

*Carolyn Murphy, Ph.D.
PSY 17150
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Atascadero, CA 93423*

AUTHORIZATION FOR EVALUATION OF A MINOR

I (we) am (are) the custodial parent(s) of _____ and authorize Carolyn Murphy, Ph.D. to conduct a psychological evaluation of my (our) minor child as requested by defense counsel and/or ordered by the court.

I (we) understand that this evaluation may consist of any or all of the following: a clinical interview of my (our) child, a review of records provided by the probation department, family members, or defense counsel, and/or psychological tests deemed relevant to the referral question at hand.

I (we) understand that the findings of this evaluation will be compiled in a report that will be provided either to the probation department or to the attorney managing my child's case, who may in turn provide copies to appropriate court personnel, which may include a court clerk, members of the probation department, and the prosecuting attorney. The findings are otherwise confidential except in the event that the examining psychologist has reason to suspect my minor child is a danger to him/herself or others, or is or has been the victim of physical, emotional, or sexual abuse. If such an instance were to arise, mandatory reporting to the appropriate agency will occur and steps taken to ensure safety. Dr. Murphy will otherwise not release any information regarding the results of this examination to any other parties without prior written consent.

I understand that Dr. Murphy has no authority with regard to the disposition of my (our) minor child's applicable criminal or disciplinary case, treatment, or placement, and that decisions regarding follow up supervision or care are solely those of the probation department and/or the court.

By signing below I (we) indicate I (we) have read the above statements and have had the opportunity to ask any questions I (we) have had.

Legally Responsible Parent or Guardian

Legally Responsible Parent or Guardian

Carolyn Murphy, Ph.D.

Date