

**Blue Mountain Neuropsychological Associates, PS (BMNA)**

**dba: *Blue Mountain Psychology***

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**Examinee Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supplemental Consent/Assent Form**

*The examinee* has agreed to undergo a Forensic Neuro/Psychological Evaluation. Role of the examiner(s) includes being impartial (unbiased). The following were thoroughly explained, and any questions discussed: 14<sup>th</sup> Amendment (e.g., due process and equal protection), 8<sup>th</sup> Amendment (e.g., cruel and unusual punishment), 6<sup>th</sup> Amendment (right to effective counsel; right to present evidence), 5<sup>th</sup> Amendment (e.g., right against self-incrimination; right to consent for this evaluation; understanding there is no confidentiality associated with this evaluation). The examinee was strongly encouraged to retain an attorney for guidance with this evaluation: The examinee was informed of their rights to have an attorney present, consult with an attorney, decline answering any questions, and to terminate this evaluation at any time. The examinee was also informed that information gathered as part of this evaluation could be shared with attorneys, judge, and others deemed appropriate by those entities. The examinee acknowledged information herein may be addressed during legal proceedings including deposition and/or testimony by the examiner(s). Should a report be drafted, it would only be provided to the identified *client* (who is usually the examinee's attorney). The examinee acknowledged there was no doctor-patient relationship, and no treatment would be provided. The examinee agreed that there would be no correspondence with examiners following this evaluation, except perhaps for deposition and/or testimony.

**Please sign and date below to acknowledge the contents of this document.**

**Signature of Examinee:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Signature of guardian (if applicable):** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Staff signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_