

**Informed Consent for adult ADHD Evaluation**

This evaluation assesses symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) in adulthood, evaluates their impact on daily functioning, rules out other conditions, and provides recommendations.

**Process** - This comprehensive evaluation includes:

- A structured clinical interview.
- Standardized rating scales (BAARS-IV, BDEF, BFIS).
- Neurocognitive testing (CNS Vital Signs VSX).
- Additional assessments if needed.
- Feedback of findings, diagnosis, and recommendations.

**Risks & Benefits** - This evaluation may help clarify diagnosis and guide treatment but may also cause emotional discomfort. You may take breaks or withdraw at any time.

**Confidentiality** - Your information is confidential and only shared with your consent or as required by law.

**Voluntary Participation** - Participation is voluntary, and you may withdraw at any time without penalty.

**Consent** - I have read and understand this consent. I agree to participate in the Adult ADHD evaluation

✓ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Informed Consent for Electronic Transmission of Reports**

As part of your evaluation process, I will provide you with a comprehensive Adult ADHD Evaluation Report. This report contains sensitive and confidential information. To ensure the security of your personal health information, I will use the following process for electronic transmission:

1. Email Transmission: Your report will be sent as a password-protected file to the email address you provide.
2. Password Communication: The password to access your report will be sent to the phone number you provide via text message.

Although these measures are designed to enhance security, electronic communication carries inherent risks, including the possibility of interception or unauthorized access. By signing below, you acknowledge your understanding of these risks and consent to this method of communication.

If you have concerns about electronic transmission or would like to discuss alternative methods of receiving your report, please let me know.

I have read and understood the information above regarding the electronic transmission of my Adult ADHD Evaluation Report. I consent to receive my report via the method described.

✓ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please verify the following contact information for accuracy:**

- Email address: \_\_\_\_\_
- Cell phone number: \_\_\_\_\_