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CONSENT FOR PSYCHOLOGICAL EVALUATION

I understand the goal of psychological testing is to gain further information with regards to cognitive style, intellectual capacity, academic achievement levels and/or emotional functioning. Psychological tests are administered under the guidelines required by the author and/or company that produced such evaluative tools. Information from such tools is integrated with other data in order to gain a better understanding of the examinee. The interpreter of such results makes every effort to responsibly and to the best of her/his ability. Produce accurate descriptions and predictions about the examinee. I understand that despite such efforts, the results from such evaluations are not guaranteed to be accurate or to always make accurate predictions.

I understand it is my responsibility to put forth my best effort and to respond in an honest fashion while being administered a psychological evaluation.

I understand that given my consent to release such information, it may be used to make medical decisions on the part of physicians. I also understand that my releasing this written evaluation to a third party then relieves Dr. Feinberg of responsibility for protecting this information in full, as Dr. Feinberg cannot control the actions of said third party.

Additionally, I understand that if I am applying to serve as an oocyte donor or surrogate, the information contained in my written evaluation could possibly exclude me from being chosen to serve in this capacity. I also understand that my releasing this written evaluation to a third party then relieves Dr. Feinberg of responsibility for protecting this information in full, as Dr. Feinberg can not control the actions of said third party.

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Signature

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Signature