

# OpenDoor

## Counseling and Assessment Services, PLLC

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### INFORMED CONSENT FOR PSYCHOLOGICAL AND SEXUALITY TESTING FOR ADOLESCENTS

As the parent/guardian of \_\_\_\_\_ OpenDoor Counseling and Assessment Services wishes to inform you of the testing procedures which are part of the evaluation of your child. The testing includes a variety of testing protocols recognized in the field for the treatment of individuals with sexual behavior problems. The tests are administered by the treatment provider and the raw data forwarded to the developers of each test with a report pertaining to the scoring of the raw data returned to the provider for the purposes of this evaluation. Data regarding age, race, educational level, etc. will be included for statistical purposes. The general purpose of the testing is to help identify psychological/sexual problems and assess treatment progress.

As the child's parent or guardian, I understand that by signing this release/informed consent form, I agree to all terms and conditions contained herein and that I indemnify and hold harmless, OpenDoor Counseling and Assessment Services and developers of each testing protocol.

There is a separate charge for this psychosexual evaluation which should be discussed with provider.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Date

I certify I have received a copy of this signed Informed Consent:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness