**Tikunim Counseling Services, PLLC**

**AGREEMENT FOR THE MENTAL HEALTH**

**EVALUATION FOR A THIRD PARTY**

1. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with a date of birth of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that a clinician of Tikunim Counseling Services, PLLC (the evaluator) will be evaluating the mental health of­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the examinee) . The evaluator has explained to me the nature and purpose of the evaluation and the tests, if any, to be used, including the risks involved in the evaluation. The tests we discussed include:
2. I understand that the evaluator has been retained and paid by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the third party) to conduct this evaluation, and that the evaluation is being conducted for the benefit of the third party and NOT FOR THE BENEFIT OF THE EXAMINEE. I understand that the examinee IS NOT A PATIENT of the evaluator, and that the evaluator WILL NOT advise or treat the examinee in any way.
3. I understand that the evaluator will conduct the evaluation in a competent manner and in good faith.
4. I understand that the material contained in this evaluation and a report of the results of this evaluation will be sent by the evaluator to the third party WITHOUT any additional consent or authorization needed from me. I understand that the evaluator will not provide me with any report of the results of the evaluation. I further understand that the evaluator may communicate and consult with third party regarding this evaluation without any consent or authorization from me. I also understand that the evaluator CANNOT guarantee that the third party will keep the results or report of this evaluation confidential.
5. I understand that my communications to the evaluator during this evaluation are NOT privileged, and that if the evaluator is called to testify at a legal proceeding regarding this evaluation, then the evaluator will do so without any consent or authorization needed from me.
6. I understand that the evaluator might consult with other mental health professionals who are not affiliated with Tikunim Counseling Services, PLLC or the third party, about this evaluation, but that no identifying information or data about the examinee will be revealed to such consultants. If the evaluator wishes to reveal identifying data or information to an outside consultant, I will be asked to sign a consent form authorizing that disclosure.

*My signature indicates that I understand and agree to the above terms and conditions of the evaluation and to the evaluation itself.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tikunim Counseling Services, PLLC Evaluator**

