

RE: Name: _____ Date(s) of Evaluation_____

Consent to Psychological/Neuropsychological “Independent Medical Evaluation” (IME)

Release of Information for purposes of IME

I _____ hereby consent to undergo a neuropsychological and/or psychological “Independent Medical Evaluation” (IME) by Ernest J. Bordini, Ph.D., Clinical Psychology Associates of North Central Florida in relationship to civil litigation I am involved in with for personal injury. I understand and agree that this is a forensic evaluation which is normally exempt from protections under HIPAA provisions.

I understand my responsibilities are to provide an accurate and complete history and to answer questions truthfully and to the best of my abilities. I understand issues of my abilities, effort, test validity, adjustment, history, personality, social and psychological adjustment, diagnosis, etiology, prognosis, and its consistency will be summarized and presented as expert opinions to the party requesting the IME.

While this evaluation may or may not be compelled by a court of competent jurisdiction, terms of my claim for damages, or any insurance contracts from which I am seeking compensation, I understand that this evaluation is not being compelled by Ernest J. Bordini, Ph.D. and/or Clinical Psychology Associates of North Central Florida. I understand that my refusal to participate or answer any questions will be reported to the party requesting the IME and this may have adverse effects based on my insurance contract, any court orders, or claims for damages. I understand it is my obligation to discuss any questions about the specific consequences of refusal with my own attorney.

I understand that a treatment relationship is not established and that a copy of all materials, confidential psychological, confidential medical and confidential alcohol and drug information, any records obtained, as well as a report of findings and opinions will be made to _____ and/or it’s legal representatives or agents. I understand such information may be further disclosed on examination or cross examination in any proceedings that are associated with my personal injury claim.

I understand that I cannot be provided with any diagnosis or treatment recommendations by the evaluator and that such findings will be reported to _____.

I acknowledge I have had the opportunity to ask any questions about procedures, purposes of the evaluation and any release of information or limits of confidentiality. I agree that they have been answered in a way that I understand them.

I consent to evaluation and the release of information as above.

Date

Witness Date