victim and possess the apparent intent and ability to carry out the threat.
- If your child has a history of significant violence, communicates an explicit threat and there is clear and present danger that they could attempt to kill or seriously injure a reasonably identified victim

I would also have to release this information **if a court orders me to do so**. Any other instances where I might be required by law to release information gathered during this evaluation would be discussed on a case-by-case basis.

MY SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Parent/Legal Guardian Name Printed

Name of Child/ Minor

Signature of Parent/Legal Guardian

Date