



CONSENT TO PERFORM PSYCHOLOGICAL TESTING AND AUTHORIZATION RELEASE CONFIDENTIAL INFORMATION

I _____, (Please Check One)

Legal Guardian

Temporary substitute decision maker

Representative under a Representative Agreement

of _____ agree that _____
undergo Psychological Testing at the Provincial Assessment Centre (PAC).

- OR -

Individual / Self Advocate

I _____, agree undergo Psychological Testing at
the Provincial Assessment Centre (PAC).

- I understand that PAC is being requested by Community Living Services – Facilitator / Analyst _____ to complete this evaluation and that PAC is a Provincial Resource and is part of Community Living BC.
- I understand that all information provided, all tests completed, and any observations of _____ behaviours can be included in the report.
- I understand and consent to the results being released to my CLBC Facilitator / Analyst and will be seen by my Care Team and staff at PAC.
- I realize I can refuse to consent to this release, and that this refusal will stop the testing from proceeding.
- I also understand that should I disagree with the conclusions of the report, I have the right to submit a typed addendum to _____'s file, detailing the reasons for my disagreement(s), this would then be sent with the report in the event it is released in the future.

- I realise that this information may be used to train future psychologists, or to conduct research on the effectiveness of these kinds of evaluations. In either case, any identifying information about me will be removed from the information so my privacy and confidentiality are protected.
- For the purpose of case and service planning. I understand I have the right to revoke this consent in writing at any time. The consent is valid for one year, ending on ____/____/____.
- I understand that the results and report of _____'s evaluation, and records provided by PAC will be retained in a file at PAC, and securely stored for ten years.
- This information will not be re-disclosed in accordance with the law of British Columbia Law.

By signing below, I consent to Psychological Testing under these terms.

By signing below, I authorise the Provincial Assessment Centre – Community Living BC to release the results of the Psychological Evaluation of _____ to my CLBC Facilitator / Analyst and eventually to identified members of my Care Team.

I _____, acknowledge that I have read and/or have had it explained verbally and understand the information contained in this document.

Print Name (Legal Guardian /Self Advocate / temporary substitute decision maker / authorized to give consent)	Signature	Date:	month /day /year
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Print name of the person to be assessed	Signature	Date:	month /day /year
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Print Name of witness	Signature	Date:	month /day /year
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*By signing this consent, you authorise the Provincial Assessment Centre – Community Living BC to **OBTAIN** written or verbal reports that may be of assistance in our assessments*

Date of birth: _____

Print name of the person to be assessed _____

month /day /year

I hereby give consent for PAC to OBTAIN information about my (or my child's/family member's):

This information may be obtained FROM:
(please specify particular individuals, programs, ministries, authorities, etc.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Assessments / Consultations / Notes
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Assessments / History
<input type="checkbox"/>	<input type="checkbox"/>	Medical History
<input type="checkbox"/>	<input type="checkbox"/>	Developmental History (speech therapy, OT, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Program / Placement History
<input type="checkbox"/>	<input type="checkbox"/>	Education History
<input type="checkbox"/>	<input type="checkbox"/>	Individual / Personal Service Plan
<input type="checkbox"/>	<input type="checkbox"/>	Other

***This consent shall expire at the time of discharge.**

Date: _____

Print Name (Legal Guardian /Self Advocate / temporary substitute decision maker / authorized to give consent)

Signature

month /day /year

Full Address:

Tel:

*By signing this consent, you authorise the Provincial Assessment Centre – Community Living BC to **RELEASE** written or verbal reports*

Date of birth: _____

Print name of the person to be assessed _____

month /day /year

I hereby give consent for PAC to RELEASE information about my (or my child's/family member's):

This information may be released to:
(please specify particular individuals, programs, ministries, authorities, etc.)

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Assessments	
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Consultation	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

***This consent shall expire at the time of discharge.**

Date: _____

Print Name (Legal Guardian /Self Advocate / temporary substitute decision maker / authorized to give consent)

Signature

month /day /year

Full Address:

Tel: _____

Original: _____ Master client file
 Copy 1: _____ External parties as identified
 Copy 2: _____ Legal Guardian