

David G. Learner, Ph.D.
Licensed Psychologist and Neuropsychologist
20 Main Street, Suite 300
Natick, MA 01760
davidlearner36@gmail.com

INFORMED CONSENT

I, _____, give permission for David G. Learner, Ph.D. to
Print name of parent/legal guardian

provide psychological services to my child _____
Child's first and last name

(date of birth: _____). These psychological services may include a consultation, psychological and neuropsychological testing. I also understand that information discussed with Dr. Learner and his documentation will remain confidential EXCEPT where release of this information: (a) pertains to the child's/adolescent's health and safety (b) is mandated by state law, and/or (c) is voluntarily authorized by a signed Release of Information by me, the child's parent/guardian. I also understand that written information may contain facts about other family members as it pertains to my child's case.

Print name of parent/legal guardian

Signature

Date