

**Christina Watson, Psy.D.
Clinical Psychologist, PSY 19976
7825 Fay Ave., Ste 200
La Jolla, CA 92037
858-342-4262**

ADULT INFORMED CONSENT FORM

I, _____, give my consent for Dr. Watson to conduct a psychoeducational evaluation with me to include intellectual, academic, and other processing assessments as needed to address presenting concerns. I understand that results including but not limited to definitive diagnosis are not guaranteed, and that a diagnosis does not guarantee that I will qualify for services or accommodations in my workplace or educational setting, or for accommodations by any other entity.

I also understand that my personal information is confidential and will not be shared without my consent. I acknowledge that there are exceptions to this, including suspected child abuse, child pornography, elder abuse, and intent to harm self or others. In these specific cases, I understand that confidentiality does not apply and Dr. Watson is a mandated reporter under the law.

I agree to allow recording of my verbal responses during test administration to facilitate accurate scoring, with the understanding that the recordings are automatically erased upon finalizing the scores.

Print name

Signature

Date signed