

Hope Springs Counseling Center, LLC

127 ½ North Broad Street, Suite 3, Monroe, GA 30655
(404)784-6809

Client: _____ Date: _____

**Consent to Submit to a Psychological Examination or
Psychosexual Examination**

I, as legal guardian of _____, do hereby voluntarily, without duress, coercion, promise of reward or immunity, agree to allow the aforementioned person noted above, to which I have legal guardianship, to submit to a comprehensive examination or psychosexual examination which may also include additionally various assessment instruments to be determined by the examiner, having said services explained to my satisfaction, and thereby release Hope Springs Counseling Center, LLC and Sherie Malcom, Ph.D., LPC, NCC from all claims resulting from or arising out of such services.

I, _____, as a person of legal age do hereby voluntarily, without duress, coercion, promise of reward or immunity, agree to submit to a comprehensive examination or psychosexual examination which may also include additionally various assessment instruments to be determined by the examiner, having said services explained to my satisfaction, and thereby release Hope Springs Counseling Center, LLC and Sherie Malcom, Ph.D., LPC, NCC from all claims resulting from or arising out of such services.

I further give permission for release of the results of this comprehensive examination or psychosexual examination and assessment instruments to the following person and/or agency.

Person/Agency to receive results: _____ Date: _____

Client's Signature: _____ Date: _____

Parent/Legal Guardian signature: _____ Date: _____

Witness Signature/Title: _____ Date: _____