

# CORNERSTONE

Psychological Associates, PLLC

1755 Westgate Drive, Suite 260  
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Phone: (208) 373-0790  
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## **Brief Focused Assessment Informed Consent For Participants**

### **Introduction:**

Carefully read the entire document and write your initials in the space to the left of each of the items to document that you have read, understood, and agree to the conditions of the evaluation. In addition, please date and sign where indicated. Signing this document indicates that you understand the evaluation procedures and agree to participate as specified by the conditions set forth in these documents. You may have your attorney review this agreement.

This is an agreement between you and Kathy Edwards, JD, LCP, from here on out referred to as the evaluator.

This document constitutes the entire agreement. Modifications to this agreement must be made in writing and signed by both parties.

### \_\_\_\_\_ Brief Focused Assessment Overview

A: These interviews and subsequent recommendations were agreed to by both parties, their respective attorneys, and ordered by the court.

B: Under judicial appointment, the evaluator is clothed with immunity from civil litigation, pursuant to Idaho Rule 706.

C: The evaluator does not work for either party regardless of their responsibilities for paying the fees for the evaluation.

### \_\_\_\_\_ Evaluation Process

A: This is an abbreviated format of the more extensive custody evaluation. It is designed to specifically answer question(s) ordered by the court.

B: Typically, the evaluator will conduct individual interviews with each biological parent as well as interviews with each child at or over the age of six. Sometimes, a brief review of records or speaking to individuals outside of the family is necessary.

C: All meetings are audio recorded. These recordings are done to provide an accurate account of what occurred during the interviews. This provides a level of accountability for both the evaluator and participants.

#### \_\_\_\_\_ Fees

A: The evaluator charges a flat rate of \$1,500.00 for all services provided during the evaluation.

B: The court assigns the responsibility of payment of the evaluation. Sometimes one side is responsible for the full cost. Other times, the court will split the financial responsibility equally or by some other percentage.

C: Appointments that are not attended with less than 48 hours notice will be billed at full rate for the full amount of the evaluator's time. Appointments cancelled with more than 48 hours notice, will not be billed.

D: Insurance will not cover any of the costs of services related to court action.

#### \_\_\_\_\_ Privilege, Confidentiality, and Privacy

A: Privilege and Confidentiality have similar meanings. Both refer to the release of personal information. Privilege is related to legal proceedings and references the concept that individuals have a right to have their personal information not used against them in a court of law. Since the evaluator is ordered by the court and will report to the court, there is no privileged communication between the evaluator and either party.

B: Confidentiality refers to the duty of a professional, such as a psychologist, to not disclose personal information. Since there will be a report released to the court, which contains sensitive information, each parent must be aware of the limits of confidentiality regarding themselves, as well as their children.

C: Privacy refers to an individuals' right to have private information kept from being disseminated or communicated to others. Steps are taken maintain individuals' privacy. Outside of the collection of information from collateral sources and the final report, which is submitted to the court and the attorneys, the evaluator will not share personal information collected during this evaluation process to others without specific written consent of the parties.

#### \_\_\_\_\_ Roles and Relationships

A: The evaluator cannot have a prior personal or professional relationship with either party, stepparent, or child(ren) in this case. If during the evaluation it becomes apparent that such a relationship exists, the evaluation will be stopped and the evaluator will write a request to the court to be removed

from the case so that another evaluator can be assigned. If there are any such relationships you believe to exist, make this known prior to starting the evaluation or as soon as identified.

#### \_\_\_\_ Releases of Information

A: As part of the evaluation, the evaluator may need to collect information from other professionals who are bound by a duty to protect confidential information. It is a requirement, in order to comply with this evaluation process, for you to sign forms that release that confidential information from those individuals or agencies to the evaluator.

#### \_\_\_\_ Documentation

- A: Each parent may provide to the evaluator documents for review. The evaluator will review all documents provided.
- B: The evaluator may also seek out and review additional documents that were not provided by either party or attorney.
- C: Keep all originals of documents in your possession. Once documents are provided to the evaluator, they go into a permanent file and cannot be returned. If you need copies of your documents you will be charged administrative costs.
- D: The evaluator's hourly rate will be charged for reviewing documents, so ensure that documents are concise and relevant to your case.

#### \_\_\_\_ Collateral Contacts

- A: The evaluator must also be free to contact any other parties who may have useful information to the case. These individuals are considered to be collateral contacts. It is up to the discretion of the evaluator whether he interviews collateral individuals or not. Most of the time, collateral interviews are conducted over the telephone.
- B: There is no confidentiality for your collateral contacts. If they are not willing for the evaluator to use their name and document their statement, the interview will not be completed or included in the evaluation report.

#### \_\_\_\_ Finishing the Report

A: After the evaluator has completed his meetings with all the respective parties in the case, a final report will be written and sent simultaneously to the court and both attorneys. You will receive your copy of the evaluation through your attorney.

B: If a parent is not represented by an attorney, that parent must provide a fax number to the evaluator's office if they want the report faxed. If a fax number is not provided, a hard copy of the report will be mailed.

\_\_\_\_ Summary

A: I have read the above, and I agree to proceed with the custody evaluation under these conditions. I agree to pay the fees for which I am responsible and fulfill my obligation to complete the evaluation as ordered by the court. I understand that anything I reveal during this evaluation may be reported to the court. When in doubt, I may consult my attorney before disclosing any information, which I think may be harmful to my legal position. I have the right to share this document with my attorney before I sign it.

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Evaluator Signature / Date

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## Initial Referral Parties and Child(ren) Involved in Case

Record the names and information of each party and of the attorneys involved this case.

CHILD(REN)

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_

Name of presiding judge \_\_\_\_\_

Pretrial and Court Dates \_\_\_\_\_

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## Consent for Psychological Services to Children

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of person giving consent: \_\_\_\_\_

Your relationship to the child:  Parent  Stepparent  Grandparent  Other

I, \_\_\_\_\_, am the legal custodial parent of the child(ren) listed above. I consent to the following psychological services for the child(ren) named above.

### Some or all of the following may be used.

- Clinical Interview of the child(ren)
- Psychological testing of the child(ren)
- Parent Interviews
- Interviews of people from the reference list submitted by the parent
- Interview with physician
- Interview with stepparent or noncustodial parent
- Observations of the children

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

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## AUTHORIZATION TO RELEASE INFORMATION FOR MINOR CHILDREN

Authorization to release information on the minor child(ren) listed below is hereby given to \_\_\_\_\_, evaluator. This release is for all records regarding the identity, history, evaluation, testing, diagnosis and treatment of the minor child(ren) listed below. This request is made voluntarily for professional purposes. I can revoke this authorization by giving written notice to the evaluator. If not revoked, this form will be valid for one year from the date it is signed. A photocopy of this authorization will be as valid as the original.

Child(ren)'s Name

Date of Birth

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date