



Client PQE Consent Agreement

I, _____, agree to participate in a psychological (*evaluation/ intervention*) which may include a clinical interview and psychological testing.

I am aware the test results and report will be reviewed by a licensed clinical psychologist who is evaluating and supervising the interviewer.

I understand the interviewer is a graduate student in clinical psychology who is attempting to pass a Professional Qualifying Examination as a requirement of their Doctoral Program in Clinical Psychology at _____. I further understand the observers will keep all information revealed in the course of the evaluation confidential. A copy of this consent form will be kept in the Department of Psychology at _____ in a sealed envelope, to be opened only in the event of a legal challenge.

I recognize participation in the examination procedure is not a requirement to receive services at **Legacy Clinical Consultants, LLC**; however, it could provide additional information and insight into the current course of treatment being utilized. My participation is completely voluntary. I may withdraw this consent at any time, and it will automatically expire one year from the date it is signed.

Interviewee/Client

Date

Parent/Guardian (*If applicable*)

Date