

SAGE Cognitive Solutions
Consent for an Assessment and Privacy Statement – Preemployment Evaluation

Please read carefully:

Your psychological evaluation includes the completion of a background form and several psychological assessments. It also includes an interview with one of our psychologists. Be sure you remain for all aspects of the evaluation.

Please complete the materials in your packet in the order in which you find them. As you finish each one, place it in the tray by the door. When you are finished, please let our office manager know. If you have any questions about this consent, please ask!

By signing this form you acknowledge and/or consent to the following:

1. You understand that **this evaluation is NOT confidential**. Anything which you reveal can be included in the evaluation and may affect its outcome. You are not a client/patient of Dr. Foreman or her associates. Our client is the department/academy who sent you for this evaluation. Our evaluation of you does not constitute the provision of any type of mental health treatment. This is an administrative evaluation to determine whether you are suitable for the position you are seeking.
2. **You do NOT have a right to a copy of the report**. The evaluation is prepared for the department/academy who sent you and is their property. The report cannot be released to another department to which you are applying without both your consent and the consent of the department that sent you here today. Further, once the information is released to the department/agency, we no longer have any control over its further dissemination by that entity. Beyond what is described here, we will not release any information about this evaluation to others (except as required by law) without your consent.
3. SAGE Cognitive Solutions provides the results to the agency/academy which referred you. **We do not provide feedback to you about the results**. By signing below, you acknowledge that SAGE Cognitive Solutions is under no obligation to provide you feedback on your evaluation. Only the department who sent you can release information to you.
4. Any information that has been gathered by SAGE Cognitive Solutions, Dr. Lehman and Associates, or Dalhousie Polygraph during this evaluation or *any previous evaluation of you* by our office(s) is available to the psychologist for inclusion in the evaluation. The only exception would be a previous evaluation done under attorney privilege. By signing this form, you consent to the use of that information for this evaluation.
5. You agree to be completely honest about yourself on the background forms, assessments, and interview. You understand that failure to do so may result in a negative report to the department. ***To withhold information or to provide false information will be grounds to fail the evaluation. The assessments are designed to include a valuation of your test taking approach, so it is in your best interest to be completely and totally honest about yourself.***

I have read and understand the above information, and I consent and/or acknowledge the information as mentioned above.

Signature

Date

Printed Name