

Sovereign Psychometric Services
 BHF Practice Number 0538264
 P O Box 414170 | Craighall | 2024
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INFORMED CONSENT AND CONFIDENTIALITY FORM

Name

ID Number

Telephone (W) (C)

eMail Address

.....

Informed Consent to Assess

With the understanding that Psychological Assessments are formal, structured activities designed to measure psychological qualities, carefully researched and tested to ensure that they are fair, reliable and valid, and are administered and scored in a standardized way to allow results to be compared with people, similar to the group from which he/she comes, I hereby give consent to participate in assessment for the sake of addressing :

.....

I furthermore understand that SOVEREIGN PARTNERS must obtain my explicit informed consent before changing or altering the nature of the intervention of psychological service provided to me.

Confidentiality and Limits on Confidentiality

As advised by Lynelle Smith, I understand that all communications with me and all records relating to the provision of services to me are confidential and may not be disclosed without my written consent. I, furthermore, understand that all relevant historical information, the test data as well as the report will be stored within the confidential boundaries of a Psychological and Psychometric environment. I have been advised by Lynelle Smith that SOVEREIGN PARTNERS employ administration staff who, for administration purposes such as filing, billing and quality control, may have privy into my personal information. I have been informed that these members of staff have been trained on informed consent and confidentiality, and have signed a Confidentiality Agreement with SOVEREIGN PARTNERS, and are fully aware that they may not disclose any information without my written consent.

I also understand that the law places certain limits on the confidential nature of the psychometric service provided to me. I have been advised that typically these limits on confidentiality may arise if the professional perceives that there is a risk of harm in situations such as the following:



1. If I present an imminent danger to myself or others the law requires that steps be taken to prevent such harm;
2. If a child is in need of protection a report must be filed with the appropriate agency or authority;
3. If a vulnerable adult is abused or neglected a report may be filed with the appropriate government agency;
4. If a court orders the disclosure of records.

I do, however, understand that, should disclosure of my records be acquisitioned with a court order, the records itself may not be used in court, but may only be read by a professional in the field of Psychology.

Waiver of Confidentiality

I understand that I have the right to confidentiality with respect to all communications with me and all records relating to the provision of psychological services to me. However, with my signature below, I waive my right to confidentiality in order to allow SOVEREIGN PARTNERS to release or discuss relevant information with

..... (full names of individual/s)
 for the following purposes:

.....

Acknowledgement and Consent

- I am aware that, throughout the assessment process, I have the right to enquire about the nature or purpose of all procedures;
- I am aware that I have the right to know the test results, interpretations and recommendations, within the limits of the ethical code for psychologists, and the relevant legislation that governs the use of psychological assessment;
- I had the opportunity to carefully read this document to ask, and have answered, any questions or concerns I have about it or arising from it;
- I am aware that I have the right not to sign this document, and have been informed of the consequences of waiving the right to confidentiality.

.....
 Full Name of Client | Parent | Legal Guardian

.....
 Signed At

.....
 Signature

.....
 Date