

*Healing Hearts Therapy, LLC*  
From the Office of Dr. Robin Newman  
Licensed Clinical Psychologist  
Child and Adult Psychology and Assessment



*Consent for Testing*

As part of an integrated approach to the therapeutic process, you have been asked to participate in one or more psychological assessments which will provide your therapist with important information for ongoing treatment. You may be requested to answer questions regarding your development, educational history, and peer/family relationships. The tests that will be utilized will measure such things as cognitive functioning, personality development, and/or academic achievement depending on the assessment given.

I, \_\_\_\_\_, understand what is being required of me for the purpose of ongoing treatment with my therapist. I further understand that the information I provide for the assessment process is confidential and will only be shared between the test administrator and my therapist or those with whom I release consent. I also understand that I will receive a summary report of test findings but **no raw test data or questions will be released** from the Healing Hearts Therapy office.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)