

MULLALY ASSOCIATES, P.C.
Robert W. Mullaly, Ph.D.
Forty South Street
Marblehead, MA 01945

INFORMED CONSENT

This is a statement of Informed Consent and a Release of Information pursuant to stipulations of the present psychological evaluation.

- You have been referred for a comprehensive Psychological Evaluation.
- You might be asked to participate in an interview or interviews.
- You might be asked to complete one or more specially selected, standard psychological test(s).
- You might also be asked to have your interview (s) audiotaped or videotaped as part of this process.

Your participation in this process is voluntary, without any coercion.

With Informed Consent, I hereby authorize Robert W. Mullaly, Ph.D., Mullaly Associates, to proceed with the evaluation and to release information concerning my evaluation to the following referring agency:

Client Name: _____

Authorized Signature: _____

Date _____

Witness Signature: _____

Robert W. Mullaly, Ph.D., ABPP
Mullaly Associates

Date _____