

Informed Consent and Disclosure of Rights For Psychological Evaluation - Remote

Kenyon P. Jordan, Ph.D., ABPP
Police and Consulting Psychologist

Ph: 303 / 986-0026

Fax: 303 / 953-3162

KJ@ColoradoAssessment.com

Print your full name: _____ DOB ____/____/____

Position applied for: _____ Dept / Agency : _____ SS: XXX-XX-____

First and foremost, it is essential that you be honest during this assessment, both in response to test questions and during the interview. Honesty and integrity are essential traits for work in public safety. Lies, omissions, substantive inconsistencies or reinterpretation of questions can result in you being deemed unsuitable and/or your conditional offer being rescinded.

Use of video conferencing and remote testing: You may be completing your evaluation using internet testing, a phone interview or video conference interview. In this case, terms such as remote testing, video conference, telepsychology, teleconference and phone interviews are used interchangeably and the following guidelines apply to all methods. When completing your remote testing (not the interview), a test proctor must be present to ensure that you (and only you) are responding to the on-line testing (psychological inventories). Suitable proctors include any testing centers available through your local community college. In addition, any POST certified police officer can proctor your testing assuming his/her certification is current and you are not related to the proctor. Commercial services such as AcuSkill are also available although you are responsible for any fees. Your proctor must read and sign this form (pg. 3) and provide his/her phone number and identifying information. Be advised, you and only you, can respond to the test questions, and all testing should be completed in a quiet environment, free of distractions and without the use of any other technology. In addition, by signing this agreement you agree to the following:

- When completing on-line testing, you agree to follow all instructions as provided by the test publisher.
- You will not photograph, copy, reproduce or record test materials, test questions or diagrams.
- Confidentiality still applies for videoconferencing, telepsychology services and phone interviews, and nobody will record the session without the permission from the others person(s). However, I will need to take a screenshot of you and your identification for verification.
- You agree to use the video-conferencing platform selected by Dr. Jordan for your evaluation.
- You will need to use a webcam or smartphone during the evaluation.
- It is important to be in a quiet, private space that is free of distractions during the interview.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify Dr. Jordan in advance by phone or email.
- As the evaluating psychologist, Dr. Jordan may determine that due to certain circumstances, remote testing and video conferencing or phone interview is no longer appropriate, in which case you will be required to make an appointment and come to Dr. Jordan's office to complete the evaluation process.

Psychological Assessment / Evaluation: This form describes the purpose of your evaluation and is designed to disclose pertinent facts regarding the use and handling of data and information gathered during the evaluation. The objective of this evaluation is to assess your personality traits, behavioral tendencies and abilities relevant to your field of professional interest. The procedure will consist of written psychological measures, questionnaires and an interview. Data may also be collected from outside sources such as your physician or mental health practitioner. You also acknowledge that data from this evaluation may be used for future evaluations, and data from any prior evaluations may be utilized for the current evaluation. In addition, you are expected to disclose any information asked of you. Your refusal to disclose information or comply with the evaluation procedures may prohibit the completion of your evaluation and reflect poorly on your overall suitability. Also, evaluation services conducted by Dr. Jordan do not constitute therapy or counseling.

Psychologist: You will be evaluated by Kenyon P. Jordan. Dr. Jordan completed his Ph.D. at the University of Nebraska (1993). He also holds a master's degree from Bradley University (1987) and a bachelor's degree from Augustana College (1984). A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. Dr. Jordan is board certified by the American Board of Professional Psychology. He is a member of the American Psychological Association and the IACP Police Psychological Services Section. Dr. Jordan is a licensed Psychologist in the State of Colorado (Lic. #2187) and has practiced psychology since 1997. The practice of licensed psychologists is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite #1350, Denver, Colorado 80202; Phone (303) 894-7800.

Client Rights: The Colorado Department of Regulatory Agencies regulates the practices of psychologists. You are entitled to receive information about the psychologist you are meeting with and methods used. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Mental Health Licensing Board. Your participation in this evaluation is voluntary and you have the right to discontinue the evaluation at any time. In most cases, Dr. Jordan's fees will be paid by the referring agency or organization.

Waiver of Confidentiality: You should understand that the psychologist-candidate relationship is significantly different in this situation as compared to most psychologists' professional service relationships. Specifically, any information you disclose will be integrated with other evaluation data for the purpose of this evaluation. Information collected about you during this evaluation, including test data, interview comments and observations, written biographical data, information from third-party sources, and information from other contacts with this office, will be used in writing a report and determining a suitability recommendation. If you are applying for a different position within the agency you currently work for (i.e., lateral) understand that any information obtained during the application process which indicates a lack of fitness to perform as a peace officer will be shared with your employer. A report of relevant assessment findings may or may not be generated, and in either case you will not be the recipient of any reports or feedback, except as required by law. You can terminate your evaluation with Dr. Jordan at any time, although doing so may reflect poorly on your overall suitability. All information is otherwise considered confidential; the exceptions being listed in Section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Rights you were provided. Other exceptions to confidentiality are mandated by Colorado and Federal law and include the following circumstances:

- In cases of child abuse;
- When a court orders information to be disclosed;
- At the request of the agency, information may be disclosed at a personnel board hearing, or as part of testimony in conjunction with a court hearing or grievance committee;
- If your department requests information for purposes of counseling or disciplinary action;
- Consistent with the American Psychological Association's code of ethics, Psychologists consult with other professionals (psychologists, polygraph examiners, medical professionals, law enforcement) to gain expertise and ensure the competence of their services. Information about you may be disclosed under such circumstances;
- Data may be used for purposes of research and development, but your anonymity will be protected by the removal of all identifying information;
- In situations where both you and the hiring department have provided written authorization for information to be released;
- If I determine you are imminently dangerous to yourself or to others, or that you are gravely disabled because of a mental disorder, I am obligated to initiate a mental health evaluation. In such cases I may disclose information about you to ensure your safety and/or the safety of others; and
- Any instances which represent a threat to national security will be reported to federal officials.

Please note, once a report or any candidate-related information is released, the use and protection of that data or information cannot be regulated or controlled, and Dr. Jordan is not responsible for any subsequent disclosures or damages. If you have any questions about the instructions or general procedures, please ask Dr. Jordan. If you would like further information, please contact Dr. Jordan directly at (303) 986-0026 or consult the Mental Health Practice Act (CRS 12-43-101, et seq.) available at: <http://www.dora.state.co.us/mental-health/statue.pdf>.

In addition, you should NOT disclose genetic information about yourself or family members. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Fees/Second Opinions: You have the right to obtain a second opinion, but you are responsible for those costs. Before incurring the expense of a second opinion, you should make the appropriate inquiries to determine if or how such information would be used.

Consent Agreement: I have read the preceding information and I understand my rights. I have not altered this document in any way. Any questions have been answered to my satisfaction and I acknowledge receiving an electronic copy of this form. I hereby agree to undergo this evaluation, and I authorize and release Dr. Jordan to communicate all information about me collected during this evaluation to the appropriate personnel at the department or agency named on the front of this document. I understand that evaluation data and results are considered valid for one year after the test date, after which the assessment would have to be repeated if additional reporting is requested. Due to HIPAA regulations that prohibit employers from sharing medical information on applicants, the report generated from this assessment cannot be used for other departments or applications. In addition, I waive any rights I might have to access raw scores, test data, questionnaires, reports, psychologist's notes or recommendations provided to the hiring agency or department.

Applicant signature

Date

Attestation by Proctor
(required only for off-site / remote testing)

By signing below, you attest that you have made positive identification of the applicant named above (using state issued identification), and that he or she completed the testing, under your supervision, and without outside interference or input, either by another person or use of technology.

Did you verify the applicant's state or government issued photo ID: _____ Yes _____ No

Proctor's signature: _____ Date of testing: _____

Printed name: _____ Start time of testing: _____

If you are currently a licensed professional (e.g., mental health provider, nurse, paramedic, certified peace officer, librarian) list your license or certification number (not your driver's license): _____

State of licensure: _____ Proctor's job title: _____

Proctor's place of employment: _____ Ph #: _____

Address where testing was proctored: _____

Proctor's Email: _____

Thank you!