

KRISTEN HERZEL, PH.D.
DEVELOPMENTAL NEUROPSYCHOLOGY
LICENSED PSYCHOLOGIST # PS 009271-L
PA CERTIFIED SCHOOL PSYCHOLOGIST 02039315
OFFICE ADDRESS: 13 WEST THIRD ST., MEDIA, PA 19063
MAILING ADDRESS: 103 CORNELL AVE., SWARTHMORE, PA 19081
PHONE/FAX: (610) 541-0710

Assessment Consent Form

I, Kristen Herzel, Ph.D., conform to the standards of care for professional psychologists as detailed in the Code of Ethics of the American Psychological Association, and the Psychology Licensing statutes and regulation of the Commonwealth of Pennsylvania. As such, I maintain the confidentiality of all records, and will not release such records to outside parties without your written permission, except in situations where there is risk of harm to you or another, subpoena in a criminal proceeding, or a civil matter in which your mental/emotional condition, or your child's mental/emotional condition is introduced into the judicial proceeding by you.

Kristen Herzel, Ph.D. has explained the reason for the assessment, the types of tests to be administered, as well as outlining the procedures and time commitment involved and answered all of my questions. I have been told of the risks or discomforts and possible benefits of this assessment. In case there are problems or questions, I have been told that I may contact Dr. Herzel at the above telephone number.

I, _____, acknowledge my voluntary participation, and my child's participation, in this assessment by Kristen Herzel, Ph.D. I understand that we may withdraw from the testing at any time and that my records may not be released to outside parties without my written consent except as outlined above by the limits of confidentiality.

Child's Name: _____ Date of Birth: _____

Signature of Parent or Legal Guardian _____ *(Date)*

Signature of Parent or Legal Guardian _____ *(Date)*

Signature of Clinician