



Pinder Rehabilitation Services, LLC

706 Turnbull Avenue, Suite 301, Altamonte Springs, FL 32701
407-767-8175 Fax: 407-260-1865

INFORMED CONSENT

Dear Sir/Madam:

(1). You are scheduled for a Vocational Evaluation or a Vocational Assessment. This consists of an interview and **may** include the administration of a battery of vocational and other tests. We are reviewing medical and other records if provided to us. This assessment is related to the legal matter in which you are presently involved. Because of this, your interview is not a typical counselor/counselee relationship.

(2). All of the information obtained from you during the interview and the testing are potentially discoverable. This means that it is not confidential. These records can be subpoenaed and be reviewed by your lawyer, the other lawyer(s) and the judge.

(3). In our report we may include medical information. We have your permission to discuss medical information as appropriate with your attorney if hired by him or any other appropriate person involved in your case.

(4). Although you should be truthful and not withhold relevant information, it is important for you to know this, for your protection. If there is something you do not understand regarding this matter, please ask questions and further clarification will be provided.

I HAVE READ AND UNDERSTAND THE ABOVE:

Name: (print)

Signature

Date

Note: **It is not necessary that you sign this form.** However, please read it for your protection before completing the forms. **No testing usually for remote interviews except possibly an interest test. This is a standard form and some sections may not apply to you. Section three (3) does not apply to WC cases.**