

## Consent to Administer Psychological Testing

*I hereby agree to psychological testing for myself and/or the client named below.*

1. I understand that Dr. Sorci will administer all tests and procedures and analyze all test data.
2. I agree that all test materials, results, and reports are the property of *Dr. Sorci*. I will endeavor to be honest, open and thorough when relating historical data and answering individual test items.
3. I understand that copies of the final report are released only to those individuals whom I designate. Final reports may be delivered to authorized individuals in a variety of ways, including: printed hard copy sent by mail, a printed hard copy hand delivered or fax.
4. I have received and read Dr. Sorci's handout regarding Fees. I agree that in consideration for services provided, I am obligated to pay for all services billed by Dr. Sorci. If my account is referred to an attorney or collection, I will pay reasonable attorney's fees and collection expense. All delinquent accounts are subject to delinquency fees.
6. I have received and read Dr. Sorci's handout regarding confidentiality and understand the limits of confidentiality as they apply to this assessment process. I understand that if I have questions about confidentiality, I should discuss them with Dr. Sorci or an attorney.
7. I am consenting for my minor child to be assessed by Dr. Sorci \_\_\_\_\_ Initials

By my signature below I am certifying that I have read and agree to the above contents:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

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